

Kansas Balance of State Continuum of Care 2024 Point-in-Time (PIT) Count Survey

Surveyor _____ County _____ Shelter _____ Agency Name _____

How long have you been in this county? 0-6 months 7-12 months Longer than 12 months


Complete survey for all Household members and submit together.

Please complete each section to the extent possible, as incomplete surveys may not be useable!

Hello - with your permission, I will ask some demographic questions along with a few health and housing questions. The purpose of this survey is to have a grasp on who is homeless in our community. The result of this survey is completely anonymous and the final report will not contain any personally identifiable information. You may refuse to complete this survey or any specific question you do not want to answer.


May I continue? YES NO, refused to complete survey

1. Where did you sleep on the night of January 24th?

- | | |
|---|---|
| <input type="checkbox"/> Place not meant for habitation | <input type="checkbox"/> Transitional housing |
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Motel/hotel paid by agency |
| <input type="checkbox"/> Safe Haven | <input type="checkbox"/> Motel/hotel |
| <input type="checkbox"/> Abandoned building | <input type="checkbox"/> House or apartment |
| <input type="checkbox"/> Not sure | <input type="checkbox"/> Jail, hospital, treatment program* |
| <input type="checkbox"/> Prefer not to answer | |
- 

*If the answer is "Jail, hospital, or treatment program", ask if they stayed there less than 90 days. If yes, verify previous living situation. Continue on if they mark an eligible field.

2. Did another volunteer or survey worker already ask you these same questions about where you slept last night?

- Yes No *If NO, please continue. If YES,  survey.*

Please provide initials: _____ Refused
First, Middle, Last

3. Including yourself, how many adults and children are in your household, who were sleeping in the same location with you on the night of January 24th?

Total number of people in the household: _____

Household type:

- Single person
 Single person household with children
 Two-person household with NO children
 Two-person household with children
 Other _____
 Don't know
 Prefer not to answer

4. Age range:

- Under age 18 25-34 45-54 65 and older
 18-24 35-44 55-64

5. Birthdate (for de-duplication only)

_____/_____/_____
 Refused or DV/VSP

6. Unaccompanied youth? (Under 25)


- Yes No *If YES, please complete Youth Survey (page 2)*

7. Gender (select all that apply)

- Woman (Girl if child) Man (Boy if child)
 Transgender Non-Binary
 Culturally Specific Identity (e.g., Two-Spirit) Questioning
 Different Identity

8. Race & Ethnicity (select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> American Indian, Alaska Native, or Indigenous | <input type="checkbox"/> Middle Eastern or North African |
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black, African American, or African | <input type="checkbox"/> White |
| <input type="checkbox"/> Hispanic/Latina/e/o | |

If 17 and under  UNLESS you are an unaccompanied youth or HoH, then please complete questions 9-18 and the Youth Survey on page 2.

9. Are you experiencing homelessness because you are currently fleeing domestic violence, dating violence, sexual assault, or stalking?

- Yes No Don't know Prefer not to answer

10. Have you ever served in the U.S. Armed Forces, National Guard or as a Reservist?

- Yes No Don't know Prefer not to answer

11. Do you receive any disability benefits such as Social Security Income, Social Security Disability Income, or Veteran's Disability Benefits?

- Yes No Don't know Prefer not to answer

12. Are you currently employed?

- Yes No Don't know Prefer not to answer

13. What is your approximate monthly income?

\$ _____ Don't know Prefer not to answer

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

- Yes No Don't know Prefer not to answer

15. Have you been in this episode of homelessness for more than a year?

- Yes No

16. How many episodes of homelessness have you had in the past 3 years?

- Never Twice Four or more times
 Once Three times Don't know Prefer not to answer

17. How many months have you been homeless in the past 3 years?

18. Do you have long-term issues with any of the following which keep you from living in stable housing? Please check all that apply.

- Developmental disability HIV/AIDs
 Physical disability Post-Traumatic Stress Disorder (PTSD)
 Substance Use Severe Mental Illness (SMI)
 Traumatic Brain Injury (TBI)

THANK YOU!

