

2007 SAN MATEO COUNTY HOMELESS COUNT SURVEY

REFUSALS

Interview Date:

Interviewer's (Your) Name:

City and Neighborhood :

Respondent's Initials: First Middle Last

(Office use)

(Interviewer: Read question & answers to the respondent)

Shade Circles Like This-->

Not Like This-->

1 What is your birth date?

Month Day Year

(Office use)

(Office use)

(Office use)

2. Which racial/ethnic group do you identify with the most?

(Shade only 1)

- ☐ White/Caucasian
- ☐ American Indian/Alaskan Native
- ☐ Black/African American
- ☐ Asian
- ☐ Hispanic/Latino
- ☐ Pacific Islander
- ☐ Other/Multi-ethnic

3. How do you identify yourself?

- ☐ Male
- ☐ Female
- ☐ Transgender

4. Have you ever served in the United States Armed Forces?

- ☐ Yes (Ask question 4a)
- ☐ No (Skip to question 5)

4a. Did you serve in the regular military or in a National Guard or military reserve unit? (Shade all that apply)

- ☐ Regular Military
- ☐ National Guard
- ☐ Reserve

5. Do you live alone without family, partner, or friends?

- ☐ Yes (Skip to question 6)
- ☐ No (Ask question 5a)

5a. Do you live with: (Shade all that apply)

- ☐ Spouse or partner
- ☐ Other family member(s)
- ☐ Child/children
- ☐ Friend(s)
- ☐ Parent or legal guardian
- ☐ Other

6. Where do you usually stay at night? (Shade only 1)

- ☐ Outdoors/streets/parks
- ☐ A place in a house not normally used for sleeping (kitchen, living room, etc.)
- ☐ Unconverted Garage/attic/basement
- ☐ Emergency shelter
- ☐ Backyard or storage structure
- ☐ Public facilities (train station, bus depot, transit center, etc.)
- ☐ Abandoned building
- ☐ Transitional housing
- ☐ Motel/hotel
- ☐ Other shelter
- ☐ Automobile
- ☐ Other
- ☐ Van
- ☐ Encampment
- ☐ Camper
- How many people, including yourself, usually stay there?
- How many people live there?

7. In the last 30 days , have you ever tried to stay at a shelter or transitional housing facility in San Mateo County and been turned away?

- ☐ Yes, a shelter (Ask question 7a)
- ☐ Yes, a transitional housing program (Ask question 7a)
- ☐ Yes, both (Ask question 7a)
- ☐ No (Skip to question 8)

7a. Why were you turned away? (Shade all that apply)

- ☐ There were no beds available
- ☐ Couldn't follow shelter rules
- ☐ Didn't accept teenager/children
- ☐ I was pregnant
- ☐ They didn't accept friend/family
- ☐ Because of my disability
- ☐ They didn't accept pets
- ☐ Had no identification
- ☐ Alcohol/drug problems
- ☐ Other
- ☐ Have a criminal record
- ☐ Don't know

8. Is this the first time you have been homeless?

- ☐ Yes (Skip to question 9)
- ☐ No (Continue with question 8a)

8a. In the last 12 months how many times have you been homeless, including this present time? (Shade only 1)

- ☐ One time
- ☐ 3 times
- ☐ 5 times
- ☐ 2 times
- ☐ 4 times
- ☐ 6 times
- ☐ More than 6 times

8b. In the last 3 years how many times have you been homeless, including this present time? (Shade only 1)

- ☐ One time
- ☐ 3 times
- ☐ 5 times
- ☐ 2 times
- ☐ 4 times
- ☐ 6 times
- ☐ More than 6 times

9. How long have you been homeless since you last lived in a permanent housing situation? (Shade only 1)

- ☐ 7 days or less
- ☐ 4 months
- ☐ 8 months
- ☐ 12 months
- ☐ 8-30 days
- ☐ 5 months
- ☐ 9 months
- ☐ 1-2 years
- ☐ 2 months
- ☐ 6 months
- ☐ 10 months
- ☐ 2-3 years
- ☐ 3 months
- ☐ 7 months
- ☐ 11 months
- ☐ More than 3 years

10. Where were you living at the time you most recently became homeless? (Shade only 1)

- ☐ San Mateo County (Ask question 10a and 10b)
- ☐ Other County in California (Skip to question 10c)
- ☐ Out of State (Skip to question 10c)

10a. What city in San Mateo County do you consider your home town?

