NJ Counts 2017 Quick Reference Guide

DEFINITIONS

Chronic Health Condition - ailment that is prolonged in duration, does not often resolve spontaneously, and is rarely cured completely

- Developmental Disability a severe, chronic disability that is attributable to a mental or physical impairment or combination of mental and physical impairments, is manifested before the individual is 22 years old, is likely to continue indefinitely, and results in substantial functional limitations in three or more areas of major life activity (e.g. self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency)
- *Emergency Shelter* any facility whose primary purpose is to provide temporary shelter for the homeless in general or for specific populations of the homeless
- HIV/AIDS human immunodeficiency virus/acquired immunodeficiency syndrome is a disease of the human immune system caused by infection with human immunodeficiency virus
- Homeless Unsheltered Sleeps somewhere not designed as a regular sleeping accommodation for human beings such as a car, park, abandoned building, bus/train, street/sidewalk

Sheltered - Lacks a fixed, regular, and adequate nighttime residence, has a supervised emergency shelter, safe haven, or transitional housing dedicated solely for the homeless as a primary nighttime residence (this includes domestic violence and youth shelters) A household is considered homeless if that household spent the night in:

- On the street, under a bridge, abandoned building,
- public building, car, traveling on a bus or camping out
- **Emergency Shelter**
- Youth Shelter
- Hotel/Motel Paid for by an Agency
- **Domestic Violence Shelter**

Medical Hospital;

NOT Homeless - Designation given to any household that spent the night in:

- Permanent Housing; Psychiatric Hospital;
- Jail/ Juvenile Detention Center; • Long-term Care Facility; •
- - Farm Labor Housing;
- Hotel/Motel You Paid For
- Substance Abuse Treatment Facility;
- Staying with Friends or Family;
- General Assistance state or federal welfare programs that benefit to adults without dependents (single persons, or childless married couples) as opposed to families with children

Medical (disability) – medical services needed to address a specific disability in the household

- *Medical (routine healthcare)* general medical services to address healthcare needs such as annual checkups
- Mental Health Issue medical condition that disrupts a person's thinking, feeling, mood, behavior, ability to relate to others, and daily functioning seriously enough to require psychiatric intervention
- Permanent Housing long-term rental or owned housing, includes permanent supportive housing programs (Long-term, community-based housing with supportive services for homeless persons with disabilities); excludes transitional housing and emergency shelter
- *Physical Disability* physical impairment which has a substantial and long-term effect on ability to carry out day-to-day activities: e.g. selfcare, receptive/expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency
- Safe Haven 24-hour private or semiprivate residence for not more than 25 homeless persons which provides low-demand services and referrals to eligible persons who are not residents on a drop-in basis
- Social Security retirement benefits for workers aged 62 or older who have paid into the Social Security system for enough years
- SSDI the Social Security Disability Insurance program is for workers who have worked and paid Social Security taxes for many years who become disabled before retirement age
- SSI Supplemental Security Income, a federal program that pays a small cash benefit to low-income individuals who are disabled, blind, or over the age of 65 who haven't worked for long enough to qualify for SSDI
- Substance Abuse overindulgence in or dependence on an addictive substance, especially alcohol or drugs
- TANF Temporary Assistance for Needy Families is a government program that provides cash assistance to needy families with dependent children, and to pregnant women, to help them meet the basic needs of their children. This cash assistance can be used to help families with housing, utilities, and clothing costs. It is sometimes called "welfare."
- Temporary Rental Assistance Apartment paid for temporarily by Board of Social Services
- Transitional Housing program designed to provide housing and supportive services to homeless persons to facilitate movement to independent living within 24 months Veteran – person who has served within the Armed Forces of the U.S. or any of the states or who has been deployed for at least one day of active duty (including National Guard and Reserves)
- Victim of Domestic Violence individual whose family member, partner or ex-partner attempts to physically or psychologically dominate them through physical violence, sexual abuse, emotional abuse, intimidation, economic deprivation, stalking, or threats of violence.
- Youth Shelter emergency housing for homeless youth (18 and younger) who need services like counseling, mediation, education, and structured treatment programs

- Safe Haven
- Transitional Housing (time-limited)
- Transitional Housing for Victims of Domestic Violence

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SURVEY QUESTIONS

Before completing the survey with the respondent, please confirm that they have not completed the survey already to prevent duplication.

