



2022 ANNUAL HOMELESS POINT IN TIME SURVEY

Questions

Responses

Settings



Section 1 of 18

2022 ANNUAL HOMELESS POINT IN TIME SURVEY



Form description

Have you already completed one of these surveys this month?



1. Yes

2. No

After section 1 Continue to next section



Section 2 of 18

ANNUAL HOMELESS POINT IN TIME



2022 ANNUAL HOMELESS POINT IN TIME SURVEY



Description (optional)

Please give us your initials *

Short answer text

What is your date of birth? *

Month, day, year



Interview Location:

- ☐ Emergency housing
- ☐ Hotel/Motel
- ☐ Transitional Housing
- ☐ Safe Haven
- ☐ Drop in center/feeding site



Where did you sleep last night? *

1. Emergency housing, including hotel voucher
2. Hotel/Motel paid for by self
3. Transitional housing
4. Safe Haven
5. Detox/Substance abuse treatment facility
6. Hospital
7. Mental health treatment facility
8. Domestic Violence shelter
9. Rental, no subsidy
10. Staying with family
11. Street, sidewalk or doorway
12. Vehicle (car, van ,rv ,truck)
13. Park or beach
14. Abandoned building
15. Bus/train, or bus/train station
16. Under bridge/overpass
17. Woods/outdoor encampment



- 19. Staying with friends
- 20. Foster care
- 21. Homeowner
- 22. Permanent housing for homeless persons
- 23. Other
- 24. Don't know
- 25. Refused to answer

After section 10 Continue to next section

Section 11 of 18

ANNUAL HOMELESS POINT IN TIME



Description (optional)

If answered Jail/prison, Hospital, or Treatment facility for last question, where did you stay BEFORE you came to that place? *

- 1. Not applicable, I didn't answer jail/prison in the previous question
- 2. Emergency housing, including hotel voucher
- 3. Hotel/motel paid for by self
- 4. Transitional housing
- 5. Safe Haven



Domestic Violence Shelter

- 7. Rental, no subsidy
- 8. Staying with family
- 9. Street or sidewalk or doorway
- 10. Vehicle (car, van, rv, truck)
- 11. Park or beach
- 12. Abandoned building
- 13. Bus or train station
- 14. Under bridge/overpass
- 15. Woods/outdoor encampment
- 16. Staying with friends
- 17. Permanent housing for homeless
- 18. Homeowner
- 19. Don't know
- 20. Refused to answer

After section 11 Continue to next section

Section 12 of 18

ANNUAL HOMELESS POINT IN TIME



What caused you to become homeless this time? *

- ☐ Employment/financial reasons
- ☐ Housing issues/eviction NOT related to COVID-19
- ☐ Housing issues/eviction related to COVID-19
- ☐ Medical/substance abuse/disability problems
- ☐ Family problems
- ☐ Natural/other disasters
- ☐ Recent immigration
- ☐ Refused to answer

Where did you live PRIOR to becoming homeless? *

- ☐ Miami-Dade County
- ☐ Another part of Florida
- ☐ Another state
- ☐ Another country
- ☐ Refused to answer

If you chose option 1 above: How long did you live in Miami-Dade County PRIOR to becoming homeless? *

- ☐ Not applicable, I did not choose option 1 in the previous question



- ☐ More than 1 week but less than 1 month
- ☐ 1-3 months
- ☐ 4-12 months
- ☐ greater than 1 year
- ☐ Refused to answer

If you chose option 2, 3 or 4 above: What brought you to Miami-Dade County? *

- ☐ Not applicable, I did not choose option 2, 3 or 4 in the previous question
- ☐ Weather
- ☐ Family or friends
- ☐ Employment opportunity
- ☐ cultural diversity
- ☐ reputation of homeless services in the community
- ☐ Refused to answer

Is this the first time you have been homeless? *

- ☐ Yes
- ☐ No
- ☐ Refused to answer



in shelters?

