

2022 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 gender do you identify with? (Shade all that apply)
 Male Female Transgender
 A gender other than singularly female or male *
 Questioning Don't know
- What ethnicity do you identify with?
 Hispanic/Latin(a)(o)(x) Non-Hispanic/Latin(a)(o)(x)
 Don't know
- What race or races do you identify with? (Shade all that apply)
 White Black, African American, or African
 Asian or Asian American
 American Indian, Alaska Native, or Indigenous
 Native Hawaiian or Pacific Islander Don't know
- 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 19th? (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
 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 _____
- If you stayed in a tent or vehicle, how many tents and/or vehicles do you have?

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tents _____ # vehicles _____
- 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

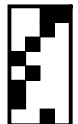
Section D: Household Members

- 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 19th. 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. What gender do they identify with? (Shade all that apply)						
Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A gender other than singularly female or male*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Questioning	<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"/>
8. What ethnicity do they identify with?						
Hispanic/Latin(a)(o)(x)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Hispanic/Latin(a)(o)(x)	<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. What race or races do they identify with? (Shade all that apply)						
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black, African American, or African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Asian American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian, Alaska Native, or Indigenous	<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"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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* (e.g., non-binary, gender fluid, agender, culturally specific gender)

Section E: Residency

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

Section F: Cause and Prevention

- What do you think is the primary event or condition that led to your homelessness? (Shade 1)
 - Lost job
 - Eviction
 - Incarceration
 - Alcohol or drug use
 - Illness/medical problem
 - Divorce/separation/break up
 - Family violence
 - Argument with family or friend who asked you to leave
 - Spousal/partner violence
 - Mental health issues
 - Landlord raised rent or foreclosure
 - Aging out of foster care
 - Other: _____
 - Don't know
- Was the primary cause of homelessness (identified in the prior question) related to the COVID-19 pandemic or a California Wildfire? (Shade 1)
 - COVID-19
 - CA Wildfire
 - Neither
 - Refuse
- What might have prevented you from becoming homeless? (Shade all that apply)
 - Mental health services
 - Health insurance/services
 - Legal assistance
 - Alcohol/drug counseling
 - Transportation benefits
 - Help accessing benefits
 - Employment assistance
 - Rent/mortgage assistance
 - Case management after leaving hospital/jail/prison/juvenile justice facility
 - Other: _____
- What is keeping you from getting permanent housing? (Shade all that apply)
 - Can't afford rent
 - No job/not enough income
 - No money for moving costs
 - No housing available
 - No transportation
 - Having children
 - Criminal record
 - No ID/Paperwork
 - Medical/health issues
 - Bad credit
 - Eviction record
 - Immigration issues
 - Restrictions from probation/parole
 - Housing process is too difficult
 - Child care costs
 - Other: _____
- If you are not using any type of shelter service, why not? (Shade all that apply)
 - They are full
 - They are far away
 - They are too crowded
 - Germs
 - Bugs
 - I can't stay with my partner/family
 - I can't stay with my friends
 - There is nowhere to store my stuff
 - There are too many rules
 - They don't accept my pet
- If affordable permanent housing became available tomorrow, would you accept it?
 - Yes
 - No
 - Don't know

Section G: Income and Employment

- What is your current employment status? (Shade 1)
 - Unemployed
 - Employed full-time
 - Employed part-time
 - Are you currently...
 - Unable to work
 - Looking for work
 - Not looking for work
- ==> Skip to Section H
- In the last 6 months have you....(Shade all that apply)
 - Lived in long-term housing
 - Been employed

Section H: Health

- Have you received a COVID-19 vaccine? Yes No Don't know Refuse
- Do you experience any of the following:

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

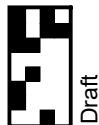
For Office Use Only:	H8	C6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Are you currently experiencing home/domestic violence or abuse?
 - Yes
 - No
 - Decline to state
- Have you ever been physically, emotionally or sexually abused by a relative, or another person you have stayed with (spouse, partner, sibling, parent, caregiver)?
 - Yes
 - No
 - Decline to state
- Do you receive any disability benefits such as Social Security Disability Income, or Veterans Disability Benefits?
 - Yes
 - No
 - Decline to state
- Where do you usually go for medical care?
 - VHHP/Homeless Clinic/Mobile Van
 - Emergency Room
 - Primary care
 - VA Hospital/clinic
 - None of the above
- How many times have you seen the same medical provider in the last 12 months? _____ times

Section I: Services and Assistance

- Are you currently using any of the following services/assistance? (Shade all that apply)
 - Free meals
 - Bus passes
 - Job training/employment services
 - Community drop in center
 - Legal assistance
 - Immigration services
 - Behavioral health services
 - Religious based services
 - Outreach services
 - Other: _____
 - Not using any services
 - Independent/supported living
- If you accessed support services in the last 12 months, did you experience any discrimination related to your age, gender, race or sexuality?
 - Yes
 - No
 - Decline to state
 - Did not access services
- Are you currently receiving any of the following forms of government assistance? (Shade all that apply)
 - General Assistance (GA)/CAAP
 - Food Stamps/SNAP/WIC/CalFresh
 - Any VA Disability Compensation
 - Other Veterans benefits (GI, Health)
 - Social Security
 - SSI/SSDI/Disability
 - Medi-cal/Medicare
 - CalWORKs/TANF
 - Not receiving any form of government assistance
- If you are not receiving any government assistance, why not? (Shade all that apply)
 - Don't think you are eligible
 - Don't have ID
 - No permanent address
 - Never applied
 - Benefits were cut-off
 - Immigration issues
 - Paperwork too difficult
 - Don't know where to go
 - Turned down
 - Applied and waiting for response
 - Other: _____
 - Don't want government assistance

Section J: Criminal Justice System

- Have you spent a night in jail in the last 12 months? Yes No
- Are you currently on probation or parole? Yes No



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