January 2013
Georgia Housing Status Survey

All this week, agency staff and volunteers around Georgia are asking people about their housing situations and various factors that affect people’s ability to get housing. Your answers will be kept in the strictest confidence and will be grouped with all of the surveys collected in the state this week. Your name will not be recorded on the survey. It will only take about 10 minutes to complete. Your participation... yes or no... will not affect your services in any way. If you have questions about the survey, please contact: Jason Rodriguez, Department of Community Affairs - 404-679-3102

Where was this survey administered? __________________________________________

Please use blue or black ink to complete this form.

1. What are your initials? ________ 2. What is your date of birth? ________ / ________ / ________

3. In what type of place did you spend the night of Monday, January 28th?

○ My own house or apartment  ○ With friends or relatives in housing
○ Hotel/Motel  ○ Bus/ train station, or airport
○ On the street, in a park, etc.  ○ In a car or other vehicle
○ Prison/Jail  ○ Medical/Psychiatric hospital or facility
○ Camping, other than recreational  ○ Transitional housing
○ Other (describe) __________________________________________

4. If you stayed in your own house or apartment, or with friends or relatives in their house or apartment, or in a hotel or motel on the night of Monday, January 28th, answer A, B, and C, below.

A. Do you expect to be able to stay there for at least the next 2 weeks?  
○ Yes  ○ No  ○ Don't know

Have you identified what your next residence will be?

IF NO  ○ Yes  ○ No  ○ Don't know

Do you have the resources, family, or friends needed to obtain permanent housing?  ○ Yes  ○ No  ○ Don't know

B. Is your place of residence in safe and livable condition?  ○ Yes  ○ No  ○ Don't know

Do you currently receive any type of rental assistance or hotel/motel voucher from an agency, church, or other service provider?

C. ○ Yes  ○ No  ○ Don't know

IF YES -- Is this assistance...

○ Permanent  ○ Temporary  ○ Don't know

5. In what city and county did you spend the night of Monday, January 28, 2013?

City: ____________________________  County: ____________________________

6. Do you consider yourself homeless at this time?  ○ Yes  Go to A, B, C, below  ○ No  ○ Don't know  Skip to back page

A. In what county/city did you first become homeless?

○ Current city  ○ Neighbor county  ○ Neighbor state  ○ Outside US
○ Current county  ○ Elsewhere in GA  ○ Elsewhere in US  ○ Don't know

B. How long have you been homeless?

○ Less than 30 days  ○ 91 days - 6 mths  ○ 31-90 days  ○ 6 mths & 1 day - 1yr  ○ More than 1yr

C. Including this time, how many times have you been homeless in the past three (3) years? ________

Please turn this page over and continue.
7. Did you have other household members staying with you on Monday, January 28th, 2013?

☐ Yes ☐ No  

For each family member (not including yourself) who was with you the night of January 28th, please tell us his/her age, gender, and relationship to you. If you are currently staying with friends or family, do NOT include those individuals in whose home you are currently staying.

<table>
<thead>
<tr>
<th>Initials</th>
<th>Age (Years)</th>
<th>Gender</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person #1</td>
<td></td>
<td>Male</td>
<td>Spouse/Partner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female</td>
<td>Other (specify)</td>
</tr>
</tbody>
</table>

| Person #2 |             | Male   | Spouse/Partner | Child          |
|          |             | Female | Other (specify) |                |

| Person #3 |             | Male   | Spouse/Partner | Child          |
|          |             | Female | Other (specify) |                |

| Person #4 |             | Male   | Spouse/Partner | Child          |
|          |             | Female | Other (specify) |                |

8. Have you ever served in the U.S. military? ☐ Yes ☐ No

9. Have you experienced any of the following, either now or in the past? *(Fill in all that apply)*

☐ Severe mental illness
☐ HIV/AIDS
☐ Chronic medical condition
☐ Chronic drug abuse
☐ Chronic alcohol abuse
☐ Physical disability
☐ Kicked out of the home BEFORE the age of 18
☐ Kicked out of home AFTER the age of 18
☐ Aged out of foster care
☐ Felony conviction
☐ Family violence
☐ Involvement in Foster Care as a parent
☐ Involvement in Foster Care as a youth
☐ Left home voluntarily before the age of 18
☐ Recently discharged from institution (such as a hospital or prison)

10. Have you been to the hospital emergency room in the past six (6) months?

☐ Yes ☐ No ☐ Decline to answer

11. How many times have you been to the emergency room in the past six (6) months?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

12. Did family violence play a part in your current housing difficulties? ☐ Yes ☐ No ☐ Decline to answer

13. In the past 30 days, have you worked for pay? *(Fill in all that apply)*

☐ Full-time ☐ Part-time ☐ Day Labor ☐ None

14. Do you currently receive any of the following benefits or services? *(Fill in all that apply)*

☐ Food Stamps (SNAP) ☐ Social Security SSI ☐ DHS Independent Living Services (ILP) ☐ GeorgiaCares (for seniors)
☐ SSI ☐ Disability ☐ Mental health or addiction services ☐ Homelessness Prevention
☐ TANF ☐ Workman's Comp ☐ DBHDD Georgia Housing Voucher ☐ Rapid Re-Housing
☐ Unemployment ☐ Veterans Benefits ☐ Housing Choice Voucher (Section 8) ☐ Other/Multi Racial
☐ PeachCare ☐ Medicaid ☐ Veterans Supportive Housing Voucher (VASH) ☐ American Indian
☐ Other/Multi Racial ☐ Pacific Islander

Are you...

☐ Male ☐ Female ☐ Transgender

Do you consider yourself...

☐ Heterosexual / Straight ☐ Gay or Lesbian ☐ Yes ☐ No
☐ Bisexual ☐ Decline to answer

Do you consider yourself to be Hispanic or Latino?

☐ Yes ☐ No

Are you...

☐ White ☐ Black/African American ☐ Asian ☐ Other/Multi Racial
☐ Male ☐ Female ☐ Transgender

Those are all of the questions we have. Remember, all of your answers are completely confidential. They will not be shared with anyone. Thank you!!!