CodeCounty_	Agency _	Program
-------------	----------	---------

#### NJ COUNTS 2018 POINT IN TIME SURVEY

## 1. Where did you spend the night of Tuesday, January 23<sup>rd</sup>? (Check ONE only)

Homeless			
On the street, under a bridge,			
abandoned building, public building,			
car, travelling on a bus, or camping out			
Emergency Shelter			
Youth Shelter			
Domestic Violence Shelter			
Transitional Housing			
Transitional Housing for Victims of			
Domestic Violence			
Hotel/Motel paid for by Agency			
Safe Haven (Homeless Solutions			
Morristown Program, or out of state			
program)			
Permanent Housing/At Risk			
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			
Farm Labor Housing			
Institution			
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			
Other			

2. In what to	2. In what town did you spend the night?					
State:	County:					
Town						
Program Na	me					
Agency Nan	ne					
3. How lon	g have you	Years				
been in yo	ur current	Months				

4. During the past 12 months, how many months have you been

living situation?

On the Streets	
In Emergency	
Shelter	
In a Safe Haven	

Days

5. How many separate times have you been homeless within the past 3 years (since January 23, 2015)

,						
Episode	Enter the number of months per					
	episode by l	ocation				
	Emergency	Unsheltered	Safe			
	Shelter	(Streets)	Haven			
Episode 1						
Episode 2						
Episode 3						
Episode 4						
Episode 5						
Episode 6						
Episode 7						

6. Who was homeless with you on t	the night of January 23 <sup>rd</sup> ?		
Demographic Information	Household Charact	eristics	
	(Check all that apply to	each person)	
	Disabling Condition	Sub-	

Household Information

									(	Cne	еск ан	tnat	<u>appıy</u>	το	eacn p	erson)	
									[	Disa	bling	Cond	ition			ub- ılation	
	Relationship to Head of Household	First Initial	Middle Initial	First 2 Letters of Last Name	Age	Gender	Ethnicity	Race	Mental Health Issues	Substance Abuse	Physical Disability	Developmental Disability	Chronic Health Condition	HIV/AIDS	Fleeing Domestic Violence	Served in Armed Forces/ Veteran	None Apply
1	Self																
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	

before	becoming homeless?
Town:	
_	
County	<b>:</b>
Ctata	
State:_	
Country	v.
Country	,
8. What	was your residence prior to your
	living situation? (Check ONE only)
	ce Not Meant for Human Habitation
(On	the Street, Bus, Car, Airport,
Aba	andoned Building)
Eme	ergency Shelter or Emergency Hotel
	ıcher
Trai	nsitional Housing for Homeless
	sons
	e Haven
	el/Motel Paid for Without Voucher
	artment paid for with temporary
<b>I</b>	ital Assistance form the Board of
	ial Services
Per	manent Housing
	manent Supportive Housing Program
	ying with Friends or Family
	chiatric Hospital or Treatment Facility
	Prison, or Juvenile Detention Facility
	g-Term Care Facility or Nursing Home
	ter Care Home or Foster Care Group
Hor	* * =
	dical Hospital (emergency room,
	te care)
	stance Abuse Treatment
Fac	ility/Detox

**Rooming House** 

Other:

7. Where was your last permanent address

9. What v	was the prir	mary factor	that cont	ributed to d	r
caused yo	our current	living situa	tion? (Che	ck ONE onl	y)

caase	a your current name struction. (check one of
	Loss or Reduction of Benefits
	Loss or Reduction of Job Income
	Eviction or at Risk of Eviction
	Rent Increase/Insufficient Income
	Foreclosure of Rented or Owned Property
!	Substandard Housing
	Relocation
	Released from Prison/Jail
	Released from Hospital
1	Released from Psychiatric Facility
	Physical Illness
	Mental Illness
1	Injury
	Drug/Alcohol Abuse
	Domestic Violence
	Asked to Leave Shared Residence
	Household breakup/death in household
	Natural Disaster
(	Other:

11. What is your total	l monthly household	income?
Ś		

# 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
Financial Assistance for Security Deposits
Financial Assistance for Utilities
Financial Assistance for Housing
Emergency Food or Meal Assistance
Domestic Violence Services
Legal Services
Assistance Obtaining ID
Educational Training
Employment Assistance
Veterans Services
Family Reunification
Other:

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

	<u> </u>
Sources of Income	Non-Cash Benefits
SSI	Food stamps/SNAP
SSDI	Medicaid
TANF	Medicare
General/Public	State Children's Health
Assistance/Welfare	Insurance/Family Care
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
Alimony	Women, Infants, and Children
Child Support	TANF-Funded Services (Child Care,
Veteran's Pension	Transportation or Other)
Social Security	Section 8/Public Housing/Ongoing
Temporary State Disability	Rental Assistance
Other:	Other:
No Source of Income	Receiving No Government Benefits

### Thank You for Participating in the 2018 Point-In-Time Survey!

