

2019 Santa Clara Housing Survey

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Refusals: _____ (tally)

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Shade Circles Like This--> ●
Not Like This--> ⊗

Interview Date: _____ Neighborhood or City: _____

Interviewer's Name: _____

Section A: Demographics

- What are your initials?

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First _____ Middle _____ Last _____
- What is your birth date?

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Month _____ Day _____ Year _____
- What is your gender?
 Male Female Transgender
 Do not identify as male, female or transgender
- Are you Hispanic or Latino?
 Yes No Don't know
- Which racial group do you identify with most? (Shade all that apply)
 White Black or African American Asian
 American Indian or Alaska Native Other
 Native Hawaiian or Pacific Islander
- Do you consider yourself...?
 Straight Lesbian Bisexual
 Gay Queer Other: _____
- Are you currently pregnant?
 Yes No Don't know
- Have you ever been in foster care?
 Yes No Don't know

Section B: Veterans Status

- Have you served in the U.S. Armed Forces? (Army, Navy, Air Force, Marine Corps, or Coast Guard)
 Yes No Don't know
1b. When did you serve? From _____ to _____
- Were you ever called into active duty as a member of the National Guard or as a Reservist?
 Yes No Don't know
- Have you ever received health care or benefits from a VA (Veterans Administration) center?
 Yes No Don't know
- What is your discharge status?
 Honorable Dishonorable
 General Don't know
 Other than honorable Does not apply
- Is anyone else in your household a Veteran?
 Yes No Don't know

Section C: Accommodation

- Where were you staying on the night of January 29th? (Shade 1)
 Backyard or storage structure
 Motel/hotel
 A place in a house not normally used for sleeping (kitchen, foyer, hallway) or unconverted garage
 Emergency shelter
 Transitional housing (Skip to question 2)
 Public facility (train station, transit center, bus depot)
 Outdoors/streets/parks Tent
 Van Encampment
 Automobile/car Other: _____
 Camper/RV
 Abandoned building/squat
- How many people, including yourself, usually stay inside your tent, car, van, or RV/camper?

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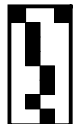
people _____
- Is this the first time you have been homeless?
 Yes No
- How long have you been homeless this current time? (Shade 1)
 7 days or less 4-6 months 1 year
 8-30 days 7-11 months More than 1 year
 1-3 months
- How many different times have you been homeless in the past 3 years, including this current time? (Shade 1)
 1 time 3 times 5 times
 2 times 4 times 6 or more times
- Have you been living in an emergency shelter and/or on the streets (including bus stations, underpasses, encampments, abandoned buildings, etc.) for the past year (12 months) or more?
 Yes No
- In addition to right now, how long would you say you have stayed in these kinds of places (total) in the past 3 years?
Days _____ Weeks _____ Months _____ Years _____
- How old were you the first time you experienced homelessness?
 0-17 years old 25-59 years old
 18-24 years old 55 years or older
- Do you have a pet (currently living with you)?
 Cat Dog Other None

Section D: Household Members

- How many people are in your household, excluding yourself?

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 - Do you have any children under age 18? Yes No Don't know
 - Are all of your children under 18 currently living with you? Yes No Don't know
 - Do you live alone or with other household members? Alone ==> Please skip to Section E
 Other household members
- I am going to ask you a few questions about the people in your household that were staying with you on January 29th. I'll ask about each person, one at a time. In order for us to keep track of who we are talking about I am going to ask you for the first and last initial of each person.*

What are their initials?	(A) F _ L _	(B) F _ L _	(C) F _ L _	(D) F _ L _	(E) F _ L _	(F) F _ L _
5. How are they related to you?						
Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-married partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other non-family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. How old are they?						
Under 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 - 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 or older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. How do they identify their gender?						
Male	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transgender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't identify as male, female, or transgender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Are they Hispanic or Latino?						
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Which racial group do they identify with most? (Shade all that apply)						
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Section E: Residency

- 1. Where were you living at the time you most recently became homeless? (Shade 1)
O Santa Clara County O Other County in CA O Out of State
2. How long have you lived in Santa Clara County? (Shade 1)
O Less than 1 year O 1-4 years O 5-9 years O 10 years or more
3. Immediately before you became homeless, where were you living? (Shade 1)
O A home owned or rented by you or your partner O Foster care
O Subsidized housing or permanent supportive housing O Jail or prison
O Hospital or treatment facility O Motel/hotel
O A home owned or rented by friends/relatives O Other: _____
O Juvenile Justice Facility

