E	CodeCounty	Age			ncyP			Pro	ogram				Samue	25, 2019					
	NJ	NJ COUNTS 2019 POINT IN TIME SU					SUR	RVEY								2019			
	e you already participated in the 2019 Pl' Nhere did you spend the night of				Yes			No		5. How on the s	_	-				_			in
	sday, January 22 <sup>nd</sup> ? (Check ONE only)		In what town		-	-		_		the past	t 3 yea	ars (si	nce .	Janua	ary 22	2, 20	16)?		_
	Homeless		ate:C						_	Enter	numb	er of	mon	iths p	er ho	me	less ep	oisode	
	On the street, under a bridge,	Town				_	Enicod												
	abandoned building, public building,	Pı	rogram Name						_	Episode 1 Episode 2									-
	car, travelling on a bus, or camping out	A	gency Name						_										
	Emergency Shelter	3.	How long have	e vo	years				Episode 3									_	
	Youth Shelter		een in your curi	-	<i>'</i>			Episode 4									_		
	Domestic Violence Shelter		ing situation?					Episode 5									_		
	Transitional Housing							_	Episod										
	Transitional Housing for Victims of		During the pas	-					Episod										
	Domestic Violence				nergen	су		Episode											
	Hotel/Motel paid for by Agency		any months	-	Shel					Episod									
	Safe Haven (Homeless Solutions	na 	ave you been		In a	Safe Ha	iven			Episod	e 10								
	Morristown Program, or out of state							Hou	seho	ld Infor	matio	n							
	program)		6. Who was homeless with you on the nigh						ght of	Jan	uary	22 <sup>nd</sup> ?	•						
Permanent Housing/At Risk			Demographic Information Household Characteristics																
	Hotel/Motel You Paid For										(	Check	all	that	apply	to	each p	erson)	
	Apartment paid for with Temporary										[	Disabli	ng (	Condi	tion		Sı	ub-	
	Rental Assistance from the Board of												-				рори	ılation	
	Social Services											a)	>				C		<u>&gt;</u>
	Permanent Housing			=	<u>ia</u>	's of e					lth	onse		ntal ,	alth (		esti	nec eran	γbρ
	Staying with Friends or Family		Relationship to	nitia	Init	tter	ь	der	city	e .	Hea	e Ak	isal	mei	Heation	NDS	om	Arı /ete	e/
	Farm Labor Housing		Head of	First Initia	dle	st 2 Letters Last Name	Age	Gender	Ethnicity	Race	ntal He	anc	a l	velopment Disability	ronic Heal Condition	HIV/AIDS	ing Dome Violence	d in S/\	None Apply
	Institution		Household	Ë	Middle Initial	First 2 Letters Last Name		0	Ш		Mental Health Issues	Substance Abuse	hysical Disability	Developmental Disability	Chronic Health Condition	로	leeing Domestic Violence	Served in Armed Forces/ Veteran	
	Psychiatric Hospital				_	這					_	Su	Ph	Δ	S		Fle	S P	
	Jail, Prison, or Juvenile Detention	1	Self																
	Center	2	Sen																
	Long-Term Care Facility or Nursing Home	3 4																	
	Foster Care Home/Foster Care Group	5																	
	Home	6																	
	Medical Hospital	7																	
	Substance abuse Treatment Facility	8																	
	Other	9																	

before becoming homeless?
Town:
County:
State:
state
Country:
8. 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
Transitional Housing for Homeless
Persons
Safe Haven
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:

7. Where was your last permanent address

9. What	was t	he prin	nary f	actor t	hat o	contrib	outed	to or
caused y	your cu	urrent l	living	situati	on?	(Checl	k ONE	only)

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
Released from Psychiatric Facility
Physical Illness
Mental Illness
Injury
Drug/Alcohol Abuse
Domestic Violence
Asked to Leave Shared Residence
Household breakup/death in household
Natural Disaster
Other:

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 S	Services
Mental Health Care	
Financial Assistance for Secur	ity Deposits
Financial Assistance for Utilit	ies
Financial Assistance for Hous	ing
Emergency Food or Meal Ass	istance
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)

Sources of Income	No	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	]   I	Rental Assistance					
Other:	(	Other:					
No Source of Income		Receiving No Government Benefits					

## Thank You for Participating in the 2019 Point-In-Time Survey!

