SERVICE-BASED COUNT FORM

Use on: January 23 - 31, 2019 (days following the Street Count)

Use for: Persons not identified during Street Count

Service-Based Count
Form- Ohio BoSCoC 2019 Point-in-Time Count

Location: _____   County: _____

Interviewer: _____   Date: _____   Time: _____ am/pm

Hello, my name is ___ and I'm a volunteer for [Ohio BoSCoC County]. We are conducting a survey to count homeless people to provide better programs and services to them. Your participation is voluntary and your responses to questions will not be shared with anyone not associated with our survey. I need to read each question all the way through. Can I have about 10 minutes of your time?

□ **Yes** → [Go to Q1]   □ **No** → [Thank respondent for their time and end survey]

| **1. Where did you sleep on the night of January 22nd?**

[Do not read categories. Select only one category.] | □ Street or sidewalk

□ Vehicle (car, van, RV, truck)
□ Park
□ Abandoned building
□ Bus, train station, airport
□ Under bridge/overpass
□ Woods or outdoor encampment
□ Other location (specify): _____ } [Go to 1a] | □ Emergency shelter   [Thank respondent for their time, end survey]

□ Transitional housing
□ Motel/hotel (paid for with public/private funds)
□ House or apartment
□ Jail, hospital, treatment program } |
| **1a. Enter the physical or geographic location where the person slept on January 22nd.** | *For example, "under Main Street Bridge" or "in car at Walmart parking lot".* | |

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2. Did another volunteer or survey worker already ask you these same questions about where you were staying on that night?

☐ Yes → *[Thank respondent for their time, end the survey]*

☐ No

☐ Don't Know/Refused (DK/REF)

3. Including yourself, how many people were there in your household, <u>who</u> were sleeping in the same location <u>with you on that night?</u>

_____ Age 55 and older

_____ Age 25-54

_____ Age 18-24

_____ Age 17 and younger

Person 1

4a. What are your initials? (Person 1)

[If respondent says Don't Know or Refused write DK or REF]

Person 1	Person 2	Person 3	Person 4	Person 5

4b. What are the initials of other people in your household from oldest to youngest?

[If respondent says Don't Know or Refused write DK or REF]

[Complete the column for Person 1 by asking Q5-Q18. Then complete the columns for Persons 2-5 for all other household members in order of oldest to youngest, by asking Q5-Q18 for each person individually (some questions may pertain only to persons age 18 and older). If the other household members are not present, Person 1 should answer for them.

	Person 1	Person 2	Person 3	Person 4	Person 5
5. How is Person _____ (Person 2-5) related to you (Person 1)?	Self	☐ Child ☐ Spouse or Partner ☐ Other Relation Member ☐ Other, NonRelation Member	☐ Child ☐ Spouse or Partner ☐ Other Relation Member ☐ Other, NonRelation Member	☐ Child ☐ Spouse or Partner ☐ Other Relation Member ☐ Other, NonRelation Member	☐ Child ☐ Spouse or Partner ☐ Other Relation Member ☐ Other, NonRelation Member

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6. Just to confirm, did you stay with ___ (Person 1) on the night of January 22nd?

[If Q6=No, ask Q6a, otherwise go to Q7]

a. Where were you staying on January 22nd?

[Use categories from Q1; write answer here. If response is unsheltered location, provide exact location- see Q1a- and proceed with Q7. If response is sheltered location, stop and go back to Q6 for next person.]

	Person 1	Person 2	Person 3	Person 4	Person 5
	☐ Yes ☐ No →*[Go to 6a]* ☐ DK/REF	☐ Yes ☐ No →*[Go to 6a]* ☐ DK/REF	☐ Yes ☐ No →*[Go to 6a]* ☐ DK/REF	☐ Yes ☐ No →*[Go to 6a]* ☐ DK/REF	☐ Yes ☐ No →*[Go to 6a]* ☐ DK/REF
	N/A	Location where sleeping tonight (refer to Q1): If unsheltered location, provide details: (refer to Q1a):	Location where sleeping tonight (refer to Q1): If unsheltered location, provide details: (refer to Q1a):	Location where sleeping tonight (refer to Q1): If unsheltered location, provide details: (refer to Q1a):	Location where sleeping tonight (refer to Q1): If unsheltered location, provide details: (refer to Q1a):

7. How old are you (Person 1) or Person ___ (Person 2-5)?

If hesitant, ask: Are you…?