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

Please only read the bold text to ask question 1, and do not read the answer list to the respondent. Check only ONE box on the answer list that best corresponds to the answer given.

2. In what town did you spend the night?

Write legibly the town, county, and state where the respondent stayed. If the respondent was housed through a program, record the agency and program name that provided shelter to the household.

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

In the boxes given, write the number of years, months, and days the respondent has been in the living situation stated in the answer to Question 1.

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

Enter the number of times the household reports staying in these locations in the past 12 months. If they have never stayed in these locations in the past 12 months, please enter 0.

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)

Enter the number of times the household reports staying in these locations. If they have never stayed in these locations, please enter 0.

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)

If 0 was answered for question 5, you should answer N/A in this answer, otherwise please indicate the total number of months reported by the household.

7. Household Information

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

Fill out this table as completely as possible for every member of the household that shared the identified sleeping arrangements. If other household members spent the night in separate sleeping arrangements, do not include them on this survey.

Respondent's information must be entered in line 1 as 'Self' for the Head of Household. If the respondent gives no 'Age,' 'Gender,' 'Race,' or 'Ethnicity,' surveyor should take his/her best guess to complete the fields; do not guess other household members.

Relationship to Head of Household – list every member of household by their relationship to the respondent using one of the following answers:

- ٠ 'Self' 'Child' 'Sibling' 'Friend' 'Parent' 'Unknown'
 - 'Spouse' 'Relative'

Do not enter invalid answers such as 'Sister' or 'Brother,' but instead choose Sibling. For 'Aunt,' 'Uncle,' 'Cousin,' 'Grandparent,' etc., enter Relative. For 'partners' or 'significant others,' enter Spouse

Gender – enter 'M' for 'male;' 'F' for 'female;' 'TR' for 'transgender,' 'DI' for 'Don't identify as male, female, or transgender'

Ethnicity – enter 'H' for 'Hispanic', or 'NH' for 'Non-Hispanic'

*If the respondent is Hispanic, inform them that they must choose a race from the list below in addition to identifying Ethnicity as 'Hispanic'

Race – Please enter all of the following options that apply:

- 'Al' for 'American Indian/Alaska Native' ٠
- 'B' for 'Black/African-American'
- 'PI' for 'Pacific Islander/Native Hawaiian'
- 'WH' for 'White

'AS' for 'Asian' •

If the respondent is Multi-Racial, list all races from the list above that the respondent identifies himself/herself or any household member as.

Check all that apply to each person. None Apply - Be sure to check 'None Apply' if none of these characteristics applies to an individual. Only leave all fields blank if no response is given regarding what characteristics apply to an individual. Ask a direct question about each characteristic about each household member. For instance, 'Are you a Veteran,' 'Are you a victim of Domestic Violence,' etc.

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

For this question, ask respondents if they have each Source of Income and each Non-Cash Benefit on the answer list and check ALL that apply. Please be sure to read each option to the respondent and refer to the 'Definitions' section if further clarification on the options is needed. If the respondent's answer is not listed, check 'Other' and describe.

11. What is your monthly household income? – Enter a numerical value.

Enter the respondent's monthly household income—this should be the total income of all household members.

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

Check all answers that apply, and read each option to the respondent. If respondent's answer is not listed, check 'Other' and describe.

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

Please only read the bold text to ask question 13, and do not read the answer list to the respondent. Check only ONE box on the answer list that best corresponds to the answer given.