

# Surveys of People Experiencing Homelessness

## Combined Form 4 & 6: Provider Survey

January 27, 2005 Provider Survey

Facility/Site Name:  (Required) County:

Address:  City:  zip:

Line2:

Mailing Address (if different):  City:  Zip:

Phone:  Fax:  Email:

Contact:  Title:

I. Type of facility (check all that apply and provide short comments, e.g., a 30-day emergency, or a Domestic Violence Crisis Shelter)

Facility	<input checked="" type="checkbox"/>	Comments
1. Emergency Shelter	<input type="checkbox"/>	<input type="text"/>
2. Transitional Housing	<input type="checkbox"/>	<input type="text"/>
3. Permanent Housing	<input type="checkbox"/>	<input type="text"/>
4. Supportive Services	<input type="checkbox"/>	<input type="text"/>

II. Total Annual Budget: \$

Amount from Federal government: \$

Amount from State government: \$

Amount from Local government: \$

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III. Homeless Annual Budget: \$

Amount from Public Funds: \$

IV. Target population:  
 Age:  to   Males  Females  Families  Youth Other

V. Eligibility requirements (e.g., Victims of DV, identification, homeless, ...):

VI. Not allowed (e.g., intoxicated, high, disorderly):

VII. Particular restrictions (e.g., no unaccompanied youths):

VIII. Any other restrictions as to whom you serve:

**IX. Homeless Population SERVED on January 27, 2005**

	Emergency		Transitional		Permanent	
	Male	Female	Male	Female	Units	Total
1. Individuals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Family (Adult)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Family (Youth)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**X. Homeless Population SERVED Typical Day**

	Emergency		Transitional		Permanent	
	Male	Female	Male	Female	Units	Total
1. Individuals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Family (Adult)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Family (Youth)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**XII. Subpopulations served:**

	Jan. 27	Typical Day
1. Chronically Homeless	<input type="text"/>	<input type="text"/>
2. Severely Mentally Ill	<input type="text"/>	<input type="text"/>
3. Chronic Substance Abuse	<input type="text"/>	<input type="text"/>
4. Veterans	<input type="text"/>	<input type="text"/>
5. Persons with HIV/AIDS	<input type="text"/>	<input type="text"/>
6. Victims of Domestic Violence	<input type="text"/>	<input type="text"/>
7. Youth (under age 18)	<input type="text"/>	<input type="text"/>
8. Victims of Sexual Abuse	<input type="text"/>	<input type="text"/>
9. Ex-offenders	<input type="text"/>	<input type="text"/>
10. Victims of disaster (fire, flood, ...)	<input type="text"/>	<input type="text"/>

**XI. Current Bed Capacity (on January 27, 2005)**

	Emergency		Emergency Overflow		Transitional		Permanent	
	Male	Female	Male	Female	Male	Female	Units	Total
1. Individuals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Family (Adult)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Family (Youth)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**XIII. Mainstream resources - Please indicate how you assist homeless individuals and families obtain assistance from mainstream resources. Check Yes or No, or leave blank if not applicable.**

Resource Name	Identify Eligibility For	Help Them Enroll For	Ensure they Receive Assistance
1. Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Social Security Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. State Children's Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. One Stop Career Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. TANF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. VA Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. VA Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**XIV. Supportive Services - Please indicate the number of individuals (left columns) & families (right columns) you served on January 27, 2005, on a Typical Day, the number you could currently service, and the priority (1-5, 1-highest).**