(Office use)

10b. How long had you lived in San Mateo County before becoming homeless? (Shade only 1)

- ☐ 7 days or less
- ☐ 4-6 months
- ☐ 3-5 years
- ☐ 8-30 days
- ☐ 7-11 months
- ☐ 6-10 years
- ☐ 1-3 months
- ☐ 1-2 years
- ☐ More than 10 years

Please skip to question 11

10c. What city and state did you come from?

(Office use)

11. Immediately before you became homeless this last time, were you: (Shade only 1)

- ☐ Living in a home owned by you or your partner
- ☐ In jail or prison
- ☐ Renting a home or apartment
- ☐ In a hospital
- ☐ Staying with friends
- ☐ In a treatment program
- ☐ Living with relatives
- ☐ In foster care
- ☐ Living in subsidized housing
- ☐ Other

12. What do you think is the primary event or condition that led to your homelessness? (Please choose the main reason. Shade only 1)

- ☐ Lost job
- ☐ Argument/family or friend asked you to leave
- ☐ Evicted due to non-payment
- ☐ Incarceration
- ☐ Asked to leave because of dispute with landlord
- ☐ Aging out of foster care
- ☐ Landlord raised rent
- ☐ Divorced or separated
- ☐ Alcohol or drug use
- ☐ Hurricane Katrina
- ☐ Illness or medical problem
- ☐ Other natural disaster/ fire/ flood
- ☐ Mental health issues
- ☐ Other
- ☐ Family/ domestic violence
- ☐ Don't know/ decline to state
- ☐ Hospitalization/ treatment program

13. What is keeping you from getting permanent housing? (Shade all that apply)

- ☐ No job
- ☐ No housing available
- ☐ No income
- ☐ No transportation
- ☐ Can't afford rent (security deposit, first and/or last month rent)
- ☐ Bad credit
- ☐ No money for moving costs
- ☐ Eviction record
- ☐ Other
- ☐ Criminal record
- ☐ Don't want to

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14. Are you currently using any of the following services/ assistance? (Shade all that apply)

- ☐ Emergency shelter
- ☐ Transitional housing
- ☐ Free meals
- ☐ Food pantry
- ☐ Bus passes
- ☐ Job training
- ☐ Alcohol / Drug counseling
- ☐ Shelter day services
- ☐ Legal assistance
- ☐ Health services
- ☐ Mental health services
- ☐ Other
- ☐ Not using any services

15. Are you currently receiving any of the following forms of government assistance? (Shade all that apply)

- ☐ General Assistance

☐ SSI (Supplemental Security Income)/ SSDI
- ☐ Food Stamps

☐ CalWORKS
- ☐ Medi-Cal / Medi-Care

☐ VA Disability Compensation
- ☐ Veterans Benefits

☐ Other governmental assistance
- ☐ WIC

(State disability benefits, workers compensation, unemployment, etc.)
- ☐ Social Security

(If yes to any of these, go to 16)

☐ I am not currently receiving any of these

(Ask 15a)

15a. If you are not receiving any government assistance, why not? (Shade all that apply)

- ☐ Don't think I'm eligible

☐ I have applied for one or more of these services, and I am currently waiting for approval
- ☐ Have no ID
- ☐ No permanent address
- ☐ No transportation
- ☐ Never applied
- ☐ Benefits were cut off
- ☐ Immigration issues
- ☐ Don't know where to go
- ☐ Turned down
- ☐ Will apply soon
- ☐ Don't need government assistance
- ☐ Paper work too difficult
- ☐ Other

16. What is your total (gross) monthly income from all Government benefits? (County, State, Federal monies)

(Shade only 1)

- ☐ Zero

☐ \$301 - \$400

☐ \$701 - \$800
- ☐ \$1 - \$100

☐ \$401 - \$500

☐ \$801 - \$900
- ☐ \$101 - \$200

☐ \$501 - \$600

☐ \$901 - \$1000
- ☐ \$201 - \$300

☐ \$601 - \$700

☐ Over \$1000

17. Are you currently employed? (Shade only 1)

- ☐ No, unemployed
- ☐ Yes, part time
- ☐ Yes, full time
- (Continue with 17a)
- (Skip to question 18)
- (Skip to question 18)

17a. What is keeping you from getting employment?

