

Arizona Balance of State Continuum of Care  
Point in Time Housing Survey -2019

**This survey is for surveyor use only and should not be given to the individuals who are being interviewed.**

Surveyor \_\_\_\_\_ Location \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_

**Individuals may be reluctant to provide their name and phone number. Ask but if they don't want to provide, continue the survey**

**A. Ask the name/telephone number of the person being surveyed**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**B. Have you ever completed an intake interview with an agency to help you get services including housing?**

yes  no If yes, what was the name of the agency? \_\_\_\_\_

What city was it in? \_\_\_\_\_

**Please give us a telephone number and/or email where you can be reached if you are interested in staff following up with you about resources and housing options.**

(\_\_\_\_) \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

EMAIL \_\_\_\_\_

I prefer to be contacted  by phone call  by text  by EMAIL

**We are asking this information, so we can contact individuals and follow up to offer resources and housing options. If they do not want to provide the information, continue with the survey.**

**C. If they don't want to share their name,**

Ask for the first and last initials of person being surveyed.

**For the following questions, unless a space is provided for an "other" response—limit the response to the choices provided.**

***To begin, we would like to ask about your current living situation.***

**1. Where did you spend the night of Tuesday, January 22nd, 2019?**

**In order to be consistent across the state, the question must be asked where did you spend the night of January 22nd. Limit the response to the lists provided. If they indicate that they stayed in shelter or transitional housing, ask them the agency that runs the program and put in the space provided.**

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Check  one.

<p><b><u>Unsheltered</u></b></p> <p><input type="checkbox"/> Camping ground/forest/woods/desert</p> <p><input type="checkbox"/> Vehicle</p> <p><input type="checkbox"/> Trailer/Camper without running water or electricity</p> <p><input type="checkbox"/> In a city park</p> <p><input type="checkbox"/> Abandoned house/building</p> <p><input type="checkbox"/> Behind a building</p> <p><input type="checkbox"/> Substandard building</p> <p><input type="checkbox"/> Outbuilding building</p> <p><i>(A public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.)</i></p>	<p><b><u>Sheltered</u></b></p> <p><input type="checkbox"/> Public shelter</p> <p><input type="checkbox"/> Church</p> <p><input type="checkbox"/> Transitional housing</p> <p><input type="checkbox"/> Hotel/motel</p> <p><input type="checkbox"/> Friend/family house</p> <p><input type="checkbox"/> Jail or Prison</p> <p><input type="checkbox"/> Hospital</p> <p><input type="checkbox"/> My Apartment or House</p> <p>If shelter or transitional housing, what agency runs the program?</p> <hr/> <p><b><u>If they answered any of these, thank them for their time and end the interview.</u></b></p>
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**2. How long have you been in Arizona?**

- |   |   |
|---|---|
| <input type="checkbox"/> Less than a month  | <input type="checkbox"/> 1 - 6 months     |
| <input type="checkbox"/> 7 months to a year | <input type="checkbox"/> More than a year |
| <input type="checkbox"/> All my life        | <input type="checkbox"/> Not Sure         |

**3. How long have you continuously been without a home (permanent place to live)?**

**Use only the choices provided.**

- Less than 14 days (less than two weeks)
- Between 15 and 31 days (two weeks to a month)
- Between 32 days and 90 days (one to three months)
- Between 91 days and 180 days (four to six months)
- More than six months but less than one year
- One year to three years
- More than three years
- Not Sure

**3a. Is this your first time being without a home/permanent place to live/experiencing homelessness?**

- Yes       No

**If no, how many times have you been homeless in the past three years?**

- Two to three times
- Four to five times
- Six to ten times
- More than 10 times
- Not Sure

**4. How did you become displaced from where you used to live?**

Check  as many as apply. **For this question, check as many as the individual reports.**

Economic

- Unable to pay rent or mortgage
- Bad Credit
- Loss of Childcare
- Loss of Job
- Loss of Public Assistance
- Loss of Transportation
- Eviction
- Travelling and stranded
- Mortgage Foreclosure
- No Affordable Housing
- Substandard Housing
- Underemployment/Low Income
- Utility Shut Off
- Other \_\_\_\_\_
- Did not answer

Medical

- Medical Condition
- Physical Disability
- Mental Disability
- I have none of these conditions
- Other \_\_\_\_\_
- Did not answer

Do you have, or have you been told you have any of these conditions?

- Issues with substance abuse (including alcohol) or a substance abuse disorder?
- A serious mental illness of any kind?
- A developmental disability?
- Traumatic Brain Injury?
- A chronic physical injury that limits basic activities such as walking, lifting, reaching?
- A chronic disease, illness, or condition?
- Post-traumatic stress?
- HIV / AIDS

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Domestic/Personal

- Overcrowding/family dispute
- Fire/Disaster
- Divorce/Separation
- Partner/family member passed away
- Housing/home situation wasn't safe
- Legal problems
- Other \_\_\_\_\_
- Did not answer

5. Are you currently using any health services?  Yes  No

6. Did you ever serve in the U. S. Armed Services (Army, Navy, Air Force, Marine Corps, Coast Guard) or National Guard ?

- Yes  No

6a. If you have other household members who spent the night in the same location as you on 1/22 , have any of them served in the U.S. Armed Forces?

