

Location of Interview: _____ County: _____ Interviewer: _____

- Individual provided input for survey Individual did not wish to complete survey or situation was too dangerous

POINT-IN-TIME COUNT SURVEY

North Carolina Point-in-Time Count – January 29, 2025

Ask the head of household the following questions.

If there are additional household members, enter information about them in the chart on page 2.

Are you currently displaced from your housing due to Hurricane Helene?

Comments: _____

1. Identifier (use later for de-duplication)

First two letters of First Name: _____ First two letters of Last Name: _____

Date of Birth: ____/____/____ OR Age: _____

(If hesitant to give date of birth or age in Question 1, Answer Question 2 on Age Range instead)

2. Age Range

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

3. Gender (you can select one or more genders)

- Male (Boy if child) Female (Girl if child) Transgender Non-Binary Questioning
 Culture Specific Identity Different Identity Gender Non-Conforming (i.e., not exclusively male or female)

4. Race and Ethnicity (you can select one or more races/ethnicities)

- White or Caucasian Black, African American, or African Hispanic or Latina/e/o
 American Indian, Alaska Native, or Indigenous Asian or Asian American Middle Eastern or North African
 Native Hawaiian or Pacific Islander

5. Which best describes your family/household staying with you tonight?

<i>Household without children</i>	<i>Household with adults & children</i>	<i>Household of only children</i>
<input type="checkbox"/> Single adult, without children	<input type="checkbox"/> One parent with children	<input type="checkbox"/> Unaccompanied child (17 or younger)
<input type="checkbox"/> Adult couple, without children	<input type="checkbox"/> Two parents with children	<input type="checkbox"/> Household of only children (all members are 17 or younger)
<input type="checkbox"/> Adult(s) with adult son/daughter(s)		

6. Where did you sleep on the night of Wednesday, January 29th?

HOMELESS by HUD's Definition:

- Unsheltered (outdoors, tent, vehicle, bus/train station, abandoned building, barn, storage unit, or other place not meant for human habitation)
 Emergency shelter (Name: _____)
 Transitional housing (Name: _____)
 Hotel/motel paid for by an agency (DSS, emergency assistance program, church, etc.):
Agency Name: _____
Agency Contact Person and Phone/Email: _____

NOT HOMELESS by HUD's Definition:

- Hotel/motel paid for with your own funds
 Jail/prison or youth detention center
 Hospital or treatment facility (detox, substance abuse, mental health)
Were you homeless immediately before entering this facility? Yes No
 Rapid re-housing program (Name: _____)
 Permanent supportive housing program (Name: _____)
 House/apartment that you rent or own
 With a friend or family in their house/apartment
 In a place you are being evicted from within two weeks

7. If you are homeless now, how long has this current episode lasted? _____ years _____ months _____ days

8. How many times have you lived on the street or in an emergency shelter in the past 3 years (if any)?

1 time 2-3 times 4+ times If 4+, do these times total 12 months or more? Yes No

9. Have you been diagnosed with any of the following conditions? (=disability)

Mental Health Disorder Substance Use Disorder HIV/AIDS Physical Disability
 Chronic Physical Illness Developmental Disability PTSD Traumatic Brain Injury

Chronically homeless = Question 7 = 1 year or more OR Question 8 = 4+ times totaling 12 months or more AND Question 9 has at least one box checked

10. Have you ever served in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard, OR were you called to active duty as a member of the National Guard or as a Reservist? (=veteran) Yes No

11. Are you a survivor of domestic violence? Yes No

12. Please fill out this chart for each additional member of the household:

	HH mbr 1	HH mbr 2	HH mbr 3	HH mbr 4	HH mbr 5	HH mbr 6
First 2 Letters of First Name						
First 2 Letters of Last Name						
Relation to Head of Household (Child, Spouse, Sibling, etc.)						
Age or Age Range						
Gender (ck all that apply)						
Male						
Female						
Transgender						
Gender Non-Conforming						
Other: _____						
Questioning						
Race & Ethnicity (ck all that apply)						
White or Caucasian						
Black, African American, or African						
Hispanic / Latina /e/o						
Asian or Asian American						
American Indian, Alaskan Native, or Indigenous						
Middle Eastern or North African						
Native Hawaiian or Pacific Islander						
Other: _____						
Veteran						
Yes						
No						
Disability – see question 9 & specify which type of disability						
Yes, _____						
No, _____						
Domestic Violence Survivor						
Yes						
No						

13. What is the main reason that you're homeless/unstably housed? (Check all that apply)

- Eviction/unable to pay rent Physical/mental disability Aged out of foster care
 Unemployment Mental illness Runaway/child abuse
 Domestic violence Substance use Natural disaster
 Release from prison Family/personal illness Other: _____

14. Were you discharged from any facility/institution in the last 30 days?

- Criminal justice Mental health residential facility Military service
 Hospital Substance abuse residential facility Other: _____

15. Have you received any of the following services in the past 18 months OR do you need these services?

Substance use / addiction treatment	<input type="checkbox"/> Received	<input type="checkbox"/> Needed
Mental health services	<input type="checkbox"/> Received	<input type="checkbox"/> Needed
Disability services	<input type="checkbox"/> Received	<input type="checkbox"/> Needed
Medical treatment	<input type="checkbox"/> Received	<input type="checkbox"/> Needed
Health insurance	<input type="checkbox"/> Received	<input type="checkbox"/> Needed
Housing assistance	<input type="checkbox"/> Received	<input type="checkbox"/> Needed
Food assistance	<input type="checkbox"/> Received	<input type="checkbox"/> Needed
Job training/employment services	<input type="checkbox"/> Received	<input type="checkbox"/> Needed
Legal services	<input type="checkbox"/> Received	<input type="checkbox"/> Needed
Identification/ID card assistance	<input type="checkbox"/> Received	<input type="checkbox"/> Needed
Childcare	<input type="checkbox"/> Received	<input type="checkbox"/> Needed

16. Where was the last place you were housed for 90 days or more?

- This town/county Another state: _____
 Another town/county in NC: _____ Another country: _____

17. What is your job status?

- Full time job Part time job Temporary/day labor Retired
 Unemployed (date of last employment: ____/____/____) Unable to work

18. Do you receive income from any of the following sources?

- Employment Social Security/pension Child support
 Disability (SSI/SSDI) TANF/Work First Friends and family
 Veteran's benefits Food stamps Other: _____