*Hello, my name is [state name] and I am gathering information for the Long Island Coalition for the Homeless. We are conducting a survey to identify homeless people to provide better programs and services to them. Your participation is voluntary and your responses to questions are confidential. Can I have about 5 minutes of your time?*

Contact Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Location (please be specific): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_AM/PM

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Non-Hispanic/Hispanic: \_\_\_\_\_\_\_\_Veteran Status: \_\_\_\_\_\_\_\_\_\_

Race [Select all that apply]:

American Indian or Alaska Native Black or African American

White Asian

Native Hawaiian or Other Pacific Islander Client doesn’t know Data not collected

**Living Situation**

**THIS SURVEY IS ONLY COMPLETED FOR PEOPLE SLEEPING ON THE STREET ON THE NIGHT OF THE COUNT. THE LIVING SITUATION MUST BE STREET.**

**Approximate date homelessness started (continuous time on the street without housing): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Regardless of where they stayed last night) Number of times the client has been on the streets, in Emergency Shelter, or Street Homeless in the past 3 years including today: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total number ofmonths homeless on the street or Emergency Shelter in the past three years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special Needs**

**Do you have a permanent disability?**

**Yes No**

**Check All That Apply:**

**\_\_ Physical Disability**

**\_\_ Developmental Disability**

**\_\_ Chronic Health Disability**

**­­\_\_ HIV/AIDS**

**­­\_\_ Mental Health**

**\_\_ Alcohol/Substance Use**