

USE THIS FORM IF THE CLIENT IS IN A **HOUSEHOLD (Accompanied)**
2024 HAWAII 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 MONDAY, 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 # (1-9)

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: (CLIENT MAY SELECT MORE THAN ONE)

- Woman (Girl, if child)
- Man (Boy, if child)
- Culturally Specific Identify
- Transgender
- Non-Binary
- Questioning
- Different Identify
- Unknown/Refused

6. What Races and Ethnicity do you identify with? (CLIENT MAY SELECT MORE THAN ONE)

- American Indian or Alaska Native
- Japanese
- Native Hawaiian
- Vietnamese
- Asian or Asian American
- Korean
- Other
- White
- Black, African American or African
- Marshallese
- Other Asian
- Unknown
- Chinese
- Micronesian
- Other Pacific Islander
- Refused
- Filipino
- Middle Eastern or North African
- Samoan
- Hispanic/Latina/e/o
- Multi-Racial
- Tongan

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

- Yes
- No
- Unknown
- Refused

IF NO, SKIP to Question #9

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

- Yes
- No
- Unknown
- Refused

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

- Less than 1 year
- 1 year or longer
- Unknown
- Refused

10. 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

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

- Yes
- No
- Unknown
- Refused

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

- Yes
- No
- Unknown
- Refused

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

- Yes
- No
- Unknown
- Refused

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

15. 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

16. Did you move to Hawaii within the past year? Yes No Unknown Refused

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) _____

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

- COVID-19
- Disability (mental health/addiction/physical)
- Evicted from my home
- Family/Relationship Conflict
- Fleeing from Domestic Violence
- Lost home due to fire
- Lost my job, unable to secure work
- Medical Emergency
- Natural Disaster
- Recently released from incarceration
- Unable to afford rent
- Unable to secure affordable housing
- Other(specify) _____

18. Have you been arrested in the last year? Yes No Unknown Refused

If Yes:

- a. How many times? _____
- b. How many days in the past year have you been in jail? 30 days or less More than 30 days

19. How many times have you been to the emergency room in the past year?

- None
- 1 or 2 times
- 3 – 5 times
- More than 5 times

20. What can we do to help you end your homelessness? **(Choose all that apply)**

- Childcare
- Documents (Replace lost/stolen documents)
- Employment
- Legal Aid
- Medical Insurance
- Money/Rent Assistance
- Need Medical Care
- Reconnect with my family so I can go home
- Securing Housing
- Treatment Program
- 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: **(CLIENT MAY SELECT MORE THAN ONE)**

- Woman (Girl, if child) Man (Boy, if child) Culturally Specific Identify Transgender
 Non-Binary Questioning Different Identify Unknown/Refused

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

- American Indian or Alaska Native Japanese Native Hawaiian Vietnamese
 Asian or Asian American Korean Other White
 Black, African American or African Marshallese Other Asian Unknown
 Chinese Micronesian Other Pacific Islander Refused
 Filipino Middle Eastern or North African Samoan
 Hispanic/Latina/e/o Multi-Racial Tongan

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

- Yes No Unknown Refused

IF NO, SKIP to Question #7

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

- Yes No Unknown Refused

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

- Less than 1 year 1 year or longer Unknown Refused

8. 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

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

- Yes No Unknown Refused

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

- Yes No Unknown Refused

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

- Yes No Unknown Refused

12. Are you currently living with HIV/AIDS? Yes No Unknown Refused13. 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: **(CLIENT MAY SELECT MORE THAN ONE)**

- Woman (Girl, if child) Man (Boy, if child) Culturally Specific Identify Transgender
 Non-Binary Questioning Different Identify Unknown/Refused

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

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Child # _____

1. First Name: _____ Last Name: _____

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

3. Gender: **(CLIENT MAY SELECT MORE THAN ONE)**

- Woman (Girl, if child) Man (Boy, if child) Culturally Specific Identify Transgender
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