- ☐ 1 week or less
- ☐ > 1 week/< 1 month
- ☐ 1-3 months
- ☐ > 3 months/< 12 months
- ☐ 1-2 year(s)
- ☐ > 2 years
- ☐ Refused to answer

In the past three years, how many times have you been housed and then become homeless again? (separate times stayed on the streets or shelters) *

- ☐ This is first time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 or more times

Why are you not in shelter? *

- ☐ I chose not to be in shelter
- ☐ I am trying to access shelter, but they are full
- ☐ I think people get sick in shelter



☐ Shelters have too many rules

☐ I am banned from one or more shelter

☐ I am a registered sex offender

☐ I had a bad experience in shelter

☐ I have been in shelter and they did nothing to house me

☐ I have, or someone in my family has a condition that prevents us from living in shared housing

☐ I need a shelter that will accept my pet(s)

☐ I only want to be in a selected shelter

☐ Refused to answer

☐ Other...

If currently housed, will you be forced to leave the place you are staying in now within the next week? *

☐ Not applicable, I am currently homeless

☐ Yes

☐ No

☐ Refused to answer

If you answered "Yes" to the previous question: Will you have a place to stay or money to get a place to stay once you leave? *

☐ Not applicable, I did not answer "Yes" to the previous question



- ☐ No
- ☐ Refused to answer

What is your gender? *

- ☐ Male
- ☐ Female
- ☐ Transgender M to F
- ☐ Transgender F to M
- ☐ Don't know
- ☐ Refused

Which of the following best describes your sexual orientation?

- ☐ Straight
- ☐ Lesbian or Gay
- ☐ Bisexual
- ☐ Questioning
- ☐ Don't Know
- ☐ Refused

Are you Hispanic or Latino *



- ☐ No
- ☐ Don't know
- ☐ Refused to answer

What is your race? (you can select more than one) *

- ☐ America Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Don't know
- ☐ Refused to answer

Have you ever served in the US Military (Armed Forces) or been called into active duty as a member of the National Guard or reservist? *

- ☐ Yes
- ☐ No

After section 12 Continue to next section

Section 13 of 18



Description (optional)

What type of transportation do you currently use? *

- ☐ Bicycle
- ☐ Own car
- ☐ Family/friends
- ☐ Dial-a-ride
- ☐ Taxi
- ☐ Public transportation
- ☐ Walk/none

What is your immigration status? *

- ☐ Citizen
- ☐ Permanent resident
- ☐ Asylee/Refugee
- ☐ Parolee
- ☐ Undocumented
- ☐ Don't know
- ☐ Refused



*

- ☐ Single/not currently legally married
- ☐ Legally married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed
- ☐ Don't know
- ☐ Refused to answer

Do you have any family members who are homeless and staying with you now? *

- ☐ Yes
- ☐ No
- ☐ Refused

After section 13 Continue to next section



Section 14 of 18

ANNUAL HOMELESS POINT IN TIME



Description (optional)

Including yourself, how many adults and how many children are homeless and staying with

*



	None	1	2	3	4	5	6	7	8	9	10
Males...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Males...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Males...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Males...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Femal...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Femal...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Femal...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Femal...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are any of the household members, other than you, a Veteran? *

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused to answer

After section 14 Continue to next section ▼

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ANNUAL HOMELESS POINT IN TIME

What kind of household is it? *

- ☐ Household without children - adult(s) 25 or older
- ☐ Household with at least 1 adult 25 or older & 1 child under 18 years old
- ☐ Household with ONLY children (no members older than 24 years old)

After section 15 Continue to next section ▼

Section 16 of 18

ANNUAL HOMELESS POINT IN TIME



Description (optional)

Have you ever been in foster care? *

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused to answer

Are you a survivor of, or fleeing, domestic violence, human or sex trafficking? *

