

# Kansas Balance of State Continuum of Care 2022 Point in Time (PIT) Count Survey

Surveyor \_\_\_\_\_ County \_\_\_\_\_

**Complete survey for all Household members and submit together.**

**Please complete each section to the extent possible, as incomplete surveys may not be usable!**

*Hello –With your permission, I will ask some demographic questions along with a few health and housing questions. The purpose of this survey is to have a grasp on who is homeless in our community. The result of this survey is completely anonymous, and the final report will not contain any personally identifiable information. You may refuse to complete this survey or any specific question you do not want to answer. May I continue?*

Refused to complete survey \_\_\_\_\_

**1. Have you completed this survey about your housing situation in 2022?**

Yes  No If NO, please continue\*\* If YES, **STOP SURVEY**

(For De-Duplication Only)

First Letter of your FIRST name \_\_\_\_\_

First Letter of your MIDDLE name \_\_\_\_\_

First Letter of your LAST name \_\_\_\_\_

Refused to provide initials

**2. Age Range:** **3. Birthdate:** (For De-Duplication Only)

17 and Under/Youth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 18-24/Young Adult \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 25+ /Adult \_\_\_\_\_  Client Refused birth date  
 DV/VSP Agency Refused

**4. Including yourself, how many individuals were with you on**

**February 22<sup>nd</sup>:** Only include household members staying with you tonight

**Total Number in Household** \_\_\_\_\_

Household Type:

- Single person
- Single person household with children
- Two-person household with NO children
- Two-person household with children
- Other \_\_\_\_\_
- Don't Know
- Refused

**5. Where did you stay overnight during the night of February 22<sup>nd</sup>?**

Location
<input type="checkbox"/> In a car, on the street, under a bridge, abandoned building, public building, bus, camping out, etc.
<input type="checkbox"/> Emergency Shelter NAME OF SHELTER: _____
<input type="checkbox"/> Youth Shelter NAME OF SHELTER: _____
<input type="checkbox"/> Transitional Housing (may pay) NAME OF SHELTER: _____
<input type="checkbox"/> Domestic Violence Shelter
<input type="checkbox"/> Hotel/Motel you DID NOT pay for yourself
<input type="checkbox"/> Halfway House you DID NOT pay for yourself
<input type="checkbox"/> Family/Friends you DID NOT pay to stay with
<input type="checkbox"/> Safe Haven NAME OF SHELTER: _____
<input type="checkbox"/> Prison/Jail/Youth Corrections/Detention Facility
<input type="checkbox"/> Psychiatric Hospital Facility
<input type="checkbox"/> Medical Hospital Facility
<input type="checkbox"/> Substance Abuse Treatment Facility
<input type="checkbox"/> Own Place / Not homeless

**6. Are you experiencing homelessness because you are currently fleeing domestic violence, dating violence, sexual assault, or stalking?**

Yes  No  Don't Know  Refused

**7. Gender – Select One**

Male  Female  Gender Non-Conforming  
 Transgender  Don't Know  Refused

**8. Which Ethnicity do you identify with?**

Hispanic  Non-Hispanic  Don't Know  Refused

**9. What is your race?**

White  Black/African American  
 Asian  American Indian/Alaskan Native  
 Multiple Races  Native Hawaiian/Pacific Islander  
 Refused  Don't Know

**If 17 and under STOP UNLESS unaccompanied or HoH.**

**If between the ages of 13-25 and unaccompanied or a HoH, continue with this form and complete the Youth Survey on page 2.**

**10. Have you ever served in the U.S. Armed Forces, National Guard or as a Reservist?**

Yes  No  Don't Know  REFUSED

**11. What type of discharge did you receive?**

Honorable  Other than Honorable  Dishonorable  
 Don't Know  Refused  Not Applicable

**12. Have you been living in emergency shelter and/or on the streets (including bus stations, underpasses, encampments, abandoned buildings, etc) continuously for the past year or more?**

Yes  No  Don't Know  Refused

**13. Which of the following best describes your current situation?**

- 1<sup>st</sup> time homeless in past 3 years
- 2-3 different times in past 3 years
- At least 4 different times in past 3 years-total time is 12 months+
- Continuously homeless for a year or more

**14. Have you ever received treatment or were offered services or diagnosis for any of the following (Check ALL that apply):**

Yes	No	Don't Know	Refused	IF YES: Mark if long-term, impairs ability to live independently, and Permanent Housing would improve:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Abuse <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drug Abuse <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serious Mental Illness <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIV/AIDs related Illness <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Development Disability <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Disability <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traumatic Brain Injury (TBI) <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post-Traumatic Stress Disorder (PTSD) <input type="checkbox"/>

**Those are all the questions we have for you. We realize that some of the topics covered are personal and can be difficult to talk about.**

**Thank you for taking the survey!**

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## Youth Survey for 13 -25 years old unaccompanied or Head of Household

In addition to the questions we just asked, today we also are asking youth some additional questions to better understand their housing status. It is up to you whether you want to participate, and your answers will not be shared with anyone outside of our team.

