

USE THIS FORM IF THE CLIENT IS IN A **HOUSEHOLD (Accompanied)**
2022 MAUI 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 # (1-6)

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

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 Refused5. 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 |

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 Refused14. 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 Refused
5. 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 |

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 Refused
5. 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 |

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 Refused
5. 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 |