Person 1	Person 2	Person 3	Person 4	Person 5
Age: ☐ Under 18 ☐ 18-24 ☐ 25 + ☐ DK/REF	Age: ☐ Under 18 ☐ 18-24 ☐ 25 + ☐ DK/REF	Age: ☐ Under 18 ☐ 18-24 ☐ 25 + ☐ DK/REF	Age: ☐ Under 18 ☐ 18-24 ☐ 25 + ☐ DK/REF	Age: ☐ Under 18 ☐ 18-24 ☐ 25 + ☐ DK/REF

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	Person 1	Person 2	Person 3	Person 4	Person 5
8. What is your gender?	☐ Male ☐ Female ☐ Transgender ☐ Male ☐ Female ☐ Don't identify as male, female, or transgender ☐ DK/REF	☐ Male ☐ Female ☐ Transgender ☐ Male ☐ Female ☐ Don't identify as male, female, or transgender ☐ DK/REF	☐ Male ☐ Female ☐ Transgender ☐ Male ☐ Female ☐ Don't identify as male, female, or transgender ☐ DK/REF	☐ Male ☐ Female ☐ Transgender ☐ Male ☐ Female ☐ Don't identify as male, female, or transgender ☐ DK/REF	☐ Male ☐ Female ☐ Transgender ☐ Male ☐ Female ☐ Don't identify as male, female, or transgender ☐ DK/REF
9. Are you Hispanic or Latino?	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF
10. What is your race? You can select one or more races. *[Read categories]*	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American Native ☐ Hawaiian or Other Pacific Islander ☐ White ☐ Other- please specify: _____ ☐ DK/REF	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American Native ☐ Hawaiian or Other Pacific Islander ☐ White ☐ Other- please specify: _____ ☐ DK/REF	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American Native ☐ Hawaiian or Other Pacific Islander ☐ White ☐ Other- please specify: _____ ☐ DK/REF	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American Native ☐ Hawaiian or Other Pacific Islander ☐ White ☐ Other- please specify: _____ ☐ DK/REF	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American Native ☐ Hawaiian or Other Pacific Islander ☐ White ☐ Other- please specify: _____ ☐ DK/REF

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	Person 1	Person 2	Person 3	Person 4	Person 5
11. Have you served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)?	□ Yes No □ →[Go to Q12] □ DK/REF	□ Yes No □ →[Go to Q12] □ DK/REF	□ Yes No □ →[Go to Q12] □ DK/REF	□ Yes No □ →[Go to Q12] □ DK/REF	□ Yes No □ →[Go to Q12] □ DK/REF
[If Q11=No, ask Q12, otherwise go to Q13] **12. Were you ever called into active duty as a member of the National Guard or as a Reservist?**	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
13. Have you ever received health care or benefits from a Veterans Administration medical center?	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
14a. On what date did you become homeless this time? (Only include time spent staying in shelters and/or on the streets.)	Month/Year: __ / __	Month/Year: __ / __	Month/Year: __ / __	Month/Year: __ / __	Month/Year: __ / __
14b. Including this time, how many separate times have you stayed in shelters or on the streets in the past 3 years, that is since January 2016?	□ 1 time □ 2 times □ 3 times □ 4 or more times □ DK/REF	□ 1 time □ 2 times □ 3 times □ 4 or more times □ DK/REF	□ 1 time □ 2 times □ 3 times □ 4 or more times □ DK/REF	□ 1 time □ 2 times □ 3 times □ 4 or more times □ DK/REF	□ 1 time □ 2 times □ 3 times □ 4 or more times □ DK/REF
14c. In total, how long did you stay in shelters or on the streets for those times? *[Enter days or weeks or months or years]*	___ Days ___ Weeks ___ Months ___ Years ___ DK/REF	___ Days ___ Weeks ___ Months ___ Years ___ DK/REF	___ Days ___ Weeks ___ Months ___ Years ___ DK/REF	___ Days ___ Weeks ___ Months ___ Years ___ DK/REF	___ Days ___ Weeks ___ Months ___ Years ___ DK/REF

Question				
15. Do any of the following situations keep you from holding a job or living in stable housing?	□ (a) Alcohol use □ (b) Drug use □ (c) Chronic health condition □ (d) HIV/AIDS □ (e) Mental disability □ (f) Physical disability □ (g) Developmental delay	□ (a) Alcohol use □ (b) Drug use □ (c) Chronic health condition □ (d) HIV/AIDS □ (e) Mental disability □ (f) Physical disability □ (g) Developmental delay	□ (a) Alcohol use □ (b) Drug use □ (c) Chronic health condition □ (d) HIV/AIDS □ (e) Mental disability (f) Physical disability □ (g) Developmental delay	□ (a) Alcohol use □ (b) Drug use □ (c) Chronic health condition □ (d) HIV/AIDS □ (e) Mental disability □ (f) Physical disability □ (g) Developmental delay
16. Have you/Has Person [2-5] ever received special education services for more than 6 months?	□ Yes □ No □ DK/REF	□ Yes □ No. □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
[If Q16= Yes, then re-visit Q15 to make sure all applicable boxes have been checked]				
17. Do you/Does Person [2-5] receive any disability benefits such as Social Security Income, Social Security Disability Income, or Veteran's Disability Benefits?	□ Yes □ No □ DK/REF	□ Yes □ No. □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
[If Q17= Yes, then re-visit Q15 to make sure all applicable boxes have been checked]				
18. Are you currently fleeing or experiencing physical, emotional, or sexual abuse by a relative or another person you have stayed with, such as a spouse, partner, brother or sister, or parent?	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF

Can I offer a shelter bed or motel/hotel/hotel stay to you? If not, thanks for taking the survey!

□ *Shelter was offered and accepted*   □ *Shelter was offered and declined*

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