- ☐ Yes



- ☐ Don't know
- ☐ Refused to answer

Have you ever been in jail or prison? *

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused to answer

Do you have a disabling condition? *

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused to answer

After section 16 Continue to next section

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ANNUAL HOMELESS POINT IN TIME

Description (optional)



- ☐ I do not have a disability
- ☐ Physical/medical problems (besides HIV/AIDS)
- ☐ Mental health
- ☐ Drugs or alcohol addiction
- ☐ Developmental
- ☐ HIV/AIDS
- ☐ Other: (Specify below)

Specify if Other disabling condition:

Short answer text

After section 17 Continue to next section

Section 18 of 18

ANNUAL HOMELESS POINT IN TIME

Description (optional)

What is the highest level of education you have completed *

1. No schooling



3. 5th or 6th grade
4. 7th or 8th grade
5. 9th grade
6. 10th grade
7. 11th grade
8. 12th grade, no diploma
9. High School Diploma
10. GED
11. Post-secondary
12. Other

What kind of income/benefits do you have? (Check all that apply) *

- ☐ Employment
- ☐ Alimony
- ☐ Child Support
- ☐ SSDI
- ☐ SSI
- ☐ VA Disability
- ☐ Private Disability Insurance
- ☐ SSA Retirement



☐ Pension or other Retirement

☐ Workers Comp

☐ Unemployment Benefits

☐ TANF

☐ Food Stamps

☐ None

☐ Other...

Do you or your family need any of these services right now? (Check all that apply) *

☐ Health Care

☐ Mental Health Treatment

☐ Substance Abuse Treatment

☐ HIV/Aids testing

☐ Housing Placement

☐ Short Term Rental Assistance

☐ Getting High School Diploma

☐ Vocational Training

☐ Child Care

☐ Employment

☐ Accessing Benefits



Outreach

- ☐ Identification
- ☐ Legal Services
- ☐ Immigration Services
- ☐ Domestic Violence Services
- ☐ Case Management
- ☐ Food
- ☐ Transportation
- ☐ Relocation
- ☐ Storage
- ☐ Material Goods

In the past year, what issues have you encountered in trying to get help or access services? *

[Select all that apply]:

- ☐ Lack of transportation
- ☐ Did not have ID/personal documents
- ☐ Did not know where to go for help
- ☐ Did not qualify for service
- ☐ Placed on a waitlist and never heard back
- ☐ Could not get help because of a language barrier



☐ No issues accessing services/assistance

☐ I'd rather not say

☐ Other...

How do you get news and information? *

☐ I watch TV

☐ I listen to the radio

☐ I spend a lot of time reading Social Media

☐ I read the Newspaper

☐ I surf websites

☐ I'm not interested in news

When there is an approaching emergency, what is the best way to reach you? *

☐ Send me an email

☐ Leave a message on my phone

☐ Text my phone

☐ Signs at the Government Center

☐ Police/social worker

☐ Church leaders who know me

☐ Tell me through radio or TV



When there is an approaching emergency, what is the second best way to reach you? *

- ☐ Send me an email
- ☐ Leave a message on my phone
- ☐ Text my phone
- ☐ Signs at the Government Center
- ☐ Police/social worker
- ☐ Church leaders who know me
- ☐ Tell me through radio or TV
- ☐ Other...

Person assisting in completing survey: *

- ☐ Agency Employee
- ☐ Volunteer

Observations *

- ☐ Did client present intoxicated
- ☐ Did client present with visible mental health symptoms
- ☐ Did client present with a hospital bracelet or gown
- ☐ Did client present with open wounds



- ☐ Did client present with a service animal or pet
- ☐ Did client present in a wheelchair
- ☐ N/A

Name of agency *

Short answer text

Type of program *

- ☐ Emergency Shelter
- ☐ Transitional program
- ☐ Youth Shelter
- ☐ Drop in Center/feeding site
- ☐ Supportive Services program (not including street outreach or access points)
- ☐ Safe Haven
- ☐ Street Outreach or other access point

Program Name: *

Short answer text



