Code _____ County _____ Agency _____ Program _____

NJ COUNTS 2017 POINT IN TIME SURVEY

1. Where did you spend the night of Tuesday, January 24th? (Check ONE only)

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

	years
	months
	days

4. During the past 12 months, how many months have you been homeless on the streets, in emergency shelter, or in a safe haven? ☐

5. How many separate times have you been homeless on the streets, in emergency shelter, or in a safe haven within the past 3 years? (since January 24, 2014) ☐

6. What is the total number of months that you have been homeless on the streets, in emergency shelter, or in a safe haven within the past 3 years? (since January 24, 2014) ☐

Household Information

7. Who was homeless with you on the night of January 24th?

	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	Ethnicity	Race	Victim of Domestic Violence	Veteran	Mental Health Issues	Substance Abuse	Physical Disability	Developmental Disability	Chronic Health Condition	HIV/AIDS	None Apply
1	Self																
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	

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

Town: _____ County: _____

State: _____ Country: _____

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

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

10. 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		State Health Insurance for Adults
	Private Disability Insurance		Indian Health Insurance
	Work Income/Wage		VA Medical Benefits
	Worker's Compensation		WIC/Special Nutrition Program for Women, Infants, and Children
	Alimony		
	Child Support		TANF-Funded Services (Child Care, Transportation, or Other)
	Veteran's Pension		
	Veteran's Disability		Temporary Rental Assistance from the Board of Social Services
	Pension From Former Job		
	Social Security		Section 8/Public Housing/Ongoing Rental Assistance
	Temporary State Disability		
	Other: _____		Other: _____
	No Source of Income		Receiving No Government Benefits

11. What is your total monthly household income?

$_____

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

	Emergency Shelter
	Housing
	Substance Abuse Treatment 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: _____

13. 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
	Physical Illness
	Mental 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 2017!