

Collier County Hunger & Homeless Coalition 2021 Annual Survey: Short Form - FINAL

Your answers to the following survey will help us understand how we can better meet the needs of people who are homeless or at-risk of homelessness in Collier County. This survey is voluntary. Your answers will not affect the services available to you or your family.

1. Have you completed this survey earlier today or this week? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
2. Please tell us your first name and last initial: _____
3. Do you have a regular place to stay right now? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
4. Where did you stay last night? 1 <input type="checkbox"/> Emergency shelter, include motel voucher 2 <input type="checkbox"/> Transitional Housing for Homeless 3 <input type="checkbox"/> Permanent housing for homeless 4 <input type="checkbox"/> Psychiatric facility 5 <input type="checkbox"/> Substance abuse treatment facility 6 <input type="checkbox"/> Hospital 7 <input type="checkbox"/> Jail, prison, detention facility 8 <input type="checkbox"/> Don't know 9 <input type="checkbox"/> Refused 10 <input type="checkbox"/> Room, apartment, house rented 11 <input type="checkbox"/> Apartment or house owned 12 <input type="checkbox"/> Stay with family member 13 <input type="checkbox"/> Stay with friend 14 <input type="checkbox"/> Hotel/motel paid for by self 15 <input type="checkbox"/> Foster care home 16 <input type="checkbox"/> Place not meant for human habitation (camp, car, street, boat)
5a. Will you be forced to leave the place you stayed within the next week? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No (SKIP TO QUESTION 6)
5b. Will you have a place to stay <u>OR</u> money that you will use to get a place to stay once you leave? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
6. Are you: 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Transgender 4 <input type="checkbox"/> Do Not Identify as either Male or Female
7. What is your age? Under 18 _____ 18-24 _____ 24-61 _____ 62 or older _____
RACE/ETHNICITY:
8a. Are you Hispanic or Latino? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
8b. What is your race? (you may name more than one race) 1 <input type="checkbox"/> American Indian/Alaskan Native 2 <input type="checkbox"/> Asian 3 <input type="checkbox"/> Black/African American 4 <input type="checkbox"/> Native Hawaiian/Other Pacific Islander 5 <input type="checkbox"/> White 5 <input type="checkbox"/> White/Black Mixed Race
9. Have you ever served on active duty in the U.S. military? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No Armed Forces Branch: _____ War Zone: _____

10. Are you: 1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Married 3. <input type="checkbox"/> Divorced 4. <input type="checkbox"/> Separated 5. <input type="checkbox"/> Widow	
11. Do you have any family members who are homeless and with you now? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No (SKIP TO QUESTION 20 IF ANSWER IS NO)	
12. If YES, including you, other adults and children, how many family members are <u>homeless now</u>? _____ (COMPLETE QUESTIONS 13-19)	
<i>if there are children, complete Questions 13-16 if there are adults, complete Questions 17-19</i>	
13. Girls: How many? _____ 14. Girls: Age(s)? 14a _____ 14c _____ 14b _____ 14d _____ 15. Boys: How many? _____ 16. Boys: Age(s)? 16a _____ 16b _____ 16c _____ 16d _____ <input type="checkbox"/> Check here if more children are recorded on the back.	17. Gender: 17a <input type="checkbox"/> Male <input type="checkbox"/> Female 17b <input type="checkbox"/> Male <input type="checkbox"/> Female 17c <input type="checkbox"/> Male <input type="checkbox"/> Female 18. Age(s): 18a ____ 18b ____ 18c ____ 19. Veteran? 19a <input type="checkbox"/> Yes <input type="checkbox"/> No 19b <input type="checkbox"/> Yes <input type="checkbox"/> No 19c <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check here if more adults are recorded on the back.
20. How many separate periods of time in the past 3 years have you been without a regular place to stay (including right now)? 1 <input type="checkbox"/> 1 time 2 <input type="checkbox"/> 2-3 times 3 <input type="checkbox"/> 4 or more times/ or 12 consecutive months	
21. What caused you to become homeless? <input type="checkbox"/> employment/financial reasons <input type="checkbox"/> family problems <input type="checkbox"/> housing issues <input type="checkbox"/> natural/other disasters <input type="checkbox"/> medical/disability problems <input type="checkbox"/> recent immigration <input type="checkbox"/> forced to relocate from home	
22. What type of transportation do you currently use? 1 <input type="checkbox"/> Bicycle 2 <input type="checkbox"/> Own Car 3 <input type="checkbox"/> Family/Friends 4 <input type="checkbox"/> Public Transit/C.A.T. 5 <input type="checkbox"/> Taxi 6 <input type="checkbox"/> Walk/None	
23. Do you have a disabling condition? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No (SKIP TO QUESTION 26)	
<hr style="border-top: 1px dashed black;"/> 24. What type of disabling <u>or</u> medical condition do you have? (you may choose more than one condition)	
1 <input type="checkbox"/> Physical 2 <input type="checkbox"/> Developmental 3 <input type="checkbox"/> Mental Health 4 <input type="checkbox"/> Drug or Alcohol Addiction 5 <input type="checkbox"/> HIV/AIDS	
25. EDUCATION: What is the highest level you completed? 0 <input type="checkbox"/> No Schooling Completed 1 <input type="checkbox"/> Nursery to 4 th grade 2 <input type="checkbox"/> 5 th grade or 6 th grade 3 <input type="checkbox"/> 7 th grade or 8 th grade 4 <input type="checkbox"/> 9 th Grade 5 <input type="checkbox"/> 10 th grade 6 <input type="checkbox"/> 11 th grade 7 <input type="checkbox"/> 12 grade, No Diploma 8 <input type="checkbox"/> High School Diploma 9 <input type="checkbox"/> GED 10 <input type="checkbox"/> Post- secondary school	

26. Do you receive any of the following forms of income? (CHECK ALL THAT APPLY)

- a. Earned income
- b. Unemployment
- c. SSI
- d. SSDI
- e. Veterans disability
- f. Private disability insurance
- g. Workers' Comp
- h. TANF
- i. Food Stamps
- j. SSA retirement
- k. Veteran's pension
- l. Job pension
- m. Child support
- n. Alimony
- o. Other: _____
- p. No financial resource

27. How long since you last had a regular place to stay?

- 1 1 week or less
- 2 More than 1 week, but less than 1 month
- 3 1 to 3 months
- 4 More than 3 months, but less than 1 year
- 5 1 year or longer

28. How long have you been staying in Collier County?

- a. one week or less
- b. more than 1 week, less than 1 month
- c. one to three months
- d. More than 3 months, less than 1-year
- e. one year or longer

29. Services that you or your family need right now. (CHECK ALL THAT APPLY)

- a. Food
- b. Housing placement
- c. Materials good (i.e. clothing)
- d. Temp. housing/aid
- e. Transportation
- f. Consumer assistance
- g. Criminal justice/legal aid
- h. Education
- i. Health care
- j. HIV/AIDS service
- k. Mental health care
- l. substance abuse service
- m. employment
- n. case management
- o. daycare/child care
- p. outreach
- q. Other: _____

30. What type of household are you in?

- a. Single Youth (25 or under) **No** Children
- b. Single Youth (25 or under) **with** Children
- c. Youth Couple (25 or under) **No** Children
- d. Youth Couple (25 or under) **with** Children
- e. Single Parent Household (over 25)
- f. Two Parent Household (over 25)
- g. Couple with **No** Children (over 25)
- h. Single Adult **No** Children Household (over 25)

OFFICE USE ONLY:

Person Completing Survey: _____ Date: _____

County: COLLIER **Location in County Survey was Completed:** **Naples** **Immokalee**