

Survey ID #

2014 STATE OF LOUISIANA -Homeless Demographics & Needs Survey

Instructions: COMPLETE ONE SURVEY FOR EACH ADULT OR UNACCOMPANIED CHILD WHO WAS HOMELESS OR RESIDING IN A HOMELESS HOUSING PROGRAM ON THE NIGHT OF MONDAY, JANUARY 27, 2014. ANSWER ALL QUESTIONS AND THE DEMOGRAPHIC INFORMATION IN THE BOXES AT THE TOP AND BOTTOM OF THE SHEET. If the respondent is residing with a family group, then any information about children should be recorded with one adult household member only. A SEPARATE SURVEY MUST BE COMPLETED FOR EACH ADDITIONAL ADULT OR UNACCOMPANIED CHILD HOUSEHOLD MEMBER.

| ANSWER ALL BLANK ITEMS IN THIS BOX. | | | |
|--|---------------|-------------|-------------|
| Region: 9 | Parish: _____ | Date: _____ | Time: _____ |
| Service Provider Name or Place of Contact: _____ | | | |

Please read before completing the questionnaire:

Thank you for participating in the 2014 STATE OF LOUISIANA Homeless Demographic and Needs Survey. Your answers will help the service agencies of the Northlake Homeless Coalition better understand the needs for assistance and services in this community. Any information you provide will be kept in a safe place and will not be shared with anyone.

1. Which best describes the place you stayed during the night of Monday, January 27th?

[Check the ONE answer that best fits your situation.]

- "On the street" (sidewalk, car, park, abandoned building, etc.)
- In an emergency shelter (facility or motel vouchers)
- In transitional housing (apartment or facility) for homeless persons
- In some other housing situation, please specify: _____

2. If you stayed "on the streets" on the night of January 27th, which best describes this location, if any?

[Check the ONE answer that best fits your situation.]

- Street, sidewalk, park, or camp
- In a vacant or abandoned building
- In a motor vehicle or recreational vehicle
- In some other situation, please specify: _____

Did not stay "on the streets"

3. For how long have you resided in the place where you stayed on the night of Monday, January 27th?

[Check the ONE answer that best fits your situation, and list the approximate LENGTH OF TIME.]

- Less than 1 month: _____ Number of days
- More than 1 month, but less than 1 year: _____ Number of months
- 1 year or more: _____ Number of years
- Don't Know

4. How many times have you lived on the street or in an emergency shelter in the past three years, if any?

[Check the ONE answer that best fits your situation, and list the NUMBER OF EPISODES.]

- _____ Number of Episodes
- Never lived on the street/emergency shelter in past 3 years
- Don't know

5. From which of the following facilities/institutions were you discharged in the past 30 days, if any?

[Check the ONE answer that best fits your situation.]

- Substance abuse inpatient facility
- Mental health inpatient facility
- Foster care
- Jail or prison
- Hospital
- Was not released from any facilities/institutions in past 30 days

6. Which of the following disabilities or long-term physical illnesses have you been diagnosed as having, if any?

[Please check ALL answers that best fit your situation.]

- Addiction to alcohol or drugs
- Mental Illness (e.g. depression, bipolar, schizophrenia)
- HIV/AIDS
- Other long-term physical illness (e.g. cancer, hepatitis)
- Physical Disability
- Other; please specify: _____
- Never been diagnosed with any of the above

7. Which best describes your CURRENT household composition?

[Please check the ONE answer that best fits your situation.]

- Unaccompanied Individual, WITHOUT children living with you
- Couple, WITHOUT children living with you
- Single parent household, WITH children living with you
- Two-parent household, WITH children living with you
- Children Only Household (Under 18)
If multi-child household number in household: _____
- Other, please specify: _____

8. Are you the head of your household?

- Yes No

| ANSWER ALL ITEMS IN THIS BOX. Only Question 9i may be left blank, if the respondent does not have children living with him/her. | | | | | |
|---|--|--|---|--|--|
| (9a) First three letters of First Name: _____ | | (9b) First three letters of Last Name: _____ | | (9c) Gender: ___ Male ___ Female | |
| (9d) Date of Birth (DOB): _____ (mm/dd/yyyy) | | | (9e) Ethnicity: ___ Hispanic/Latino ___ Non-Hispanic/Latino | | |
| (9f) Race: ___ African-American/Black ___ Caucasian/White ___ Asian/Pacific Islander ___ Native American ___ Alaskan Native ___ Other | | | | | |
| (9g) US Military Veteran: ___ YES ___ NO | | | (9h) Domestic Violence Survivor: ___ YES ___ NO | | |
| *** (9i) For a family with children in the household, record: GENDER(M/F), the DATE OF BIRTH (DOB), and FIRST THREE LETTERS OF FIRST NAME (FN) and FIRST THREE LETTERS OF LAST NAME (LN) of each child. Children should be documented with one adult household member only. | | | | | |
| #1: M ___ F ___ DOB _____ FN: _____ LN: _____ | #2: M ___ F ___ DOB _____ FN: _____ LN: _____ | #3: M ___ F ___ DOB _____ FN: _____ LN: _____ | #4: M ___ F ___ DOB _____ FN: _____ LN: _____ | #5: M ___ F ___ DOB _____ FN: _____ LN: _____ | #6: M ___ F ___ DOB _____ FN: _____ LN: _____ |