1. Where did you spend the night of Tuesday, January 23rd? (Check ONE only)

<table>
<thead>
<tr>
<th>Homeless</th>
<th>County</th>
<th>Agency</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth Shelter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic Violence Shelter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transitional Housing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transitional Housing for Victims of Domestic Violence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hotel/Motel paid by Agency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe Haven (Homeless Solutions Morristown Program, or out of state program)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. In what town did you spend the night?

<table>
<thead>
<tr>
<th>State:</th>
<th>County:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Town:</td>
<td></td>
</tr>
<tr>
<td>Program Name:</td>
<td></td>
</tr>
<tr>
<td>Agency Name:</td>
<td></td>
</tr>
</tbody>
</table>

3. How long have you been in your current living situation?

<table>
<thead>
<tr>
<th>Years</th>
<th>Months</th>
<th>Days</th>
</tr>
</thead>
</table>

4. During the past 12 months, how many months have you been

<table>
<thead>
<tr>
<th>On the Streets</th>
<th>In Emergency Shelter</th>
<th>In a Safe Haven</th>
</tr>
</thead>
</table>

5. How many separate times have you been homeless within the past 3 years (since January 23, 2015)

<table>
<thead>
<tr>
<th>Episode</th>
<th>Enter the number of months per episode by location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Episode 1</td>
<td>Emergency Shelter</td>
</tr>
<tr>
<td>Episode 2</td>
<td>Emergency Shelter</td>
</tr>
<tr>
<td>Episode 3</td>
<td>Emergency Shelter</td>
</tr>
<tr>
<td>Episode 4</td>
<td>Emergency Shelter</td>
</tr>
<tr>
<td>Episode 5</td>
<td>Emergency Shelter</td>
</tr>
<tr>
<td>Episode 6</td>
<td>Emergency Shelter</td>
</tr>
<tr>
<td>Episode 7</td>
<td>Emergency Shelter</td>
</tr>
</tbody>
</table>

6. Who was homeless with you on the night of January 23rd?

**Demographic Information**

<table>
<thead>
<tr>
<th>Relationship to Head of Household</th>
<th>Age</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Race</th>
<th>Mental Health Issues</th>
<th>Substance Abuse</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Chronic Health Condition</th>
<th>HIV/AIDS</th>
<th>Fleeing Domestic Violence</th>
<th>Served in Armed Forces/Veteran</th>
<th>None Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Initial</td>
<td>Middle Initial</td>
<td>First 2 Letters of Last Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Self</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Household Characteristics**

| Subpopulation | None Apply | |
|---------------|------------|
7. Where was your last permanent address before becoming homeless?

Town: __________________________
County: __________________________
State: __________________________
Country: __________________________

8. What was your residence prior to your current living situation? (Check ONE only)

- Place Not Meant for Human Habitation (On the Street, Bus, Car, Airport, Abandoned Building)
- Emergency Shelter or Emergency Hotel Voucher
- Transitional Housing for Homeless Persons
- Safe Haven
- Hotel/Motel Paid for Without Voucher
- Apartment paid for with temporary Rental Assistance form the Board of Social Services
- Permanent Housing
- Permanent Supportive Housing Program
- Staying with Friends or Family
- Psychiatric Hospital or Treatment Facility
- Jail, Prison, or Juvenile Detention Facility
- Long-Term Care Facility or Nursing Home
- Foster Care Home or Foster Care Group Home
- Medical Hospital (emergency room, acute care)
- Substance Abuse Treatment Facility/Detox
- Rooming House
- Other: __________________________

9. What was the primary factor that contributed to or caused your current living situation? (Check ONE only)

- Loss or Reduction of Benefits
- Loss or Reduction of Job Income
- Eviction or at Risk of Eviction
- Rent Increase/Insufficient Income
- Foreclosure of Rented or Owned Property
- Substandard Housing
- Relocation
- Released from Prison/Jail
- Released from Hospital
- Released from Psychiatric Facility
- Physical Illness
- Mental Illness
- Injury
- Drug/Alcohol Abuse
- Domestic Violence
- Asked to Leave Shared Residence
- Household breakup/death in household
- Natural Disaster
- Other: __________________________

10. Which of the following do you, or anyone in your household receive? (Check ALL that apply)

**Sources of Income**

- SSI
- SSDI
- TANF
- General/Public Assistance/Welfare
- Unemployment
- Private Disability Insurance
- Work Income/Wage
- Worker’s Compensation
- Alimony
- Child Support
- Veteran’s Pension
- Social Security
- Temporary State Disability
- Other: __________________________

**Non-Cash Benefits**

- Food stamps/SNAP
- Medicaid
- Medicare
- State Children’s Health Insurance/Family Care
- State Health Insurance for Adults
- Indian Health Insurance
- VA Medical Benefits
- WIC/Special Nutrition Program for Women, Infants, and Children
- TANF-Funded Services (Child Care, Transportation or Other)
- Section 8/Public Housing/Ongoing Rental Assistance
- Other: __________________________
- No Source of Income

11. What is your total monthly household income? $________________________

12. Would you, or anyone in your household, like to receive any of the following services? (Check ALL that apply)

- Emergency Shelter
- Housing
- Substance Abuse Treatment Services
- Mental Health Care
- Financial Assistance for Security Deposits
- Financial Assistance for Utilities
- Financial Assistance for Housing
- Emergency Food or Meal Assistance
- Domestic Violence Services
- Legal Services
- Assistance Obtaining ID
- Educational Training
- Employment Assistance
- Veterans Services
- Family Reunification
- Other: __________________________

Thank You for Participating in the 2018 Point-In-Time Survey!