



City of Boston Annual Census Client Survey

To be completed by Individuals and **all** members of a Family that is receiving services (including children).

First Name* : _____ **Last Name*** : _____

Date of Birth* : _____

Social Security Number* : _____

* Will not be reported to the City but must be completed for Agency and Program client deduplication.

Age: _____

Gender: Male Female Transgendered Male to Female Transgendered Female to Male
 Other Refused Don't Know

Ethnicity: Hispanic/Latino Non-Hispanic/Non-Latino Don't Know Refused

Race (Check all that apply): American Indian or Alaskan Native Asian Black or African-American
 White Native Hawaiian or Other Pacific Islander Don't Know Refused

This Client is a: Single Adult Head of Household A child receiving services as part of a family
 An Adult receiving services as part of a family, not the Head of Household An Unaccompanied Youth

What was the client's last permanent address? (Where they were when they became homeless)

Street Address

City _____ **State** _____ **Zip Code** _____

Have you ever served on Active Duty in the Armed Forces of the United States?

Yes No Don't Know Refused

Please indicate the type of housing you staying in last night: Place not meant for habitation (street, car, etc.)

Emergency Shelter, including hotel/ motel with voucher Transitional Housing for the homeless

Permanent Housing for formerly homeless persons (SHP, S+C, SRO Mod Rehab) Psychiatric hospital or facility

Substance Abuse treatment facility Hospital (non-psychiatric) Jail, Prison or Juvenile facility Nursing Home

Rental by Client, No subsidy Ownership by Client, no subsidy Staying/Living with Family

Staying/Living with Friends Hotel/Motel without voucher Foster care or foster care group home

Safe Haven Rental by Client with VASH subsidy Rental by Client with GPD TIP subsidy

Ownership by Client with subsidy Rental by Client with Other (non-VASH) subsidy Halfway House

Don't Know Refused Other: _____

How long have you stayed there? One day or less One week or less

More than one week but less than one month One to three months More than three months but less than one year

One year or longer Don't Know Refused



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Is the client entering from the streets, an emergency shelter, or a safe haven?

Yes No Don't Know Refused

Approximate date became homeless: _____

If the client entered from the Streets, Emergency Shelter, or Safe Haven, enter the approximate date the client started staying in that homeless situation.

The key concepts to help determine the approximate start date are:

1. Have the client look back to the date of the last time the client had a place to sleep that was not on the streets, ES, or SH (the response would be the day before this date.)

2. As the client looks back, there may be breaks in their stay on the streets, ES, or SH. The breaks are allowed to be included in the look back period to calculate the approximate start date ONLY:

If the client moved continuously between the streets, shelters, or safe havens. The approximate date would go back as far as the first time they stayed in one of those places; or

If there was a break in their stay, where they were staying in a place other than the streets, emergency shelter, or a safe haven – including doubled up, or staying with family and friends for up to seven days. The look back time would not be broken by this stay until they have stayed somewhere other than the Streets, ES, or SH for 7 days or more; or

If there was a break in their stay on the Streets, ES, or SH of less than 90 days for an institutional stay (i.e. jail, substance abuse or mental health treatment facility, hospital, or other similar facility). The look back time would include any of those days (1 thru 89) as you look back for the approximate start date.

3. If the client knows the month and year but not the day, the worker may substitute the day of the month with the same day of the month as project entry. For example: the client says "a couple of months". The worker clarifies - "It's March, would that mean you started sleeping on the streets in January this year?" Client affirms, yes, January, or corrects the month. The worker clarifies - "Do you know the day?" Client responds "no" - worker then enters January, day of the month of project entry, (this year).

Regardless of where they stayed last night -- Number of times the client has been on the streets, in an Emergency Shelter, or a Safe Haven in the past three years including today? _____

Total number of months homeless on the street, in an Emergency Shelter, or a Safe Haven in the past three years
Response Assistance: One month (this is the first month) - Meaning in the past three years this is the first month the client has resided on the Streets, Emergency Shelter, or a Safe Haven. 2-12 months - Count the number of months the client indicates they were homeless. If they say since January and it is now March the answer would be 3 months (January = 1, February = 2, and March = 3)

Has the client been continuously homeless for at least one year? Yes No Don't Know Refused

How many times the client has been homeless in the past three years?

0 (not homeless, Prevention Only) 1 (Homeless only this time) 2 3 4+ Don't Know Refused

Please check the box(s) next to each income source received and indicate the monthly amount:

- | | |
|---|---|
| <input type="checkbox"/> Earned Income _____ | <input type="checkbox"/> Unemployment Insurance _____ |
| <input type="checkbox"/> Supplemental Security Insurance (SSI) _____ | <input type="checkbox"/> Social Security Disability Income (SSDI) _____ |
| <input type="checkbox"/> Veteran Service Connected Disability _____ | <input type="checkbox"/> Veteran Non-Service Connected Disability _____ |
| <input type="checkbox"/> Private Disability Insurance _____ | <input type="checkbox"/> Worker's Compensation _____ |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) _____ | <input type="checkbox"/> General Assistance (GA) _____ |
| <input type="checkbox"/> Retirement Income from Social Security _____ | <input type="checkbox"/> Veteran's Pension _____ |
| <input type="checkbox"/> Pension from a former job _____ | <input type="checkbox"/> Child Support _____ |



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- Alimony or other spousal support_____
- Other (please indicate source and amount)_____

Total Monthly Income Amount \$\$_____

Have you received any non-cash benefits in the past 30 days? (SNAP, Health coverage, Public Housing)

- Yes No Don't Know Refused

Please check the box next to each benefit you receive:

- Supplemental Nutrition Assistance Program (SNAP, Formerly Food Stamps) Amount_____
- Special Supplemental Nutrition Program for Women, Infants & Children (WIC) LIHEAP/Fuel Assistance
- Veteran's Administration (VA) Medical Services TANF Child Care Services TANF Transportation
- Other TANF Funded services Section 8, Public Housing, or other Rental Assistance
- Temporary Rental Assistance (RAFT, SSVF, RRH) Other Source_____

Health Insurance Information

- Medicaid Medicare State Children's Health Insurance Program
- Veteran's Administration (VA) Medical Services Employer provided healthcare COBRA
- Private Pay Health Insurance State Health Insurance for Adults None Other_____
- Client Doesn't Know Client Refused

Do you have a Physical Disability? Yes No Don't Know Refused

Do you have a Developmental Disability? Yes No Don't Know Refused

Do you have a Chronic Health Condition (heart/ lung disease, diabetes, cancer, etc)?

- Yes No Don't Know Refused

Do you have a HIV/AIDS? Yes No Don't Know Refused

Do you have a Mental Health Condition? Yes No Don't Know Refused

- **Is the client's disability expected to be of long; continued and indefinite duration and substantially impairs ability to live independently?** Yes No Don't Know Refused
- **Does the client have a serious mental illness (SMI)? If yes, how was it confirmed?** No
 - Unconfirmed; Presumptive or Self-reported Confirmed through assessment and clinical evaluation
 - Confirmed by prior evaluation or clinical records Client Doesn't Know Client Refused

Do you have a Substance Abuse problem? Yes No Don't Know Refused

- **Is the client's disability expected to be of long; continued and indefinite duration and substantially impairs ability to live independently?** Yes No Don't Know Refused
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Are you a victim/survivor of domestic violence? Yes No Don't Know Refused

Are you pregnant? Yes No Don't Know Refused **Due Date** _____