

Kansas Balance of State Continuum of Care 2025 Point-in-Time (PIT) Count Survey

Welcome to the 2025 Point-in-Time Survey!

- For households with more than one family member, please complete only ONE survey for the entire household.
- Please complete each section to the greatest extent possible, as incomplete surveys may not be useable!
- It is important to hit submit for each survey completed even if minimal questions are answered.
- When selecting an Agency/Program later in the survey, if NIH is listed next to a program name it stands for "Not in HMIS" meaning the project is not currently participating in HMIS but is actively serving clients. If you see any errors please email hmis@kshomeless.com.
- (Read the script below before starting the survey)

"Hi, I'd like to ask you some questions about your health, housing, and a few other things. This will help us understand who is homeless in our community. This helps us understand what people need. Your answers will stay private, and no one will know they came from you. You don't have to answer any questions you don't want to."

May I continue? YES NO, prefer not to complete survey

Please check this box if the person selected no and this is an observation survey

*An observation survey refers to the practice of counting and collecting data about people experiencing homelessness by observing them, rather than through direct participation or interviews. This often occurs when individuals decline to complete the PIT survey or are not willing to provide information directly. This information will not be reported to HUD, but instead will be used to improve future counts.

1. Where did you sleep on the night of January 22nd?

- | | |
|---|---|
| <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"/> Not sure | <input type="checkbox"/> House or apartment |
| <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Jail, hospital, treatment program* |
| <input type="checkbox"/> Couch Surfing | |



8. Unaccompanied youth? (Under 25)

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

If couch surfing was selected for Question 1 or Question 1B Survey UNLESS you are an unaccompanied youth.

*If the answer is "jail, hospital, or treatment program", ask Question 1A. If yes, ask Question 1B to verify previous living situation. Continue on if they mark an eligible field.

1A. Have you been there for less than 90 days?

Yes No Don't Know Prefer not to answer

1B Where did you stay directly before entering that facility?

- | | |
|---|---|
| <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"/> Not sure | <input type="checkbox"/> House or apartment |
| <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Jail, hospital, treatment program* |
| <input type="checkbox"/> Couch Surfing | |



9. 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 22nd? (Household Size)

Total number of people in the household: _____

10. Household Type

- | | |
|--|---|
| <input type="checkbox"/> Single person | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Single person household with children | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Two-person household with NO children | |
| <input type="checkbox"/> Two-person household with children | |
| <input type="checkbox"/> Other _____ | |

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 for Household Member #1: _____ Prefer Not to Answer
First, Middle, Last

3. What County is This Survey Being Completed In?

4. How long have you been in this county?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> 0-6 months | <input type="checkbox"/> Longer than 12 months |
| <input type="checkbox"/> 7-12 months | <input type="checkbox"/> Prefer Not to Answer |

5. What Agency/Program did you stay in on January 22nd, 2025?

Please utilize the list of programs on page 3 to answer this question

*Please only answer this question if you selected Emergency Shelter, Safe Haven, or Transitional Housing for Question number 1 or for Question 1B.

6. Age range:

- | | | | |
|---------------------------------------|--------------------------------|--------------------------------|---|
| <input type="checkbox"/> Under age 18 | <input type="checkbox"/> 25-34 | <input type="checkbox"/> 45-54 | <input type="checkbox"/> 65 and older |
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 35-44 | <input type="checkbox"/> 55-64 | <input type="checkbox"/> Prefer Not to Answer |

7. Birthdate (for de-duplication only)

_____/_____/_____
 Prefer Not to Answer or DV/VSP

11. Gender (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Woman (Girl if child) | <input type="checkbox"/> Man (Boy if child) |
| <input type="checkbox"/> Transgender | <input type="checkbox"/> Non-Binary |
| <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) | <input type="checkbox"/> Questioning |
| <input type="checkbox"/> Prefer Not to Answer | <input type="checkbox"/> Different Identity |

12. 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 Black, African | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> American, or African | <input type="checkbox"/> White |
| <input type="checkbox"/> Hispanic/Latina/e/o | |
| <input type="checkbox"/> Prefer Not to Answer | |

