

Okaloosa Walton Homeless Continuum of Care/ Opportunity, Inc. 2011 Annual Survey

Your answers to the following survey questions will help us understand how we can better meet the needs of people who are homeless in Okaloosa and Walton Counties. This survey is voluntary. You may choose not to answer some questions. You may also stop answering at any time. Your answers will not affect the services available to you or your family, even if you do not answer at all. Your answers will not be shared with anyone.

First Initial: _____ **Last Initial:** _____

DOB: ____/____/____ **Male** **Female** _____

Marital Status: Single Married or have a partner

Are you Hispanic or Latino? Yes No **Are you a Veteran?** Yes No

What is your race? (you may name more than one race)

- American Indian/Alaskan Native Asian Black/African American
 Native Hawaiian/Other Pacific Islander White Other: _____

Do you have a regular place to stay right now? Yes No

Where did you stay last night?

- Emergency shelter, include motel voucher Transitional housing for homeless Place not meant for habitation (car, street, boat)
 Psychiatric facility Substance abuse treatment facility Hospital
 Jail, prison, detention facility Don't know Refused
 Room, apartment, house rented Apartment or house owned Stay with a family member
 Stay with a friend Hotel/motel paid for by self Foster care home
 Permanent housing for homeless Other: _____

Within the past 3 years, how many times have you been without a regular place to stay?

- 1 time 2 – 3 times 4 or more times (Check here if ever for a period of 1 year or longer)

How long have you been homeless? 1 week or less More than 1 week, but less than 1 month

- 1 to 3 months More than 3 months, but less than 1 year 1 year or longer

Do you have a disabling condition? Yes No

If YES, what type of disabling condition do you have? (You may choose more than one condition)

- Physical Developmental Mental Health Drug or Alcohol Addiction HIV/AIDS

Do you have any family members who are homeless and with you now? Yes No

(If NO, continue to next section)

If YES, including yourself, other adults and children, how many family members are homeless now? _____

If these family members have not filled out a separate copy of this survey, please provide the following:

Children under 18 years

Girls: How many? _____

Boys: How many? _____

Adults/Parents

Adults: How many? _____

Gender(s): _____

Age(s): _____

Veteran(s): _____

