

Point In Time Count ALAMEDA

September 2014

Location: Where did you stay last night? (choose one - applies to entire household)	
<input type="checkbox"/> Out of Doors (street, tent, etc)	<input type="checkbox"/> Abandoned Building
<input type="checkbox"/> Vehicle (car, travel trailer, etc)	<input type="checkbox"/> Other Location _____
Was it <input type="checkbox"/> in Alameda or <input type="checkbox"/> outside of Alameda	

How many episodes of homelessness have you had in the past three (3) years? ☐ Less than 4 ☐ At least 4

[illegible]

Ask these as open ended questions with prompts (eg What do you think caused you to become homeless?)

Circumstances that Caused Your Homelessness (check all that apply)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Alcohol/Substance Abuse | <input type="checkbox"/> Primarily Economic Reasons | <input type="checkbox"/> Displacement/lost temp. living sit. | <input type="checkbox"/> Language Barrier |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Job Loss | <input type="checkbox"/> Aged out of Foster Care | <input type="checkbox"/> Out of Home Youth |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Eviction | <input type="checkbox"/> Discharged from an Institution | <input type="checkbox"/> Transient on the Road |
| <input type="checkbox"/> Family Crisis/Break-up | <input type="checkbox"/> Lack of Childcare | <input type="checkbox"/> Lack of Job Skills | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Illness/Health Problems | <input type="checkbox"/> Medical Costs | <input type="checkbox"/> Conviction (misdemeanor/felony) | <input type="checkbox"/> Refused |

Services that you have utilized in Alameda?

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Food Bank | <input type="checkbox"/> Police | <input type="checkbox"/> School |
| <input type="checkbox"/> Library | <input type="checkbox"/> Fire Department | <input type="checkbox"/> Case Manager |
| <input type="checkbox"/> Senior Center | <input type="checkbox"/> Hospital | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Church/Synagogue | |

Services that you need but haven't been able to access?

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Emergency Food | <input type="checkbox"/> Advocacy for Benefits | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Counseling/Therapy | _____ |
| <input type="checkbox"/> Job Training | <input type="checkbox"/> Medical Assistance | _____ |
| <input type="checkbox"/> Substance Abuse Treatment | <input type="checkbox"/> Housing | |

Would you like us to provide your information to a provider or providers that might be able to assist you?

- ☐ **Yes(Signature required)** _____
- ☐ **No**

What is the best way for them to reach or meet with you?_____

Any other comments or observations

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