

Check if additional page attached

Not counting yourself, enter information for others that you indicated are in your household. If there are more than 5 additional persons staying together in this household, check box above and attach second form with a notation to identify paired surveys (e.g. A1 and A2). For infants less than 1 year old, enter 1 for age.

Accompanying 1	Accompanying 2	Accompanying 3	Accompanying 4	Accompanying 5
Relation to Respondent (choose one): <input type="radio"/> Child <input type="radio"/> Spouse/Partner <input type="radio"/> Parent/Guardian <input type="radio"/> Other Family <input type="radio"/> Other Non-Family	Relation to Respondent (choose one): <input type="radio"/> Child <input type="radio"/> Spouse/Partner <input type="radio"/> Parent/Guardian <input type="radio"/> Other Family <input type="radio"/> Other Non-Family	Relation to Respondent (choose one): <input type="radio"/> Child <input type="radio"/> Spouse/Partner <input type="radio"/> Parent/Guardian <input type="radio"/> Other Family <input type="radio"/> Other Non-Family	Relation to Respondent (choose one): <input type="radio"/> Child <input type="radio"/> Spouse/Partner <input type="radio"/> Parent/Guardian <input type="radio"/> Other Family <input type="radio"/> Other Non-Family	Relation to Respondent (choose one): <input type="radio"/> Child <input type="radio"/> Spouse/Partner <input type="radio"/> Parent/Guardian <input type="radio"/> Other Family <input type="radio"/> Other Non-Family
Age _____	Age _____	Age _____	Age _____	Age _____
Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender <input type="radio"/> Neither, gender nonconforming	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender <input type="radio"/> Neither, gender nonconforming	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender <input type="radio"/> Neither, gender nonconforming	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender <input type="radio"/> Neither, gender nonconforming	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender <input type="radio"/> Neither, gender nonconforming
Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No	Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No	Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No	Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No	Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No
Race (mark all that apply): <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> Native Hawaiian or other Pacific Islander <input type="radio"/> White <input type="radio"/> Other: _____	Race (mark all that apply): <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> Native Hawaiian or other Pacific Islander <input type="radio"/> White <input type="radio"/> Other: _____	Race (mark all that apply): <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> Native Hawaiian or other Pacific Islander <input type="radio"/> White <input type="radio"/> Other: _____	Race (mark all that apply): <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> Native Hawaiian or other Pacific Islander <input type="radio"/> White <input type="radio"/> Other: _____	Race (mark all that apply): <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> Native Hawaiian or other Pacific Islander <input type="radio"/> White <input type="radio"/> Other: _____
Disability (mark all that apply): <input type="radio"/> Physical <input type="radio"/> Chronic health condition <input type="radio"/> Mental health problem <input type="radio"/> Substance abuse problem <input type="radio"/> HIV/AIDS Do any of the above keep them from holding a job or living in stable housing <input type="radio"/> Yes <input type="radio"/> No	Disability (mark all that apply): <input type="radio"/> Physical <input type="radio"/> Chronic health condition <input type="radio"/> Mental health problem <input type="radio"/> Substance abuse problem <input type="radio"/> HIV/AIDS Do any of the above keep them from holding a job or living in stable housing <input type="radio"/> Yes <input type="radio"/> No	Disability (mark all that apply): <input type="radio"/> Physical <input type="radio"/> Chronic health condition <input type="radio"/> Mental health problem <input type="radio"/> Substance abuse problem <input type="radio"/> HIV/AIDS Do any of the above keep them from holding a job or living in stable housing <input type="radio"/> Yes <input type="radio"/> No	Disability (mark all that apply): <input type="radio"/> Physical <input type="radio"/> Chronic health condition <input type="radio"/> Mental health problem <input type="radio"/> Substance abuse problem <input type="radio"/> HIV/AIDS Do any of the above keep them from holding a job or living in stable housing <input type="radio"/> Yes <input type="radio"/> No	Disability (mark all that apply): <input type="radio"/> Physical <input type="radio"/> Chronic health condition <input type="radio"/> Mental health problem <input type="radio"/> Substance abuse problem <input type="radio"/> HIV/AIDS Do any of the above keep them from holding a job or living in stable housing <input type="radio"/> Yes <input type="radio"/> No

Montana

2019 Homeless Survey

Conducted by the Montana Continuum of Care Coalition, the Montana Department of Health and Human Services and the Montana Human Resource Development Councils.

INSTRUCTIONS:

The survey is of persons who are:

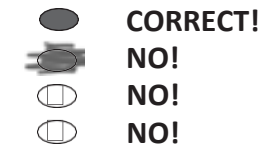
- 1) sleeping in a place not meant for habitation;
- 2) staying in an Emergency Shelter, Domestic Violence Shelter, Transitional Housing facility for homeless persons or;
- 3) anyone who was otherwise without a home on the evening of January 31st, 2019.

