Code _____ County _____ Agency _____ Program _____

NJ COUNTS 2015 POINT IN TIME SURVEY

1. Where did you spend the night of Tuesday, January 27th? (Check ONE only)

	On the street, under a bridge, abandoned building, public building, car, traveling on a bus, or camping out
	Emergency Shelter
	Safe Haven
	Transitional Housing (time-limited)
	Hotel/Motel Paid For By Agency
	Hotel/Motel You Paid For
	Apartment paid for with Temporary Rental Assistance from the Board of Social Services
	Youth Shelter
	Permanent Housing
	Temporarily with Friends or Family
	Domestic Violence Shelter
	Psychiatric Hospital
	Jail
	Juvenile Detention Center
	Farm Labor Housing
	Medical Hospital
	Substance Abuse Treatment Facility
	Other: _____

2. In what town did you spend the night?

Town: _____

County: _____ State: _____

Program Name (if applicable): _____

Agency Name (if applicable): _____

3. How long have you been in your current living situation?

	1 day to 1 week		3 months & 1 day to 6 months
	8 days to 1 month		6 months & 1 day to 12 months
	1 month & 1 day to 3 months		More than 1 year

4. If you have been homeless less than 1 year, has there been another time within the past 12 months when you were homeless?

	Yes		No		N/A

5. Have you been homeless at least 4 separate times within the past 3 years? (since January 27, 2012)

	Yes		No

6. Household Information

A. How many adults and children were homeless in your household on the night of January 27th?

Household Size: Adults (18 yrs. & older) _____ Children (17 yrs. & younger) _____

B. Who was homeless with you on the night of January 27th?

Demographic Information								**Household Characteristics** *Check all that apply to each person*								
Relationship to Head of Household	First initial	Middle Initial	First 2 Letters of Last Name	Age	Gender	Race	Ethnicity	Victim of Domestic Violence	Veteran	Mental Health Issues	Substance Abuse	Physical Disability	Developmental Disability	Chronic Health Condition	HIV/AIDS	None Apply
Self																

7. Where was your last permanent address before becoming homeless?

Town: _____ County: _____

State: _____ Country: _____

8. What was your residence prior to your current living situation? (Check ONE only)

Temporary Locations	
	Emergency Shelter or Emergency Hotel Voucher
	Hotel/Motel Paid for Without Voucher
	Place Not Meant for Human Habitation (On the Street, Bus, Car, Airport, Abandoned Building)
	Safe Haven
	Transitional Housing for Homeless Persons
Permanent Locations	
	Living with Family or Friends
	Permanent Housing
	Permanent Supportive Housing Program
	Rooming House
Institutional Locations	
	Jail, Prison, or Juvenile Detention Facility
	Medical Hospital (emergency room, acute care)
	Psychiatric Hospital or Treatment Facility
	Substance Abuse Treatment Facility/Detox
Other Locations	
	Apartment paid for with Temporary Rental Assistance from the Board of Social Services
	Foster Care Home or Group Home
	Nursing Home or Other Long Term Care Facility
	Other: _____

9. Which of the following do you, or anyone in your household receive? (Check ALL that apply)

Sources of Income		*Non-Cash Benefits*	
	SSI		Food stamps/SNAP
	SSDI		Medicaid
	TANF		Medicare
	General/Public Assistance/Welfare		State Children's Health Insurance/FamilyCare
	Unemployment		VA Benefits
	Private Disability Insurance		WIC/Special Nutrition Program for Women, Infants, and Children
	Work Income/Wage		
	Worker's Compensation		TANF Child Care
			TANF Transportation
	Alimony		Other TANF-Funded Service
	Child Support		
	Veteran's Pension		Temporary Rental Assistance
	Veteran's Disability		
	Pension From Former Job		Section 8/Public Housing/Ongoing Rental Assistance
	Social Security		
	Temporary State Disability		Other: _____
	Other: _____		Receiving No Government Benefits
	No Source of Income		

10. What is your total monthly household income?

$_____

11. Would you, or anyone in your household, like to receive any of the following services? (Check ALL that apply)

	Emergency Shelter
	Housing
	Substance Abuse Services
	Mental Health Care
	Medical Care (disability)
	Medical Care (routine healthcare)
	Dental Care
	HIV/AIDS Services
	Financial Assistance for Utilities
	Financial Assistance for Housing
	Financial Assistance for Moving Expenses
	Emergency Food or Meal Assistance
	Domestic Violence Services
	Legal Services
	Immigration Services
	Assistance Obtaining ID
	Child Care
	Educational Training
	Employment Assistance
	Transportation Services
	Veterans Services
	Family Reunification
	Other: _____

12. What was the primary factor that contributed to or caused your current living situation? (Check ONE only)

	Loss or Reduction of Benefits
	Loss or Reduction of Job Income
	Eviction or at Risk of Eviction
	Relocation
	Released From Prison/Jail
	Released From Hospital
	Released from Psychiatric Facility
	Illness
	Injury
	Domestic Violence
	Asked To Leave Shared Residence
	Drug/Alcohol Abuse
	Natural Disaster
	Foreclosure of Rented or Owned Property
	Household breakup/death in household
	Other: _____

Thank you for participating in NJ Counts 2015!