Can I have about 5 more minutes of your time?  Yes [*Goto Q1*]  No [*Thank respondent; end interview*]

**1. If female: Are you currently pregnant?**

**If male or other: Are you expecting to become a parent in the next 9 months?**

Yes  No  Don't Know  REFUSED

**For questions 2-4, only ask part B if the previous answer was 'Yes'**

**2. Have you ever been placed in foster care or stayed in a group home?**

Yes  No  Don't Know  REFUSED

**2B. If you left in the past 3 years, did anyone help you get housing?**

Yes  No  Don't Know  REFUSED  Not in past 3 years

**3. Have you stayed overnight or longer in jail, prison, or a juvenile detention facility?**

Yes  No  Don't Know  REFUSED

**3B. If you left in the past 3 years, did anyone help you get housing?**

Yes  No  Don't Know  REFUSED  Not in past 3 years

**4. Have you stayed overnight or longer in a treatment or healthcare facility?**

Yes  No  Don't Know  REFUSED

**4B. If you left in the past 3 years, did anyone help you get housing?**

Yes  No  Don't Know  REFUSED  Not in past 3 years

**5. Are you currently enrolled in school?**

<input type="checkbox"/> Yes, and attend regularly	<input type="checkbox"/> Yes, and attend irregularly
<input type="checkbox"/> Yes, suspended	<input type="checkbox"/> No, graduated from high school
<input type="checkbox"/> No, obtained GED	<input type="checkbox"/> No, expelled
<input type="checkbox"/> No, dropped out within last 6 months	<input type="checkbox"/> No, dropped out 6 months ago+
<input type="checkbox"/> Don't know	<input type="checkbox"/> REFUSED

**6. What is the highest grade or level of schooling you completed?**

<input type="checkbox"/> Less than 5th grade	<input type="checkbox"/> School program does not have grade levels
<input type="checkbox"/> 5th to 6th grade	<input type="checkbox"/> GED completion
<input type="checkbox"/> 7th to 8th grade	<input type="checkbox"/> Some post-secondary education/college
<input type="checkbox"/> 9th to 11th grade	<input type="checkbox"/> Don't know
<input type="checkbox"/> 12th grade	<input type="checkbox"/> REFUSED

**7. In the past year, in what ways did you make money? [Select all that apply]**

Full-time job  
 Part-time job including on-call or irregular hours  
 Working under the table  
 Money from friends or family  
 Hustling  
 Panhandling  
 Sex work  
 Government program (disability, welfare, food stamps, unemployment, etc.)  
 Other (specify): \_\_\_\_\_  
 Don't know / Refuse to answer

**8. Think about the last time you felt that you were living in stable housing, or housing where you felt safe. How long ago was that?**

<input type="checkbox"/> Less than 1 month ago	<input type="checkbox"/> 6 months to 1 year
<input type="checkbox"/> 1 month to less than 3 months ago	<input type="checkbox"/> More than 1 year
<input type="checkbox"/> 3 months to less than 6 months ago	<input type="checkbox"/> Don't know
<input type="checkbox"/> Never felt stably housed [Skip to Q10]	<input type="checkbox"/> REFUSED

**9. What is the primary reason you left or lost your last stable housing situation?**

Chose to leave  Had to leave  Don't know  REFUSED

**10. In the past year, what services or supports, for example from government programs or charities, have you accessed? [Select all that apply]**

Free meals  
 Transportation assistance or bus passes  
 Job training or employment services  
 Drop-in/day services  
 Legal assistance  
 Health services  
 Mental health services  
 Substance abuse treatment/services  
 Housing services  
 Education services  
 Other (specify): \_\_\_\_\_  
 None  
 Don't know / Refuse to answer

**Those are all the questions we have for you. We realize that some of the topics covered are personal and can be difficult to talk about.**

**Thank you for taking the survey!**