

Georgia Survey Form

We need your help! Please fill out this survey so we can plan what types of housing and services we should be working on to better meet your needs. Your answers are confidential, and results will be reported in group form only.

Agency collecting the survey: _____

1. First three letters of your last name: ____ _
First letter of first name: ____ First letter of middle name: ____
2. Your date of birth: ____ / ____ / ____
(month) (day) (year)
3. Are you homeless?
1 No
2 Yes
4. Where are you staying now? Please check the one place that best describes where you are staying.
1-1 transitional housing
1-4 family or friends
1-7 hotel/motel
1-2 domestic violence shelter
1-5 emergency shelter
1-8 rented house or apartment
1-3 on the street, under a bridge, etc.
1-6 camping or in the car
1-9 in a home I/we own
2-1 subsidized permanent housing for previously homeless persons
2-2 subsidized permanent housing (not for previously homeless persons)
5. What was the last county and city you lived in before you became homeless? _____
6. In what type of place did you spend the night last night?
1 emergency shelter 8 domestic violence shelter
2 on the street under a bridge 9 in transitional housing
3 bus 10 with a friend or relative
4 prison/jail 11 hotel/motel
5 psychiatric hospital 12 detox facility
6 in a home I/we own 13 medical hospital
(became homeless today) 14 in a car
7 migrant shelter 15 camping
17 other _____ 16 don't know
7. In which county did you spend last night?

8. How long have you been homeless this time?
1 less than 30 days 5 one to two years
2 30 to 90 days 6 two to five years
3 3 to 6 months 7 five to 10 years
4 six months to one year 8 ten or more years
9. How many times have you been homeless before this time?
3 0
3 1
3 2
3 3-5
3 6 or more
10. How do you define your gender?
1 Male
2 Female
3 Transgender
11. What is your racial background?
1 Asian
2 Native American/Alaskan Native
3 Black/African American
4 White
5 Other _____
12. Do you consider yourself to be Hispanic (Mexican, Mexican American, Chicano)?
1 Yes, Hispanic
2 No, Non-Hispanic
13. Please check the reasons why you became homeless (check all that apply):
 unemployment
 unable to pay rent/mortgage
 moved to seek work
 family member or persons, illness
 alcohol/substance abuse
 mental disabilities
 physical disabilities
 domestic violence
 child abuse (youth on their own)
 discharge from prison/jail
 welfare assistance sanctions
 welfare payments not adequate
 welfare time limits
 bad credit history
 reasons related to sexual orientation
 other: _____
14. Have you ever received, or are you currently receiving treatment or services for any of the conditions below? (Please check all that apply.)
 severe mental illness chronic alcohol abuse
 chronic drug abuse tuberculosis
 HIV/AIDS related illness other physical condition
 not applicable, haven't received or receiving any services
15. Have you ever been in the U.S. Military?
1 No
2 Yes
16. Do you have a job?
1 No
2 Yes → How many hours a week do you work? _____

Georgia Balance of State Survey Form (Cont.)

17. From which of the following sources do you get Income/resources? (Check all that apply)
- | | |
|--|---|
| 1 <input type="checkbox"/> job | 9 <input type="checkbox"/> TANF/Colorado Works |
| 2 <input type="checkbox"/> family or friends | 10 <input type="checkbox"/> SSI (Social Security) |
| 3 <input type="checkbox"/> food stamps | 11 <input type="checkbox"/> Veteran's Benefits |
| 4 <input type="checkbox"/> social security | 12 <input type="checkbox"/> selling blood/plasma |
| 5 <input type="checkbox"/> pension | 13 <input type="checkbox"/> prostitution |
| 6 <input type="checkbox"/> unemployment | 14 <input type="checkbox"/> Aid to Needy Disabled (AND) |
| 7 <input type="checkbox"/> child support | 15 <input type="checkbox"/> Old Age Pension |
| 8 <input type="checkbox"/> asking for money on streets | 16 <input type="checkbox"/> Medicaid |
- 17 other: _____

18. What was your annual household income in the year 2006? (Check the closest estimate)
- | | |
|--|---|
| 1 <input type="checkbox"/> \$0.00 | 8 <input type="checkbox"/> \$12,500 - \$14,999 |
| 2 <input type="checkbox"/> up to \$1,000 | 9 <input type="checkbox"/> \$15,000 - \$19,999 |
| 3 <input type="checkbox"/> \$1,000 - \$2,499 | 10 <input type="checkbox"/> \$20,000 - \$29,999 |
| 4 <input type="checkbox"/> \$2,500 - \$4,999 | 11 <input type="checkbox"/> \$30,000 - \$39,999 |
| 5 <input type="checkbox"/> \$5,000 - \$7,888 | 12 <input type="checkbox"/> \$40,000 - \$49,999 |
| 6 <input type="checkbox"/> \$8,000 - \$9,999 | 13 <input type="checkbox"/> \$50,000 or more |

19. Which of the following best describes your family/household? (Please check only one.)
- 1 I am a single individual (do not answer any more questions)
- 2 two parent family with children
- 3 one parent family with children
- 4 couple without children
- 5 other type of family
20. How many total people are in your family/household (Including Yourself)? _____
21. How many children aged 18 or under are in your family/household? _____
22. How many adults are in your family? _____

23. For each family member (NOT including yourself), please tell us his or her age, gender, and relationship to yourself.

Person #2 (not you)	Person #3 (not you)	Person #4 (not you)	Person #5 (not you)	Person #6 (not you)
Name or Initials _____	Name or Initials _____	Name or Initials _____	Name or Initials _____	Name or Initials _____
Age (in years) _____	Age (in years) _____	Age (in years) _____	Age (in years) _____	Age (in years) _____
Gender: 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Transgender	Gender: 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Transgender	Gender: 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Transgender	Gender: 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Transgender	Gender: 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Transgender
Relationship to you: 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Partner 4 <input type="checkbox"/> Other family member	Relationship to you: 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Partner 4 <input type="checkbox"/> Other family member	Relationship to you: 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Partner 4 <input type="checkbox"/> Other family member	Relationship to you: 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Partner 4 <input type="checkbox"/> Other family member	Relationship to you: 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Partner 4 <input type="checkbox"/> Other family member

Person #7 (not you)	Person #8 (not you)	Person #9 (not you)	Person #10 (not you)	Person #11 (not you)
Name or Initials _____	Name or Initials _____	Name or Initials _____	Name or Initials _____	Name or Initials _____
Age (in years) _____	Age (in years) _____	Age (in years) _____	Age (in years) _____	Age (in years) _____
Gender: 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Transgender	Gender: 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Transgender	Gender: 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Transgender	Gender: 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Transgender	Gender: 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Transgender
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