



7. Where was your last permanent address before becoming homeless?

Country: _____

State: _____

County: _____

Town: _____

8. What was your residence prior to your current living situation? (CHECK ONE ONLY)

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

9. What is your total monthly household income?

\$ _____

10. Which of the following do you, or anyone in your household receive? (CHECK ALL THAT APPLY)

Sources of Income		Non-Cash Benefits	
<input type="checkbox"/>	SSI	<input type="checkbox"/>	Food stamps/SNAP
<input type="checkbox"/>	SSDI	<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	TANF	<input type="checkbox"/>	Medicare
<input type="checkbox"/>	General/Public Assistance/Welfare	<input type="checkbox"/>	State Children's Health Insurance/Family Care
<input type="checkbox"/>	Unemployment	<input type="checkbox"/>	State Health Insurance for Adults
<input type="checkbox"/>	Private Disability Insurance	<input type="checkbox"/>	Indian Health Insurance
<input type="checkbox"/>	Work Income/Wage	<input type="checkbox"/>	VA Medical Benefits
<input type="checkbox"/>	Worker's Compensation	<input type="checkbox"/>	WIC/Special Nutrition Program for Women, Infants, and Children
<input type="checkbox"/>	Alimony	<input type="checkbox"/>	TANF-Funded Services (Child Care, Transportation or Other)
<input type="checkbox"/>	Child Support	<input type="checkbox"/>	
<input type="checkbox"/>	Veteran's Pension	<input type="checkbox"/>	Section 8/Public Housing/Ongoing Rental Assistance
<input type="checkbox"/>	Social Security	<input type="checkbox"/>	
<input type="checkbox"/>	Temporary State Disability	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:	<input type="checkbox"/>	
<input type="checkbox"/>	No Source of Income	<input type="checkbox"/>	Receiving No Government Benefits

11. What was the primary factor that contributed to or caused your current living situation? (CHECK ALL THAT APPLY)

<input type="checkbox"/>	Loss or Reduction of Benefits	<input type="checkbox"/>	Eviction or at Risk of Eviction
<input type="checkbox"/>	Loss or Reduction of Job Income	<input type="checkbox"/>	Mental Illness
<input type="checkbox"/>	Physical Illness	<input type="checkbox"/>	Injury
<input type="checkbox"/>	Rent Increase/Insufficient Income	<input type="checkbox"/>	Household breakup/death in household
<input type="checkbox"/>	Foreclosure of Rented or Owned Property	<input type="checkbox"/>	Released from Prison/Jail
<input type="checkbox"/>	Substandard Housing	<input type="checkbox"/>	Asked to Leave Shared Residence
<input type="checkbox"/>	Relocation	<input type="checkbox"/>	Drug/Alcohol Abuse
<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	Released from Hospital	<input type="checkbox"/>	Impact of coronavirus (COVID-19)
<input type="checkbox"/>	Released from Psychiatric Facility	<input type="checkbox"/>	Other:

12. Are you homeless as a result of the coronavirus (COVID-19)? (CIRCLE ONE)

Yes	No
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13. How has the coronavirus impacted you and your current living situation? (CHECK ALL THAT APPLY)

<input type="checkbox"/>	Contracted coronavirus/member of household contracted coronavirus
<input type="checkbox"/>	Mental Illness/Anxiety/Fear
<input type="checkbox"/>	Medical condition/vulnerability placing household at higher risk
<input type="checkbox"/>	Member of household is an essential worker placing household at higher risk
<input type="checkbox"/>	Loss of shared housing due to coronavirus
<input type="checkbox"/>	Loss or reduction of income due to impact of coronavirus on employer/business
<input type="checkbox"/>	Loss or reduction of income due to impact of coronavirus
<input type="checkbox"/>	Increase in income due to government benefits (including unemployment insurance and stimulus check)
<input type="checkbox"/>	Increase in income/hours due to increased need as essential worker
<input type="checkbox"/>	Challenges accessing shelter due to limited capacity/access as result of coronavirus
<input type="checkbox"/>	Challenges accessing shelter due to medical vulnerability, fear, or previous diagnosis of coronavirus
<input type="checkbox"/>	Early release from prison/jail
<input type="checkbox"/>	Other:

14. Would you, or anyone in your household like to receive any of the following services? (CHECK ALL THAT APPLY)

<input type="checkbox"/>	Emergency Shelter	<input type="checkbox"/>	Housing
<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	Mental Health Care
<input type="checkbox"/>	Financial Assistance for Security Deposits	<input type="checkbox"/>	Financial Assistance for Utilities
<input type="checkbox"/>	Financial Assistance for Housing	<input type="checkbox"/>	Emergency Food or Meal Assistance
<input type="checkbox"/>	Domestic Violence Services	<input type="checkbox"/>	Legal Services
<input type="checkbox"/>	Assistance Obtaining ID	<input type="checkbox"/>	Educational Training
<input type="checkbox"/>	Employment Assistance	<input type="checkbox"/>	Veterans Services
<input type="checkbox"/>	Family Reunification	<input type="checkbox"/>	Other:

Thank you for participating in the 2022 Point-In-Time survey!