

USE THIS FORM IF THE CLIENT IS IN A ***HOUSEHOLD (Accompanied)***
2022 HAWAII COUNTY Homeless Point-in-Time Count Survey

Interviewer's Name: _____ Agency/Group: _____

Site of Interview (Actual Location): _____ Date: _____

Site of Interview Geolocation: _____° _____' _____" N _____° _____' _____" W

What are the best places and times to find you? _____

"Are you living alone or with others?" _____ (If living alone, use **SINGLE** form)

"Where did you sleep this past SUNDAY, JANUARY 23rd?" _____

SPECIFIC LOCATION - If answer is a sheltered location (e.g. house, shelter, hospital, jail), END SURVEY.

"What area of the island did you sleep?" _____

Enter a Region # (1-9)

HEAD OF HOUSEHOLD (HOH can be a Youth Under 18):

1. How many ADULTS are in your household? _____ How many CHILDREN UNDER 18? _____

2. First Name: _____ Last Name: _____

3. Date of Birth: _____/_____/_____ OR if DOB refused, Age: _____

4. Client Phone Number: _____

5. Gender: Female Male Transgender Questioning Unknown/Refused
 A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)

6. Do you identify as Hispanic/Latin(a)(o)(x) (Ethnicity)? Yes No Unknown Refused

7. What Races do you identify with? (**CLIENT MAY SELECT MORE THAN ONE**)

- | | | | |
|--|---|---|-------------------------------------|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Korean | <input type="checkbox"/> Other | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Other Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Micronesian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Multiple Races | <input type="checkbox"/> Samoan | <input type="checkbox"/> Refused |

8. Have you served on active duty in the Armed Forces of the United States?

Yes No Unknown Refused

IF NO, SKIP to Question #10

9. Were you called up to active duty, as a National Guard member or Reservist?

Yes No Unknown Refused

10. How long have you been continuously homeless this time?

Less than 1 year 1 year or longer Unknown Refused

11. How many times have you been homeless in the past 3 years?

1-3 times 4 or more times Unknown Refused

If "4 or more times" is checked, have these episodes combined for one year or more of homelessness?

Yes No Unknown Refused

12. Were you on the street, beach, park, or in an emergency shelter each time?

Yes No Unknown Refused

13. Do you have a mental health disability that limits your ability to work or perform activities of daily living?

Yes No Unknown Refused

14. Do you have an alcohol or drug problem that limits your ability to work or perform activities of daily living?

Yes No Unknown Refused

15. Are you currently living with HIV/AIDS? Yes No Unknown Refused

16. Do you have a physical, developmental, or other disability that limits your ability to work or perform activities of daily living? Yes No Unknown Refused

17. Did you move to Hawaii within the past year? Yes No

If no, skip to question #18. If yes:

a. What State/Country did you come from? _____

b. Are you interested in returning home? Yes No

c. Why did you come to Hawaii? (Select Primary Reason)

Came for a work trade living arrangement

Came for the sun...the beautiful weather

To move with family/friends and arrangement did not work out

Other(specify) _____

18. What led to your current living situation? (Select Primary Reason)

Unable to pay rent

Lost my job

Medical Emergency

Family/Relationship Conflict

Kilauea Eruption

COVID-19

Other(specify) _____

Description of Head of Household if they Refused to answer Survey:

OTHER ADULT OR UNACCOMPANIED YOUTH IN HOUSEHOLD:

1. First Name: _____ Last Name: _____
2. Date of Birth: ____/____/____ OR if DOB refused, Age: _____
3. Gender: Female Male Transgender Questioning Unknown/Refused
 A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)
4. Do you identify as Hispanic/Latin(a)(o)(x) (Ethnicity)? Yes No Unknown Refused
5. What Races do you identify with? **(CLIENT MAY SELECT MORE THAN ONE)**
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|--|---|---|-------------------------------------|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Tongan |
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| <input type="checkbox"/> Filipino | <input type="checkbox"/> Multiple Races | <input type="checkbox"/> Samoan | <input type="checkbox"/> Refused |
6. Have you served on active duty in the Armed Forces of the United States?
 Yes No Unknown Refused
- IF NO, SKIP to Question #8**
7. Were you called up to active duty, as a National Guard member or Reservist?
 Yes No Unknown Refused
8. How long have you been continuously homeless this time?
 Less than 1 year 1 year or longer Unknown Refused
9. How many times have you been homeless in the past 3 years?
 1–3 times 4 or more times Unknown Refused
- If "4 or more times" is checked, have these episodes combined for one year or more of homelessness?
 Yes No Unknown Refused
10. Were you on the street, beach, park, or in an emergency shelter each time?
 Yes No Unknown Refused
11. Do you have a mental health disability that limits your ability to work or perform activities of daily living?
 Yes No Unknown Refused
12. Do you have an alcohol or drug problem that limits your ability to work or perform activities of daily living?
 Yes No Unknown Refused
13. Are you currently living with HIV/AIDS? Yes No Unknown Refused
14. Do you have a physical, developmental, or other disability that limits your ability to work or perform activities of daily living?
 Yes No Unknown Refused

Description of other adult/unaccompanied youth if they Refused to answer Survey:

CHILDREN'S DEMOGRAPHIC INFORMATION: Only for children under the age of 18**Child #** _____

1. First Name: _____ Last Name: _____

2. Date of Birth: ____/____/____ OR if DOB refused, Age: _____

3. Gender: Female Male Transgender Questioning Unknown/Refused
 A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)4. Do you identify as Hispanic/Latin(a)(o)(x) (Ethnicity)? Yes No Unknown Refused5. What Races do you identify with? **(CLIENT MAY SELECT MORE THAN ONE)**

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| <input type="checkbox"/> Filipino | <input type="checkbox"/> Multiple Races | <input type="checkbox"/> Samoan | <input type="checkbox"/> Refused |

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| <input type="checkbox"/> Chinese | <input type="checkbox"/> Micronesian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Unknown |
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Child # _____

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