

USE THIS FORM IF THE CLIENT IS **SINGLE (Unaccompanied)**
2024 KAUAI 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 unsheltered with others, including a child under 18, use **HOUSEHOLD** 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 Zone # (1-5)

1. First Name: _____ Last Name: _____

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

3. Client Phone Number: _____

4. 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

5. 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 Micronesia Other Pacific Islander Refused
- Filipino Middle Eastern or North African Samoan
- Hispanic/Latina/e/o Multi-Racial Tongan

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 Person if they Refused to be Surveyed: