Survey ID #	
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## 2013 STATE OF LOUISIANA -Homeless Demographics & Needs Survey

Instructions: COMPLETE ONE SURVEY FOR EACH ADULT OR UNACCOMPANIED CHILD WHO WAS HOMELESS OR RESIDING IN A HOMELESS HOUSING PROGRAM ON THE NIGHT OF MONDAY, FEBRUARY 25, 2013. ANSWER ALL QUESTIONS AND THE DEMOGRAPHIC INFORMATION IN THE BOXES AT THE TOP AND BOTTOM OF THE SHEET. If the respondent is residing with a family group, then any information about children should be recorded with one adult household member only. A SEPARATE SURVEY MUST BE

COMPLETED FOR EACH ADDITIONAL ADULT OR UNACCOMPANIED CHILD HOUSEHOLD MEMBER.						
ANSWER ALL BLANK ITEMS IN THIS BOX.						
Region: 9 Parish:	Date: Time:					
Service Provider Name or Place of Contact:						
Please read before completing the questionnaire: Thank you for participating in the 2013 STATE OF LOUISIANA Homeless Demographic and Needs Survey. Your answers will help the service agencies of the NORTHALKE HOMELESS COALITION better understand the needs for assistance and services in this community. Any information you provide will be kept in a safe place and will not be shared with anyone.	4. How many times have you lived on the street or in an emergency shelter in the past three years, if any?  [Check the ONE answer that best fits your situation, and list the NUMBE OF EPISODES.]    Number of Episodes   Never lived on the street/emergency shelter in past 3 years   Don't know					
1. Which best describes the place you stayed during the night of Monday, February 25th?  [Check the ONE answer that best fits your situation.]  "On the street" (sidewalk, car, park, abandoned building, etc.)  In an emergency shelter (facility or motel vouchers)  In transitional housing (apartment or facility) for homeless persons  In some other housing situation, please specify:	5. From which of the following facilities/institutions were you discharged in the past 30 days, if any?  [Check the ONE answer that best fits your situation.]  Substance abuse inpatient facility  Mental health inpatient facility  Foster care  Jail or prison  Hospital  Was not released from any facilities/institutions in past 30 days					
2. If you stayed "on the streets" on the night of February 25th, which best describes this location, if any?	6. Which of the following disabilities or chronic health condition have you been diagnosed as having, if any?					
Check the ONE answer that best fits your situation.]   Street, sidewalk, park, or camp   In a vacant or abandoned building   In a motor vehicle or recreational vehicle   In some other situation,   please specify:	Check ALL answers that best fit your situation.]   Addiction to alcohol or drugs   Mental Illness (e.g. depression, bipolar, schizophrenia)   HIV/AIDS   Other chronic health condition (e.g. cancer, hepatitis)   Physical Disability   Other; please specify:					
Did not stay "on the streets"	□ Other; please specify: □ Never been diagnosed with any of the above					
3. For how long have you resided in the place where you stayed on the night of Monday, February 25th?  [Check the ONE answer that best fits your situation, and list the approximate LENGTH OF TIME.]  Less than 1 month: Number of days  More than 1 month, but less than 1 year:Number of months  1 year or more: Number of years  Don't Know	7. Which best describes your CURRENT household composition [Check the ONE answer that best fits your situation.]  Unaccompanied Individual, WITHOUT children living with you Couple, WITHOUT children living with you Single parent household, WITH children living with you Two-parent household, WITH children living with you Other, please specify:  8. Are you the head of your household?					

ANSWER ALL ITEMS IN THIS BOX. Only Question 9i may be left blank, if the respondent does not have children living with him/her.						
(9a) First three letters of	First Name:	(9b) First three letters of	Last Name:	(9c) Gender:	MaleFemale	
(9d) Date of Birth	(DOB):	(mm/dd/yyyy)	(9e) Ethnicity:	Hispanic/LatinoI	Non-Hispanic/Latino	
(9f) Race:African-American/BlackCaucasian/WhiteAsian/Pacific IslanderNative AmericanAlaskan NativeOther						
(9g) US Military Veteran:YESNO						
***(9i)For a family with children in the household, record: GENDER(M/F), the DATE OF BIRTH (DOB), and FIRST THREE LETTERS OF FIRST NAME (FN) and FIRST THREE LETTERS OF LAST NAME (LN) of each child. Children should be documented with one adult household member only.						
#1: MFDOB	#2: MFDOB	#3: MFDOB	#4: MFDOB	#5: MFDOB	#6: MFDOB	
FN: LN:	FN:, LN:	FN:, LN:	FN:, LN:	FN:, LN:	, LN:	

□ Yes

□ No