EXHIBIT 1

Point In Time Count ALAMEDA		OA Interview	verS	ector Septe	mber 2	014				
•			. How are you doing today? I'm part of a volunteer group doing a survey to better re homeless in Alameda. Do you consider yourself homeless? Yes No							
(IF Yes)Could	you help us ou	t by answering a few	questions? I want you	to know that we hav	ve a ba	ckpa	c k w i	ith so	ome	
resources tha	at might be of u	ise to you.				-				
Location: W	here did you st	ay last night? (choose	one - applies to entire l	nousehold)						
	Doors (street, to	· · · · · · · · · · · · · · · · · · ·	bandoned Building	•						
	•	•	ther Location							
Was it ☐ in Alameda or ☐ outside of Alameda										
Have you bee	en continuously	homeless for a year	or more?	No						
-	•	·			4	□ ^ 1	. 1			
How many ep	oisodes of nom 	eiessness nave you na	nd in the past three (3)	years? Less that	an 4 ———	⊔ Aτ	ieas	τ4 ——		
	Household Information									
	(Please enter each HH member below. All responses are optional but helpful!)									
	DV survivors: do not provide name, birth month or birth day									
	How many family members are staying with you now? Adults: Children: Last Known Permanent City ZIP									
	Last Known Po	ermanent City		ZIP						
				Birth Date	~ .	<u>.</u> 2	a) c	check if yes)	_	(served in Armed Forces)
Relation to Head of				(or if DOB	er)	est		;	ran	ed ed F
Household (if applicable)				refused; Year of	Gender?	Domestic	Violence Survivor	hec	Veteran	served in Armed Fo
1 , , ,		First Name	Last Name	Birth)	Ğ	۵	<u>ਂ</u> ਤ	<u>)</u>	<u> </u>	<u>S</u> 4
Self										
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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) Displacement/lost Alcohol/Substance Primarily Economic □ Language Barrier Reasons temp. living sit. Abuse □ Aged out of Foster Care □ Domestic Violence □ lob Loss □ Out of Home Youth Discharged from an □ Mental Illness \Box Eviction ☐ Transient on the Road Institution □ Lack of Job Skills □ Family Crisis/Break-up □ Lack of Childcare □ Don't Know Illness/Health Conviction □ Medical Costs □ Refused Problems (misdemeanor/felony) Services that you have utilized in Alameda? □ School □ Food Bank □ Police □ Library □ Fire Department □ Case Manager □ Senior Center □ Other _____ Hospital □ Church/Synagogue □ Shelter Services that you need but haven't been able to access? □ Emergency Food □ Advocacy for Benefits □ Other _____ □ Shelter □ Counseling/Therapy □ Job Training □ Medical Assistance ☐ Substance Abuse Treatment □ Housing Would you like us to provide your information to a provider or providers that might be able to assist you? □ Yes(Signature required) _____ \square No What is the best way for them to reach or meet with you? Any other comments or observations