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

Yes No Don't Know Prefer not to answer

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

Yes No Don't Know Prefer not to answer

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

- | | | | |
|--------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Twice | <input type="checkbox"/> Four or more times | |
| <input type="checkbox"/> Once | <input type="checkbox"/> Three times | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |

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

17. Are you experiencing homelessness because of any of the following:

- | | | | |
|--|--|---|-----------------------------|
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Human trafficking | <input type="checkbox"/> Stalking | <input type="checkbox"/> No |
| <input type="checkbox"/> Dating violence | <input type="checkbox"/> Sexual assault | <input type="checkbox"/> Prefer not to answer | |

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18. 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

19. 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

20. Are you currently employed?

Yes No Don't Know Prefer not to answer

21. What is your approximate monthly income?

\$ _____

22. 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

Physical disability

Substance Use

Traumatic Brain Injury (TBI)

Prefer Not to Answer

No

HIV/AIDs

Severe Mental Illness (SMI)

Alcohol Abuse

Drug Abuse

PTSD (Post-Traumatic Street Disorder)

SPMI (Severe & Persistent Mental Illness)

THANK YOU!

Youth Survey for 13 -25 years old unaccompanied

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 [GoToQ1]** **No [Thank respondent; end interview]**

1. 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 stayed overnight or longer in jail, prison, or a juvenile detention facility?

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 ever been placed in foster care or stayed in a group home?

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?

Yes, and attend regularly Yes, and attend irregularly
 Yes, suspended No, graduated from high school
 No, obtained GED No, expelled
 No, dropped out within last 6 months No, dropped out 6 months ago+
 Don't know Prefer not to answer

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

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

7. In the past year, in what ways did you make money?

[Select all that apply]

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

Less than 1 month ago 6 months to 1 year
 1 month to less than 3 months ago More than 1 year
 3 months to less than 6 months ago Don't know
 Never felt stably housed **[Skip to Q10]** 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 / Prefer not to answer

11. Would you be interested in joining our Youth Action Board?

Yes No

↳ Youth's email: _____

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!

Agency/Program

To answer Question Number 5 on page one, please find the region and/or county that this survey is being completed in and locate the program that the household stayed in on the night of January 22nd, 2025. You can circle the program and/or write in the program name under Question Number 5 on page one.

Region 1 (Northwest)

Counties in Region 1: Cheyenne, Decatur, Ellis, Gove, Graham, Logan, Norton, Osborne, Phillips, Rawlins, Rooks, Russell, Sheridan, Sherman, Smith, Thomas, Trego, Wallace

-Options Domestic and Sexual Violence Services Inc.: Emergency Shelter - NIH

Region 2 (Southwest)

Counties in Region 2: Barber, Barton, Clark, Comanche, Edwards, Finney, Ford, Grant, Gray, Greeley, Hamilton, Haskell, Hodgeman, Kearny, Kiowa, Lane, Meade, Morton, Ness, Pawnee, Pratt, Rush, Scott, Seward, Stafford, Stanton, Stevens, Wichita

-Crisis Center of Dodge City: Emergency Shelter - NIH
-Emmaus House: Emergency Shelter - NIH
-Family Crisis Center Inc. Great Bend: Emergency Shelter - NIH
-Family Crisis Services Inc. Garden City: Emergency Shelter - NIH
-Liberal Area Rape Crisis and Domestic Violence Services Inc.: Emergency Shelter - NIH
-Manna House: Emergency Shelter - NIH

Region 3 (North Central)

Counties in Region 3: Cloud, Dickinson, Ellsworth, Jewell, Lincoln, Mitchell, Ottawa, Republic, Saline

-Ashby House: ESG Emergency Shelter - NIH
-Domestic Violence Association of Central Kansas: Emergency Shelter - NIH
-Salina Grace Community Resource Center/Salina Grace Winter Shelter: Emergency Shelter
-Salina Rescue Mission: Emergency Shelter - NIH

Region 4 (South Central)

Counties in Region 4: Butler, Cowley, Chase, Greenwood, Harper, Harvey, Kingman, Marion, McPherson, Reno, Rice, Sumner