- Yes  No, if yes, How many?  (Put number in box)

If yes, are you eligible or using VA healthcare?  Yes  No

If yes, are you interested in housing?  Yes  No

7. Are you a survivor of domestic violence?  Yes  No

Domestic violence could include spousal abuse, sex trafficking, dating violence or stalking

If Yes, did a domestic violence situation contribute to your current living situation?

- Yes  No

8. Are you currently employed?  Yes  No

If Yes  Full-Time  Part-Time

9. What are your sources of income? Check  as many as apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Employment            | <input type="checkbox"/> Disability income (SSDI)  |
| <input type="checkbox"/> Social Security       | <input type="checkbox"/> Families/Friends          |
| <input type="checkbox"/> Savings               | <input type="checkbox"/> Veterans Benefits         |
| <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Panhandling/flying a sign |
| <input type="checkbox"/> None                  | Other _____  |

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**This next section is for collecting household composition and demographics for the individual being interviewed and the persons who they consider to be in their household, if any. It is very important that this information be accurate.**

**10. Currently, in your household, who slept in the same location as you on the night of January 22<sup>nd</sup>?**

**Please make sure to get an answer to this question. HUD requires us to report what types of household are identified through the count.**

Check  one

I am alone     I am under 18 and alone

**If there are other individuals in the household, provide a count of them here. Other household members must have slept/stayed in the same location as the individual on the night of January 22<sup>nd</sup>. (Put number on line for each category.)**

- \_\_\_\_\_ a. Number of adults in the household over 25 including yourself
- \_\_\_\_\_ b. Number of adults in the household between 18 and 24 including yourself
- \_\_\_\_\_ c. Number of children in the household seventeen and under including yourself

**11. Total people in the household—place total in the box**

Should be the total of a, b, and c above—confirm with the individual. The number should include the individual and the other household members. If the individual is alone, place a “1” in the box.

**Ask for the birthdate of the person being surveyed:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month      Day      Year

**It is great if they give us their birthdate, but if they are only willing to give one piece of information, the age range is more important**

**12. Age Range of all members in the household**

Age Range	Age Range of the individual being interviewed	Number of household members in that age range if applicable
Under 18		
18-24		
25-34		
35-44		
45-54		
55-64		
65-74		
75+		
Total each column		
<b>Grand total of two columns—Must equal Q11</b>		

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**13. Racial Background of individual being interviewed and household members**

Race	Individual being interviewed ( <i>only one choice—if individual states multiple races—choose that category</i> )	How many household members are in each category? Place number here #
White		
African American / Black		
Asian		
Hawaiian or Another Pacific Islander		
Native American / American Indian		
Many(Multiple) Races		
Other _____		
Declined to Answer		
Total for each column		
Grand total of two columns—Must equal Q11		

**If individuals identify themselves and their household members (as applicable) as Mexican, Latino, Hispanic try to clarify if they also consider themselves to be a particular race or many races. For HUD—Hispanic/Latino is considered an ethnicity not a race and we have to report ethnicity separately. If the individual cannot answer what race, check other.**

**14. Ethnicity (Indicate “0” if the individual or household members do not identify Mexican, Latino, Hispanic, Chicano**

Ethnicity	Individual being Interviewed	How many household members identify has Mexican, Hispanic, Latino, Chicano ?
Mexican, Latino, Hispanic, Chicano		

**15. How does individual identify their gender and that of their household members?**

Gender	Individual being Interviewed	How many household members?
Female		
Male		
Transgender		
Non Conforming		
Total –of each column		
Grand total of two columns—Must equal Q11		

**If the person you are interviewing is 25 or over, the interview ends here. Thank them for their time and participation. If they are under 25 ask the following questions.**

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**If the person you are interviewing is under the age of 25 and not with other people who are older than them, ask the following questions:**

**15. Where do you sleep most often? (Check ✓ one)**

- |   |   |
|---|---|
| <input type="checkbox"/> Shelters                           | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Couch surfing/staying with friends | <input type="checkbox"/> Outdoors             |
| <input type="checkbox"/> Declined to answer                 | Other _____                                   |

**16. Is your current lack of housing because (Check ✓ all that apply)?**

- Ran away from family, group home or foster home
- Difference in religious or cultural beliefs from your parents, guardians or caregivers
- Friends or family caused you to become homeless
- Because of conflicts around gender identity or sexual orientation
- Because of violence at home between family members
- Because of an unhealthy or abusive relationship, either at home or elsewhere
- Declined to answer