

Appendix II

Survey Materials

1. Outer Envelope
2. Letter of Support from Gov. Vilsack
3. Cover Letters
4. Survey Instruments
5. Privacy Statement
6. Help Sheet

The Iowa Policy Project
120 North Dubuque St. #208
Iowa City, IA 52245

IMPORTANT INFORMATION ENCLOSED

2005 Iowa State-wide Homeless Study

SURVEY MATERIALS ENCLOSED

TIME SENSITIVE:
Your response is requested
Please open this envelope before
the week of March 28

Outbound Envelope

All survey materials were packed in an envelope that clearly announced its contents and the study date.

Governor's Letter

All survey packets included a letter of support from Governor Tom Vilsack.



THOMAS J. VILSACK
GOVERNOR

OFFICE OF THE GOVERNOR

SALLY J. PEDERSON
LT. GOVERNOR

February 21, 2005

Dear Service Provider:

We are writing to request your full participation in the 2005 Iowa Homeless Study.

Although Iowa has one of the most affordable housing markets in the nation for working families, we know that not everyone has a safe and decent home. We must continue working together to change that.

Good data is required to prioritize resources and ensure we receive the full share of federal homelessness assistance for which we're eligible. To that end, we need to know who is homeless in Iowa this year and what services they need. We need to know how many children are homeless and if they are enrolled in school. We need to know how many single homeless adults need job training assistance, and how many need medical treatment. Answers to questions like these will help us begin to make a real difference in people's lives.

The 2005 Iowa Homeless Study will support not just our state's federal funding request, but will also provide a reliable, valid source of data for many other grant funding sources for services agencies through Iowa – perhaps including yours. A complete and accurate count of Iowa's homeless population is essential.

As a service provider, you play a critical role in helping solve your clients' immediate problems. We understand the many demands on your time. But please know that a small amount of time spent now on this data gathering effort may help us develop long-term solutions for the daunting challenges your clients face.

Thank you for your assistance on this important project and for all you do to help Iowans in need.

Sincerely,

Handwritten signature of Thomas J. Vilsack in black ink.

Thomas J. Vilsack
Governor

Handwritten signature of Sally J. Pederson in black ink.

Sally J. Pederson
Lt. Governor





2005 Iowa Statewide Homeless Study

1-866-338-0773 • iowahomelesscount@yahoo.com • www.iowahomelesscount.com

March 14, 2005

John Doe
Iowa Comm School District Homeless Liaison
1000 Fiction St.
Cedar Rapids, IA 50000

Dear John Doe,

Accurately counting homeless children in your community is important to ensure that your school district receives a fair share of the resources available to serve homeless and at-risk children and youths. The 2005 Iowa Statewide Homeless study will rely on data from Project EASIER to provide a basic count of homeless children, but we need to survey schools to gather information on educational and mental health needs of homeless children.

The enclosed survey asks each school to provide a general assessment of the educational barriers faced by homeless students as well as the programs that address those barriers. A few schools have been randomly selected to fill out an additional series of questions on the health and disability status of each homeless student.

As Homeless Liaison, you are responsible for ensuring that surveys are completed by each of the schools in your district. Please deliver the enclosed survey packets to the principals of the schools in your district as soon as possible. Different schools observe spring break at different times, so please be sensitive to this as you decide when to deliver these survey materials. We will also ask you to follow up with principals to ensure that the surveys are completed and returned on time.

Each enclosed packet contains a survey along with cover materials and a business reply envelope, and each is labeled for the appropriate school. To familiarize you with our survey, we have provided a sample packet for your reference. Schools should complete their surveys and return them directly to us in the enclosed business reply envelope by **April 22**. We will follow up with you regarding any schools that have not returned their surveys on time.

Please note that if you (or any other person in the schools) have questions you may contact us by phone toll-free at 1-866-338-0773 or e-mail iowahomelesscount@yahoo.com. We will respond to all questions within one business day.

We appreciate your help in making this study a success!

Sincerely,

Heather MacDonald
Associate Professor
University of Iowa

Sarah Walz
Research Associate
Iowa Policy Project

Elaine Ditsler
Research Associate
Iowa Policy Project

Iowa Policy Project 120 N. Dubuque St., #208 • Iowa City, IA 52245

This study is authorized by the Iowa Finance Authority on behalf of the Iowa Council on Homelessness



2005 Iowa Statewide Homeless Study

1-866-338-0773 • iowahomelesscount@yahoo.com • www.iowahomelesscount.com

March 14, 2005

Jane Doe
Iowa High School Principal
1000 Fiction St.
Boone, Iowa 50000

Dear Jane Doe,

Accurately counting homeless children in your community is important to ensure that your school receives a fair share of the resources available to serve homeless and at-risk children and youths. The 2005 Iowa Statewide Homeless Study will rely on data from Project EASIER to provide a basic count of homeless children, but we need to survey schools to gather additional information about educational and other program needs of homeless students in Iowa.

The enclosed survey asks your school to provide a general assessment of the educational barriers faced by homeless students as well as the programs that address those barriers. People who may be helpful resources in completing this survey, include: school counselor, family support worker, school nurse, social worker, at-risk coordinator, family resource center coordinator, youth services coordinator, secretary in charge of enrollment, or human services contacts. We hope you will help us by completing this survey and returning it in the enclosed business reply envelope by April 22. Participating in this survey is, of course, entirely voluntary.

We ask you to complete this survey and return it to us by April 22. Your district Homeless Liaison will follow up with you in the event that your survey is not received on time.

Please note that if you have questions you may contact us by phone toll-free at 1-866-338-0773 or e-mail iowahomelesscount@yahoo.com. We will respond to all questions within one business day.