Section F: Cause and Prevention

- 1. What do you think is the primary event or condition that led to your homelessness? (Shade 1)
O Lost job O Divorce/separation/break up O Mental health issues
O Eviction O Family violence O Landlord raised rent or foreclosure
O Incarceration O Argument with family or friend who asked you to leave O Aging out of foster care
O Alcohol or drug use O Spousal/partner violence O Don't know
O Illness/medical problem
2. What might have prevented you from becoming homeless? (Shade all that apply)
Mental health services Help accessing benefits Other: _____
Health insurance/services Employment assistance
Legal assistance Rent/mortgage assistance
Alcohol/drug counseling Case management after leaving hospital/jail/prison/juvenile justice facility
Transportation benefits
3. What is keeping you from getting permanent housing? (Shade all that apply)
Can't afford rent Criminal record Immigration issues
No job/not enough income No ID/Paperwork Restrictions from probation/parole
No money for moving costs Medical/health issues Housing process is too difficult
No housing available Bad credit Child care costs
No transportation Eviction record Other: _____
Having children
4. If you are not using any type of shelter service, why not? (Shade all that apply)
They are full I can't stay with my partner/family
They are far away I can't stay with my friends
They are too crowded There is nowhere to store my stuff
Germs There are too many rules
Bugs They don't accept my pet
5. If affordable permanent housing became available tomorrow, would you accept it?
O Yes O No O Don't know

Section G: Income and Employment

- 1. What is your total monthly income from all sources?
O \$0-\$99 O \$450-\$749 O \$1,100-\$1,499 O More than \$3,000
O \$100-\$449 O \$750-\$1,099 O \$1,500-\$3,000
2a. What is your current employment status? (Shade 1)
O Unemployed
O Employed full-time O Employed seasonal/sporadic
O Employed part-time ==> Skip to Section H
2b. Are you currently...
O Unable to work
O Looking for work
O Not looking for work
3. In the last 6 months have you....(Shade all)
Lived in long-term housing Been employed

Section H: Health

- 1. Do you experience any of the following:
a. Any chronic health problem or medical condition(diabetes, cancer) O Yes O No O Refuse
b. Post-Traumatic Stress Disorder (PTSD) O Yes O No O Refuse
c. Any psychiatric or emotional conditions (depression, schizophrenia) O Yes O No O Refuse
d. A physical disability O Yes O No O Refuse
e. A traumatic brain injury to your brain from a bump, blow or wound to the head? O Yes O No O Refuse
f. Drug or alcohol abuse (including prescription drugs not prescribed for you) O Yes O No O Refuse
g. An AIDS or an HIV related illness? O Yes O No O Refuse
2. Does it keep you from holding a job, living in stable housing or taking care of yourself?
O Yes O No O Refuse

- 3. If you live with a spouse, a significant other or parent, do any of the following conditions prevent them from maintaining work or housing? (Shade all that apply)
O Chronic health problem O Physical disability O HIV/AIDS
O PTSD O Traumatic brain injury O None of the above
O Drug or alcohol abuse O Psychiatric or emotional condition
O Dementia/Alzheimers O Developmental disability

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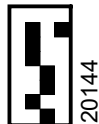
- 4. Are you currently experiencing home/domestic violence or abuse?
O Yes O No O Decline to state
5. Have you ever been physically, emotionally or sexually abused by a relative, or another person you have stayed with (spouse, partner, sibling, parent)?
O Yes O No O Decline to state
6. Do you receive any disability benefits such as Social Security Disability Income, or Veterans Disability Benefits?
O Yes O No O Decline to state
7. Where do you usually go for medical care?
O VHHP/Homeless Clinic/Mobile Van O Emergency Room
O Primary care O VA Hospital/clinic O None of the above
8. How many times have you seen the same medical provider in the last 12 months? _____ times
9. Have you taken the VI-SPDAT/Coordinated Entry?
O Yes O No O Don't know

Section I: Services and Assistance

- 1. Are you currently using any of the following services/assistance? (Shade all that apply)
O Free meals
O Bus passes
O Job training/employment services
O Community drop in center
O Legal assistance
O Immigration services
O Behavioral health services
O Religious based services
O Outreach services
O Other: _____
O Not using any services
2. Are you currently receiving any of the following forms of government assistance? (Shade all that apply)
O General Assistance (GA)/CAAP
O Food Stamps/SNAP/WIC/CalFresh
O Any VA Disability Compensation
O Other Veterans benefits (GI, Health)
O Social Security
O SSI/SSDI/Disability
O Medi-cal/Medicare
O CalWORKs/TANF
O Not receiving any form of government assistance
3. If you are not receiving any government assistance, why not? (Shade all that apply)
O Don't think you are eligible
O Don't have ID
O No permanent address
O Never applied
O Benefits were cut-off
O Immigration issues
O Paperwork too difficult
O Don't know where to go
O Turned down
O Applied and waiting for response
O Other: _____
O Don't want government assistance

Section J: Criminal Justice System

- 1. Have you spent a night in jail in the last 12 months? O Yes O No
2. Are you currently on probation or parole? O Yes O No
3. Have you accessed re-entry services? O Yes O No



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