

USE THIS FORM IF THE CLIENT IS IN A **HOUSEHOLD (Accompanied)**
2023 MAUI COUNTY Homeless Point-in-Time Count Survey

Interviewer's Name: _____ Agency/Group: _____

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

Site of Interview Coordinates (in decimal format to at least five decimal points, e.g., 22.12526 N, -159.43161 W):

Latitude: _____ N Longitude: _____ 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 22nd?" _____
 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 Refused5. What Races do you identify with? **(CLIENT MAY SELECT MORE THAN ONE)**

- | | | | |
|--|---|---|-------------------------------------|
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| <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 Refused5. What Races do you identify with? **(CLIENT MAY SELECT MORE THAN ONE)**

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| <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: _____

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| <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 |