Kansas Balance of State Continuum of Care 2022 Point in Time (PIT) Count Survey

Youth Survey for 13 -25 years old unaccompanied or Head of Household

In addition to the questions we just asked, today we also are asking youth some additional questions to better understand their housing status. It is up to you whether you want to participate, and your answers will not be shared with anyone outside of our team.

Can I have about 5 more minutes of your time? Yes **[Goto Q1]** No **[Thank respondent; end interview]**

1. If female: Are you currently pregnant?

If male or other: Are you expecting to become a parent in the next 9 months?

Yes No Don't Know Prefer not to answer

For questions 2-4, only ask part B if the answer to the previous question was 'Yes'

2. Have you ever been placed in foster care or stayed in a group home?

Yes No Don't Know Prefer not to answer

2B. If you left in the past 3 years, did anyone help you get housing?

Yes No Don't Know Prefer not to answer N/A

3. Have you stayed overnight or longer in jail, prison, or a juvenile detention facility?

Yes No Don't Know Prefer not to answer

3B. If you left in the past 3 years, did anyone help you get housing?

Yes No Don't Know Prefer not to answer N/A

4. Have you stayed overnight or longer in a treatment or healthcare facility?

Yes No Don't Know Prefer not to answer

4B. If you left in the past 3 years, did anyone help you get housing?

Yes No Don't Know Prefer not to answer N/A

5. Are you currently enrolled in school?

- | | |
|---|---|
| <input type="checkbox"/> Yes, and attend regularly | <input type="checkbox"/> Yes, and attend irregularly |
| <input type="checkbox"/> Yes, suspended | <input type="checkbox"/> No, graduated from high school |
| <input type="checkbox"/> No, obtained GED | <input type="checkbox"/> No, expelled |
| <input type="checkbox"/> No, dropped out within last 6 months | <input type="checkbox"/> No, dropped out 6 months ago+ |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |

6. What is the highest grade or level of schooling you completed?

- | | |
|--|--|
| <input type="checkbox"/> Less than 5th grade | <input type="checkbox"/> School program does not have grade levels |
| <input type="checkbox"/> 5th to 6th grade | <input type="checkbox"/> GED completion |
| <input type="checkbox"/> 7th to 8th grade | <input type="checkbox"/> Some post-secondary education/college |
| <input type="checkbox"/> 9th to 11th grade | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> 12th grade | <input type="checkbox"/> Prefer not to answer |

7. In the past year, in what ways did you make money? [Select all that apply]

- Full-Time job
- Part-Time job including on-call or irregular hours
- Working under the table
- Money from friends or family
- Hustling
- Panhandling
- Sex work
- Government program (disability, welfare, food stamps, unemployment, etc.)
- Other (specify): _____
- Don't know / Refuse to answer

8. Think about the last time you felt that you were living in stable housing, or housing where you felt safe. How long ago was that?

- | | |
|--|---|
| <input type="checkbox"/> Less than 1 month ago | <input type="checkbox"/> 6 months to 1 year |
| <input type="checkbox"/> 1 month to less than 3 months ago | <input type="checkbox"/> More than 1 year |
| <input type="checkbox"/> 3 months to less than 6 months ago | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Never felt stably housed [Skip to Q10] <input type="checkbox"/> Prefer not to answer | |

9. What is the primary reason you left or lost your last stable housing situation?

- Chose to leave Had to leave Don't know Prefer not to answer

10. In the past year, what services or supports, for example from government programs or charities, have you accessed? [Select all that apply]

- Free meals
- Transportation assistance or bus passes
- Job training or employment services
- Drop-in/day services
- Legal assistance
- Health services
- Mental health services
- Substance abuse treatment/services
- Housing services
- Education services
- Other (specify): _____
- None
- Don't know / Refuse to answer

Those are all the questions we have for you. We realize that some of the topics covered are personal and can be difficult to talk about.

Thank you for taking the survey!