-Butler Homeless Initiative: ESG Night-by-Night Emergency Shelter
-Family Life Center of Butler County: Emergency Shelter - NIH
-McPherson Housing Coalition: Emergency Shelter
-New Beginnings: Emergency Shelter - NIH
-New Hope Shelter: Emergency Shelter - NIH
-Safehope: Emergency Shelter - NIH
-Live Free Ministries: The Omega Project Transitional Housing - NIH
-Mt. Hope Sanctuary: Transitional Housing - NIH
-New Beginnings Inc.: Transitional Housing - NIH
-New Jerusalem Missions: Transitional Housing

Region 5 (Northeast)

Counties in Region 5: Atchison, Brown, Doniphan, Jackson, Jefferson, Leavenworth, Nemaha

-Alliance Against Family Violence: Emergency Shelter - NIH
-Leavenworth Interfaith Community of Hope: HUD Emergency Shelter Night Shelter
-Leavenworth VA Medical Center: Emergency Shelter - NIH
-Leavenworth VA Medical Center: Safe Haven - NIH
-RoseVilla: Emergency Shelter
-RoseVilla: Safe Haven

Region 6 (Douglas)

Counties in Region 1: Douglas

-Bert Nash CMHC: Transitions Emergency Shelter - NIH
-Lawrence Community Shelter: ESG 90-Day Entry Exit
-Lawrence Community Shelter: Emergency Shelter Night-by-Night
-Lawrence Community Shelter: Emergency Shelter Village
-The Willow Domestic Violence Center: Emergency Shelter - NIH
-Artists Helping the Homeless: Transitional Housing
-Bert Nash: ESG Transitional Housing - NIH
-Bert Nash: Options Housing Transitional Housing - NIH
-Bert Nash: Bridges House Transitional Housing - NIH
-Lawrence Douglas County Housing Authority: Douglas Reentry Transitional Housing - NIH
-Lawrence Douglas County Housing Authority: New Horizons Transitional Housing - NIH
-Lawrence Douglas County Housing Authority: Next Step Transitional Housing - NIH
-Lawrence Douglas County Housing Authority: Safe Transitional Housing - NIH
-Tenants to Homeowners, Inc.: Pheonix House Transitional Housing - NIH
-Tenants to Homeowners, Inc.: Restoration House Transitional Housing - NIH

Region 7 (East Central)

Counties in Region 7: Anderson, Coffey, Franklin, Linn, Lyon, Miami, Morris, Osage, Wabaunsee

-Bloom House Youth Services: BCP Emergency Shelter
-Bloom House Youth Services: ESG Emergency Shelter
-Emporia Rescue Mission: Emergency Shelter - NIH
-My Father's House Community Services, Inc: Emergency Shelter
-SOS Inc.: Emergency Shelter - NIH
-My Father's House Community Services, Inc.: Transitional Housing
-Shiloh Home of Hope Transitional Housing - NIH

Region 8 (Southeast)

Counties in Region 8: Allen, Bourbon, Chautauqua, Cherokee, Crawford, Elk, Labette, Montgomery, Neosho, Wilson, Woodson

-BrightHouse: Emergency Shelter - NIH
-Hannah's House: Emergency Shelter - NIH
-Home Sweet Home Homeless Ministries LLC: Emergency Shelter - NIH
-Hope Unlimited Inc.: Brook's House Emergency Shelter - NIH
-Hope Unlimited Inc.: ESG Emergency Shelter - NIH
-Safehouse Crisis Center: Emergency Shelter - NIH
-Crawford County Mental Health Center: Oak Place Transitional Housing - NIH
-Crawford County Mental Health Center: Renewal House Transitional Housing - NIH
-Crawford County Mental Housing Center: ATC Transitional Housing - NIH
-Four County Mental Health Center: Transitional Housing - NIH

Region 9 (Flint Hills)

Counties in Region 9: Clay, Geary, Marshall, Pottawatomie, Riley, Washington

-Crisis Center Inc.: Emergency Shelter - NIH
-Manhattan Emergency Shelter: Emergency Shelter
-Pawnee Mental Health Services: ESG Emergency Shelter