(Shade all that apply)

- ☐ Need education

☐ No permanent address
- ☐ Need training

☐ No transportation
- ☐ Need clothing

☐ No tools for trade
- ☐ No shower facilities

☐ No work permit (No S.S. #)
- ☐ No phone

☐ No photo identification
- ☐ Health problems

☐ Don't want to work
- ☐ Disabled

☐ No jobs
- ☐ Alcohol / drug issue

☐ Retired
- ☐ Criminal record

☐ Spouse / partner doesn't want me to work
- ☐ No child care

☐ Other

18. What are your other sources of income?

(Shade all that apply)

- ☐ Family / friends

☐ Recycling
- ☐ Pension

☐ Selling other found items
- ☐ Child support

☐ Selling blood / plasma
- ☐ Panhandling / asking for money on the street

☐ Sex work
- ☐ Other

19. What is your total (gross) monthly income from all non-Government sources? (Job, panhandling, recycling, etc.)

- ☐ Zero

☐ \$301 - \$400

☐ \$701 - \$800
- ☐ \$1 - \$100

☐ \$401 - \$500

☐ \$801 - \$900
- ☐ \$101 - \$200

☐ \$501 - \$600

☐ \$901 - \$1000
- ☐ \$201 - \$300

☐ \$601 - \$700

☐ Over \$1000

20. Do you have any children, living with you or not?

- ☐ Yes
- (Ask question 20a)
- ☐ No
- (Skip to question 21)

20a. Do you have any children: (Shade all that apply)

- ☐ 18 or over living with you
- How many?
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6+
- ☐ In foster care
- How many?
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6+

- ☐ Under 18 living with you
- How many?
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6+

20b. If your children are between ages 6 and 18 and living with you, are they in school?

- ☐ Yes
- (Ask question 20c)
- ☐ No
- (Skip to question 21)

20c. Which school do they attend (name of school)?

21. Since you became homeless this last time, have you needed medical care and been unable to receive it?

- ☐ Yes
- ☐ No

22. Where do you usually get medical care?

(Shade only 1)

- ☐ San Mateo Medical Center emergency room
- ☐ PES Psychiatric Emergency Services emergency room
- ☐ San Francisco General emergency room
- ☐ Stanford emergency room
- ☐ Veterans Affairs Hospital / Clinic - Menlo Park
- ☐ Mobile Healthcare Van
- ☐ Public health center clinics
- ☐ Free clinic / community clinic
- ☐ Private doctor
- ☐ Don't ever go
- ☐ Other

22a. How many times in the last 12 months have you used the emergency room for any treatment?

_____ times

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(Office use)

23. How many nights, if any, have you spent in jail or prison during the last 12 months ?

_____ nights

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(Office use)

24. Are you currently experiencing any of the following:

- 24a. Physical disability

☐ Yes

☐ No

☐ Declined to state
- 24b. Mental illness

☐ Yes

☐ No

☐ Declined to state
- 24c. Depression

☐ Yes

☐ No

☐ Declined to state
- 24d. Alcohol abuse

☐ Yes

☐ No

☐ Declined to state
- 24e. Drug abuse

☐ Yes

☐ No

☐ Declined to state
- 24f. Domestic / partner violence or abuse

☐ Yes

☐ No

☐ Declined to state
- 24g. Chronic health problems

☐ Yes

☐ No

☐ Declined to state
- 24h. AIDS / HIV related illness

☐ Yes

☐ No

☐ Declined to state
- 24i. Posttraumatic stress disorder (PTSD)

☐ Yes

☐ No

☐ Declined to state
- 24j. Developmental disability (A chronic condition that significantly limits a person's ability to speak, hear, see, walk, learn, or perform fundamental tasks)

☐ Yes

☐ No

☐ Declined to state

25. Were you ever in foster care? (Before your 18th birthday, were you ever removed from your home by the state, county, or court and sent to live with people other than your mother or father?)

- ☐ Yes
- ☐ No

26. What is the highest level of education you have completed?

- ☐ Less than 6th Grade

☐ AA degree
- ☐ Less than high school diploma

☐ BA degree or above
- ☐ High school diploma / GED

☐ Technical Certificate
- ☐ Some college, no degree

27. Are you currently taking any classes or involved in any training programs? (Shade all that apply)

- ☐ Yes, educational
- ☐ Yes, independent living
- ☐ Yes, career or vocational
- ☐ No, I'm not taking any

28. In which language was the interview conducted:

- ☐ English
- ☐ Spanish