

Stockton Lodi Manteca Tracy Other: _____

Please give a nearest intersection/address for this location: _____

2019 SAN JOAQUIN CONTINUUM OF CARE UNSHELTERED HOMELESS SURVEY

If you are unable to survey an individual, use observation tool on reverse side

Where did you sleep last night? *If the answer is any of the following, continue the survey, otherwise thank them and go to the next person:* Street, park, under a bridge, by the river, any open space, in a car/camper, in a tent, abandoned building, any place not meant for human habitation.

Name: _____ **DoB** _____ M F T(M to F) T(F to M)

Social Security Number (or last four digits) _____

Have you served in the U.S. Armed Forces (Army, Navy, Marines, Air Force, Coast Guard, National Guard, Reserves, etc.)? Yes No

What racial group do you identify with? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaska native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Refuses to answer |

Are you Hispanic/Latino? Yes No

Did you stay with a significant other last night? Yes No

If Yes, is your significant other with you today? Yes No

Would you please share their name? _____

How old is your significant other? _____

Did you have any children under 18 with you last night? Yes No

If Yes, how many children under 18 were there? _____

If Yes, are your children with you today? Yes No

Did you have any pets with you last night? Yes No How many? _____

How long has it been since you lived in an apartment or house?

- | | |
|---|---|
| <input type="checkbox"/> Less than a week | <input type="checkbox"/> More than a week but less than a month |
| <input type="checkbox"/> More than a month but less than a year | <input type="checkbox"/> A year or more |

How often have you been homeless in the past three years?

- | | | |
|---|---|---|
| <input type="checkbox"/> This is the first time | <input type="checkbox"/> Two or three times | <input type="checkbox"/> Four or more times |
|---|---|---|

How long have you been in this city / part of the county?

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Less than a week | <input type="checkbox"/> Less than a month | <input type="checkbox"/> Less than a year | <input type="checkbox"/> More than a year |
|---|--|---|---|

Have you ever abused drugs or alcohol, or been told you do? Yes No

Have you ever had treatment for a mental health problem? Yes No

Do you have regular access to medical care? Yes No

Do you have any income these sources? (check all that apply)

- | | | |
|--|---|--------------|
| <input type="checkbox"/> Regular full or part-time job | <input type="checkbox"/> Social Security (SSI, SSA) | |
| <input type="checkbox"/> Disability (State or Federal) | <input type="checkbox"/> Veteran's Pension | Other: _____ |

