

# FORM A: SOUTH CAROLINA SHELTERED 2011 COUNT FORM

Individual  Household  Family

FORM NUMBER:    --

Household/Family Number:    PLEASE PRINT!

(County #) (Pre-numbered)

Shelter/Agency: \_\_\_\_\_ Date: \_\_\_\_\_

County: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Is this a domestic violence shelter:  Yes  No Shelter type:  Emergency  Transitional

**Please complete one survey for each individual that stayed in your shelter on the night of January 27, 2011. If the individual is accompanied by children, please complete a separate form for each child or additional adult and use the same household/family number to group the families or households.**

1. First name:

2. Middle Initial

3. Last name:

4. SSN:    /   /

5. Date of birth: (MM/DD/YYYY)   /   /

6. Gender:  Male  Female  Transgender

7. Race:  White  Black/African American  Asian  American Indian or Alaskan Native  
 Native Hawaiian or Other Pacific Islander  Other  R/DK

8. Do you consider yourself to be Hispanic/Latino?  Yes  No  R/DK

9. How long have you been without a home this time?

One week or less  More than one week but less than one month  1-3 Months

More than 3 months, but less than 1 year  One year or longer  R/DK

10. Including this time, how many times have you been homeless in the past three years?

One time  Two times  Three times  Four or more times  R/DK

11. Where was your last PERMANENT address? City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  R/DK

12. City of Birth? \_\_\_\_\_ State of Birth? \_\_\_\_\_

County of Birth (if in SC)? \_\_\_\_\_  R/DK

**ADDITIONAL QUESTIONS ON BACK OR SECOND PAGE.**

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13. Have you ever received, or are you currently receiving, treatment services for any of the conditions below?  Yes  No If yes, which ones: (Check all that apply.)

- Mental Illness  Substance Abuse  HIV/AIDS  Long-Term Physical Disability  
 Developmentally Disabled  R/DK

14. Have you ever been a victim of domestic violence?  Yes  No  R/DK

15. Have you ever served in the U.S. Military?  Yes  No  R/DK (N/A for under 18)

**Individual:** One adult or unaccompanied youth under the age of 18.

**Family:** One or more adults with one or more children under the age of 18 OR two or more children under the age of 18.

**Household:** One or more adults together with no children under the age 18.

**R/DK:** Refused/Don't Know

## PRIVACY STATEMENT

I interviewed \_\_\_\_\_ (name) as a part of the HUD January 27, 2011 point-in-time homeless count. Although the interviewee(s) did not sign a release form, I explained the following:

- That I am collecting information needed for the biennial HUD point-in-time homeless count.
- That I will ask only the questions on the form(s) provided and will document their responses only on these forms.
- That this process should in no way interfere, inconvenience, or put at risk the person or persons being interviewed.
- That this study will benefit the homeless population by identifying characteristics of this population.
- That the respondent can agree or refuse to participate in this interview, or place any restrictions whatsoever on both the procedures and the disposition of the material collected.
- That this material will be retained by the Budget and Control Board's Office of Research and Statistics in a secure and confidential manner and will be used for statistical purposes only. After two (2) years, all identifying information will be destroyed.
- The interviewee(s) consented to these actions and conditions, except for
- any restrictions that may be listed below:

\_\_\_\_\_  
(Interviewer's signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Phone number)

Restrictions:

**MAILING DEADLINE IS:**

**FEBRUARY 4, 2011**

**MAIL FORMS TO:**

**Your local Homeless Coalition**