INDIVIDUALS			Service Check (✓) if you provide money or vouchers for the service.	FAMILIES		
Jan. 27	Typical Day	Could Service		Jan. 27	Typical Day	Could Service
<input type="text"/>	<input type="text"/>	<input type="text"/>	1. Job Training (\$ <input type="text"/> ?)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	2. Job Placement (\$ <input type="text"/> )	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	3. Case Management (\$ <input type="text"/> )	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	4. Substance Abuse Treatment (\$ <input type="text"/> )	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	5. Mental Health Care (\$ <input type="text"/> )	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	6. Housing Placement (\$ <input type="text"/> )	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	7. Life Skills Training (\$ <input type="text"/> )	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	8. Medical Treatment (\$ <input type="text"/> )	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	9. Dental Treatment (\$ <input type="text"/> )	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Clothing/Misc. Items (\$ <input type="text"/> )	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Transportation (\$ <input type="text"/> )	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Meals (\$ <input type="text"/> )	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Emergency Food (\$ <input type="text"/> )	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	14. Child Care (\$ <input type="text"/> )	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	15. Assessment & Counseling (\$ <input type="text"/> )	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	16. <input type="text"/> (\$ <input type="text"/> )	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	17. <input type="text"/> (\$ <input type="text"/> )	<input type="text"/>	<input type="text"/>	<input type="text"/>

**XV. Organization's Needs - Please select a priority for each need that you anticipate for the coming year.**

Item	Need
1. Additional Staff	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
2. Additional Volunteers	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
3. Additional Funding	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
4. Additional Capacity	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
5. Better Facilities (new/different or renovation of existing)	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
6. Medical Services*	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
7. Dental Services*	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
8. Psychiatric/Psychological Services*	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
9. Transportation	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
10. Educational Assistance for school-age children or adult learning	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
11. Staff with multi-language capacity	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
12. Child Care	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
13. Legal Services	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
14. Substance Abuse Services	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
15. Employment Services	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
16. Education/Training Services	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
17. Respite Care	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
18. Elder Care	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
19. <input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
20. <input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
21. <input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

Need:  
 1-Desperate  
 2-Serious  
 3-Moderate  
 4-Somewhat  
 5-Not needed

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\* - Either money for, or services donated.

**XVI. Based on your work with people who are homeless, if there was an improvement in, or improved access to, any of the following, would it significantly improve the lives of the homeless population in your community.**

Area of improvement	Response
1. Public apathy	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
2. Public awareness of homeless issues	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
3. Public mis-conception of the homeless	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
4. Available work opportunities	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
5. Funding	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
6. Homeless apathy	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
7. Hopelessness or lack of motivation among the homeless	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
8. Qualified staff	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
9. Number of volunteers	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
10. Affordable housing	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
11. Health services	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
12. Mental health services	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
13. Substance abuse treatment	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
14. Support for people with disabilities	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
15. Veteran's services	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
16. Transportation	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
17. Financial literacy and education programs	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
18. Multi-lingual staff	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
19. Affordable child care	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
20. Affordable elder care	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
21. Affordable legal services	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
22. Judges insensitivity to the needs of the homeless	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
23. Employment services	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
24. Education/training services	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
25. Educational assistance for school age children or adult learning	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
26. Self-help mutual support programs	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
27. Victimization from the community	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
28. Interagency coordination	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
29. Family counseling and family support services	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
30. Respite care	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe
31. Social security administration disability payments	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe

**Subjective Questions**

XVII. What abilities, strengths or characteristics have you seen in the homeless people that helped them get through their experience of homelessness?

▲▼

XVIII. What can be done to alleviate the problem of homelessness in your community?

▲▼

XIX. If you could do three things to better serve people in your community who are homeless what would they be?

▲▼

XX. If you could do three things to prevent people from becoming homeless in the first place, what would they be?

▲▼

XXI. What would you tell the Governor of SC to do about addressing homelessness in our state? Be specific.

▲▼

XXII. What would you tell your local officials to do about addressing homelessness in your community?

▲▼

**Profile Data for HMIS and Web Provider Resource Guide**

Description of Organization/Facilities:

Hours of Operation (e.g., Mon-Fri 9am - 5pm):

Months of operation if not year-round:

Provider Type:  Languages Spoken:

Program Fees:

Intake Procedure:

Landmarks (how to find you):

Handicap Access:  Yes  No    Brochures:  Yes  No

Other Phone numbers:

Description:	<input type="text"/>	Number:	<input type="text"/>
Description:	<input type="text"/>	Number:	<input type="text"/>
Description:	<input type="text"/>	Number:	<input type="text"/>

Website (if you have one):

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Completed by:  on  (format: mm/dd/yyyy)

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