Your Name: _____ **San Bernardino 2017 Homeless Count** Map #: ____ City: _____

Contact #: _____ Date: _____ Location:_____

Questions: (NOTE: if person is sleeping or you feel unsafe complete all gray shaded questions based on observation)	Person 1	Spouse/ Partner	Person 2	Spouse/ Partner	Person 3	Spouse/ Partner	Person 4	Spouse/ Partner
1. Did you sleep outdoors in an abandoned building, park, tent, canopy, box, or vehicle last night? (note: if answer is "no," STOP and do not ask other questions)	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
2. Do you have any pets living with you now?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
3. First initial of first name only								
4. First initial of last name only								
5. Gender: M=Male; F=Female; T=Transgender; O=does not identify as Male, Female, or Transgender	M F T O	M F T O	M F T O	M F T O	M F T O	M F T O	M F T O	M F T O
6. What is Your race (read race code at bottom of page)								
7. Are you Hispanic or Latino?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
8. Age: record number for age group: 1=(under 18) 2=(18-24) 3=(25-39) 4=(40-49) 5=(50-61) 6=(62-69) 7=(70+)								
9. State born (if born in another country, abbreviate country)								
10. Have you served on active duty in the U.S. Armed Forces or been called into active duty in National Guard or a Reservist?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
11.Did you become homeless for the first time during past 12 months?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
12. Have you been living in a shelter and/or on the streets, in abandoned buildings, or vehicle for the past year or more?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
13. Have you been living in a shelter and/or on the streets, in abandoned buildings, or vehicle at least 4 separate times in the last 3 years including now?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
14. If yes, was combined length of time 12 months or more?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
15. Do you have a long-lasting physical disability?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
16. Do you have a long-lasting developmental disability?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
17. Do you have an on-going drug or alcohol problem that limits your ability to live independently?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
18. If yes, has it continued for a long time or indefinitely?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
19. Do you feel you have a serious mental health problem that limits your ability to live independently?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
20. If yes, has it continued for a long time or indefinitely?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
21. Have a chronic health condition such as diabetes, heart trouble, high blood pressure, seizures, hepatitis, respiratory problems, epilepsy, tuberculosis, or arthritis?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
22. Ever been diagnosed w/AIDS or tested positive for HIV?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
23. Ever been a victim of domestic or intimate partner violence?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
24. During the last 2 years, were you released from jail or prison after serving a court-ordered sentence?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
25. If yes, were you released as a result of resentencing & your charge downgraded under Proposition 47, the Reduced Penalties Initiative?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
26. How much is your monthly income? 1=no income; 2=$1 to $250; 3=$251 to $500; 4=$501 to $1,000; 5=more than $1,000								
27. How many kids under Age 18 are living with you today?								
28. How many children are female?								
29. How many children are male?								
30. How many children are Hispanic or Latino?								
31. How many children are African American or Black?								
32. How many are American Indian or Alaskan Native?								
33. How many are Asian, Hawaiian, or Pacific Islander?								
34. How many children are White?								
35. How many children are multiple races or other?								
Race: 1=African American or Black; 2=American Indian or Alaskan Native; 3=Asian; 4=Native Hawaiian or Pacific Islander; 5=White								
6=Multiple Races or Other; 7=don't know; and 8=refused to answer			©Institute for Urban Initiatives					