

Portland/Gresham/Multnomah County Homeless Person Street Count ♦ January 25-31, 2009

Agency: _____

Date _____

NW SE SW GRESHAM

Volunteer Name: _____

Location Description: _____

N/NE DWNTWN OTHER

Instructions: When approaching a homeless person, use this script to begin a conversation, and then proceed with the questions
*Hi, I'm a volunteer helping to count the number of people who slept outside the night of Wed. Jan 28th 2009. The information we collect is confidential and will help the community plan for the kinds of housing and services that people need. I have some questions to ask you if that's okay? **If yes, complete survey***

- | | |
|--|---|
| <p>1) Are you experiencing homelessness? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2) Have you been continuously homeless for a year or more, or had at least 4 episodes of homelessness in the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3) How long have you been living on the streets or in shelters? ___ Yrs ___ Mos</p> <p>4) Where did you/will you sleep Wed. night Jan. 28th (check one)
 <input type="checkbox"/> On the Street <input type="checkbox"/> Vehicle <input type="checkbox"/> Abandoned building <input type="checkbox"/> Other _____</p> | <p>5) Who slept outside with you? <input type="checkbox"/> Just myself <input type="checkbox"/> My partner/spouse and me
 <input type="checkbox"/> My children (under 18) and me <input type="checkbox"/> My partner/spouse, children (<18) and me
 <input type="checkbox"/> My street family and me <input type="checkbox"/> My biological parent(s)/sibling(s) and me
 <input type="checkbox"/> Other _____</p> <p>6) Have you or your household experienced domestic violence in the past year?
 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|--|---|

Please fill in the chart below for all people in your household (including children) staying with you, including yourself:

	First 3 letters of LAST NAME	First letter FIRST NAME	AGE	How do you define your GENDER?	VETERAN	Do you have any of the following DISABLING CONDITIONS (Just Y/N, you do not need to disclose which condition): Health, Physical, Cognitive/developmental, Substance abuse, Mental Health, HIV/AIDS	Are you HISPANIC/LATINO?
INDIVIDUAL 1	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> Trans (F-M) <input type="checkbox"/> F <input type="checkbox"/> Trans (M-F)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer	<input type="checkbox"/> Yes <input type="checkbox"/> No
RACE: (Select all that apply) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Pac.Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other-Multi Racial <input type="checkbox"/> No Answer <input type="checkbox"/> Other _____							
FOR INDIVIDUALS UNDER AGE 18: Grade Level in School <input type="checkbox"/> K-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-12 Is child attending school? <input type="checkbox"/> yes <input type="checkbox"/> no							
INDIVIDUAL 2	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> Trans (F-M) <input type="checkbox"/> F <input type="checkbox"/> Trans (M-F)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer	<input type="checkbox"/> Yes <input type="checkbox"/> No
RACE: (Select all that apply) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Pac.Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other-Multi Racial <input type="checkbox"/> No Answer <input type="checkbox"/> Other _____							
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INDIVIDUAL 3	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> Trans (F-M) <input type="checkbox"/> F <input type="checkbox"/> Trans (M-F)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer	<input type="checkbox"/> Yes <input type="checkbox"/> No
RACE: (Select all that apply) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Pac.Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other-Multi Racial <input type="checkbox"/> No Answer <input type="checkbox"/> Other _____							
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INDIVIDUAL 4	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> Trans (F-M) <input type="checkbox"/> F <input type="checkbox"/> Trans (M-F)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer	<input type="checkbox"/> Yes <input type="checkbox"/> No
RACE: (Select all that apply) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Pac.Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other-Multi Racial <input type="checkbox"/> No Answer <input type="checkbox"/> Other _____							
FOR INDIVIDUALS UNDER AGE 18: Grade Level in School <input type="checkbox"/> K-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-12 Is child attending school? <input type="checkbox"/> yes <input type="checkbox"/> no							
INDIVIDUAL 5	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> Trans (F-M) <input type="checkbox"/> F <input type="checkbox"/> Trans (M-F)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer	<input type="checkbox"/> Yes <input type="checkbox"/> No
RACE: (Select all that apply) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Pac.Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other-Multi Racial <input type="checkbox"/> No Answer <input type="checkbox"/> Other _____							
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Street Count Instructions

- 1) Identify yourself/agency and let individuals know that you are taking a homeless count and that the information/data is confidential.

Complete one survey form per household or individual.

- 2) **Ask participant if they are currently experiencing homelessness and sleeping outside.** If yes, complete survey...

- Use side A if you are able to collect initials, gender, age etc. for someone sleeping outside on Wednesday, January 28th
- Use side B (this side) if you cannot collect details, but this person/group is sleeping outside on January 28th.

Helpful Tips:

- This survey may be administered during the week of January 25-31, keeping in mind we want to know whereabouts on the night of Wednesday, January 28th

Agency coordinators:

- Please collect all forms completed by your staff and volunteers and return them to BHCD (421 SW 6th, Suite 1100, Portland, OR 97204; Fax: 503-823-2387) **no later than February 2nd**.
- Questions? Call 503-823-3491 or 503-823-2368.

Thank you for helping with the '09 Street Count!

Use the form below if you are unable to enter a site, cannot conduct a survey, or wish not to disturb someone sleeping outside, in a car or abandoned building on Wed. night January 28, 2009.

DO NOT COMPLETE THIS SIDE IF YOU HAVE ALREADY COMPLETED SIDE A

1. Date _____ Time _____
2. Location Description
(e.g. closest intersection): _____

- NW N/NE
 SE SW
 GRESHAM
 DOWNTOWN
 OTHER

3. Type of location (please check all that apply)
- | | |
|---------------------------------------|--|
| <input type="radio"/> Camp | <input type="radio"/> Forest/woods |
| <input type="radio"/> Empty lot | <input type="radio"/> Street |
| <input type="radio"/> By Railroad | <input type="radio"/> Car/Truck/Van/Camper |
| <input type="radio"/> By/under bridge | <input type="radio"/> Other _____ |
| <input type="radio"/> Park | |
4. Total number of people who appear to be experiencing homelessness at this location: _____
5. Total number of people who appear to be experiencing homelessness who are:
6. # Males # Females # Unable to determine
7. # Under 18 # 18-24 # 25-55 # 55+
Unable to determine
8. # Individuals # Couples # Families # Unable to determine

Volunteer Name _____