All answers are confidential and will not affect your eligibility for any services. The survey is completely voluntary but please answer as many questions as you can.

Only one survey should be filled out per family or household.

In order for the survey to be read by a computer scanner, please:

- 1) use a #2 lead pencil or pen
- 2) DO NOT USE a felt tip marker, and
- 3) fill in the entire bubble as shown:



FACILITY IDENTIFICATION

This box MUST be filled out only by a staff member of an emergency shelter, domestic violence shelter or transitional housing facility that is listed on the Housing Inventory or by an organization providing a motel or hotel voucher.

Fill in appropriate oval and enter name of facility:

- Emergency Shelter: _____
- Domestic Violence Shelter: _____
- Motel Voucher Paid By: _____
- Transitional Housing Program: _____

If this survey is not being collected by a local coordinator, please mail it no later than February 9th to:

MT CoC Coalition
321 E. Main, Suite 316
Bozeman, MT 59715

1. Have you filled out a similar survey in the past week?

- Yes — stop here
No — please continue

2. This form is being filled out by:

- Self
Interviewer
Case manager on behalf of a client

3. In what city or town are you located (or nearest)

- Wolf Point (1) Bozeman (9)
Glendive (2) Livingston (9)
Miles City (3) Kalispell (10)
Havre (4) Ronan (10)
Great Falls (5) Missoula (11)
Browning (5) Hamilton (11)
Lewistown (6) Butte (12)
Billings (7) Other, if not listed
Helena (8)

4. Where are you sleeping or did you sleep on the night of Thursday, January 31st?

- Outside or other place not meant for sleeping, such as on the street, under a bridge, in a camp, park, vehicle, bus station or abandoned structure.
Emergency shelter
Domestic violence shelter
Motel or hotel paid by a voucher
Transitional Housing program for homeless persons
With friends or family; on emergency basis, for short duration.
With friends or family; voluntarily, for long duration
Motel or hotel paid by self
Rented apartment or house, paid by a subsidy
Apartment or house rented or owned paid by self
Hospital or treatment program
Jail or pre-release facility
Other:

5. Have you served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)?

- Yes
No
Don't know/Refused

6. Were you ever called into active duty as a member of the National Guard or as a Reservist?

- Yes
No
Don't know/Refused

7. How long have you been living in a shelter, transitional housing program and/or other place not meant for living, such as on the street, under a bridge, in a camp, park, vehicle, bus station or abandoned structure?

- Not living at any of those places; not homeless
Less than 1 month More than 6 months
More than 1 month More than 1 year
More than 3 months More than 2 years

8. How many times have you been homeless in the last 3 years:

- None, not homeless
Once - (this is the first time)
Twice
3 times
4 or more times

9. For all the times you were homeless in the last 3 years, what is your best estimate for the total number of days you were homeless:

- Less than 12 months
12 months or more

10. How long have you been in this community?

- Less than 1 week More than 2 years
1 week to 1 month More than 5 years
More than 1 month More than 10 years
More than 4 months More than 20 years
More than 1 year

11. Do you have any income (check all that apply)?

- None
Part-time job
Full-time job
TANF Cash Assistance
Unemployment
Social Security
SSI or SSDI
Other Disability
Other

12. Are you or your family receiving any of the following Non-Cash Benefits? (check all that apply):

- SNAP (Food Stamps)
Medicaid
Medicare
State Children's Health Insurance
Supplemental Nutrition Program for Women
VA Medical Services
TANF Child Care, Transportation or other TANF Services
Section 8, Public Housing or other rental assistance
Other:

13. Did you leave your last place of permanent residence for any of these reasons?

- Couldn't pay rent
Domestic violence
Aged out of foster care
Kicked out due to LGBTQ identity
Substance abuse
Hospitalized, physical health
Hospitalized, mental health
Incarcerated

14. Have you used hospital emergency services in the past year?

- No
Once
Twice
3 x or more

15. Have you been jailed or arrested in the last year?

- No
Once
Twice
3 x or more

Please PRINT CLEARLY the following information:
First name only:
Initial of last name:
The 'day' of your birth (such as '16th')

Self
Age
Gender: Male Female Transgender
Gender non-conforming (i.e. not exclusively male or female)
Hispanic or Latino? Yes No
Race (mark all that apply): American Indian/Alaskan Native, Asian, Black/African American, Native Hawaiian or other Pacific Islander, White, Other
Disability (mark all that apply): Physical, Chronic health condition, Mental health problem, Substance abuse problem, HIV/AIDS
Do any of the above keep you from holding a job or living in stable housing? Yes No

16. Including yourself, how many adults and children are in your household, (sleeping at the same location with you on the night of the survey)? If the total is more than one, please continue to the back page.

Adults (Age 18 and older)
Children (Age 17 and younger)