We appreciate your time and effort in helping to make this study a success!

Sincerely,

Heather MacDonald
Associate Professor
University of Iowa

Sarah Walz
Research Associate
Iowa Policy Project

Elaine Ditsler
Research Associate
Iowa Policy Project

Iowa Policy Project 120 N. Dubuque St., #208 • Iowa City, IA 52245

This study is authorized by the Iowa Finance Authority on behalf of the Iowa Council on Homelessness



2005 Iowa Statewide Homeless Study

1-866-338-0773 • iowahomelesscount@yahoo.com • www.iowahomelesscount.com

March 14, 2005

John Doe
Iowa Elementary School Principal (25% sample that received the long version)
1000 Fiction St.
Wellsburg, Iowa 50000

Dear John Doe,

Accurately counting homeless children in your community is important to ensure that your school receives a fair share of the resources available to serve homeless and at-risk children and youths. The 2005 Iowa Statewide Homeless Study will rely on data from Project EASIER to provide a basic count of homeless children, but we need to survey schools to gather additional information about educational and other program needs of homeless students in Iowa.

The enclosed survey asks your school to provide a general assessment of the educational barriers faced by homeless students as well as the programs that address those barriers. Your school has also been randomly selected to complete an additional series of questions about the mental health, substance abuse, and disability status of homeless students. Form B will collect this information for each student that your school has identified as homeless during the 2004–2005 school year.

The purpose of the questions is to provide a random sample of information about the incidence of these issues among homeless children. The information will be used to estimate the proportion of homeless children state-wide who have mental health, substance abuse or other disabilities. All data collected will be anonymous, confidential, and combined with data from other schools. We will NOT report data for each school. If you have any questions or concerns about this part of the survey, please contact us at the phone number or e-mail address provided below.

Our goal is to collect information in the least burdensome way possible. If you have a large number of homeless children in your school, and you believe that reporting this kind of information for each homeless child will be an unreasonable burden for your staff, please contact us at 1-866-338-0773 or by e-mail iowahomelesscount@yahoo.com to discuss how we can select a sample of your student population for this portion of the survey.

We hope you will help us by completing both parts of the survey and returning them in the enclosed business reply envelope by April 22. Participating in this survey is, of course, entirely voluntary.

People who may be helpful resources in completing the survey, include: school counselor, family support worker, school nurse, social worker, at-risk coordinator, family resource center coordinator, youth services coordinator, secretary in charge of enrollment, or human services contacts.

We ask you to complete this survey and return it to us by April 22. Your district Homeless Liaison will follow up with you in the event that your survey is not received on time.

Please note that if you have questions you may contact us by phone toll-free at 1-866-338-0773 or e-mail iowahomelesscount@yahoo.com. We will respond to all questions within one business day.

We appreciate your time and effort in helping to make this study a success!

Sincerely,

Heather MacDonald
Associate Professor
University of Iowa

Sarah Walz
Research Associate
Iowa Policy Project

Elaine Ditsler
Research Associate
Iowa Policy Project

Iowa Policy Project 120 N. Dubuque St., #208 • Iowa City, IA 52245

This study is authorized by the Iowa Finance Authority on behalf of the Iowa Council on Homelessness



2005 Iowa Statewide Homeless Study

1-866-338-0773 • iowahomelesscount@yahoo.com • www.iowahomelesscount.com

March 15, 2005

Jane Doe
Head Start Office
1000 Fiction Street
Mason City, IA 50000

Dear Jane Doe,

The 2005 Iowa Statewide Homeless Study will collect critical information about the number of homeless in Iowa, the circumstances that contribute to homelessness, and the programs that help homeless families and individuals transition to independent living. By participating in this study you help to ensure that your community receives a fair share of the resources available in Iowa to serve the homeless.

This survey will gather information from a variety of agencies serving homeless and near-homeless clientele. Head Start and other early childhood education programs are important parts of the service delivery system. Please help us by completing this survey and returning it in the enclosed business reply envelope. Participating in the survey is, of course, entirely voluntary.

Part One of the survey asks you to provide a general assessment of the education and support services and programs offered to children in your school/program.

Part Two of the survey asks you to fill out a row of information for each homeless or near-homeless child who was enrolled in your program/school at any point during the 2004-2005 school year. This includes children who may have been enrolled but are no longer attending. This form gathers information on the particular situation faced by each homeless or near-homeless child in your program. **The privacy of all those counted in this survey is important.** We ask for only the first four letters of the child's last name and the last four digits of social security numbers. This allows us to eliminate duplicates for children reported by more than one agency. We will not be able to identify individuals from this information.

Please collect all completed Part Two forms and return them together with one copy of Part One in the enclosed postage-paid envelope by April 15, 2005.

To request additional survey forms, or if you have any questions about the survey, please call our toll-free help line at **1-866-338-0773** or e-mail **iowahomelesscount@yahoo.com**.

We appreciate your help in making this study a success!

Sincerely,

Heather MacDonald
Associate Professor
University of Iowa

Sarah Walz
Research Associate
Iowa Policy Project

Elaine Ditsler
Research Associate
Iowa Policy Project

Iowa Policy Project 120 N. Dubuque St., #208 • Iowa City, IA 52245

This study is authorized by the Iowa Finance Authority on behalf of the Iowa Council on Homelessness



2005 Iowa Statewide Homeless Study

1-866-338-0773 • iowahomelesscount@yahoo.com • www.iowahomelesscount.com

March 17, 2005

Jane Doe
General Agency
100 Fiction Street
Iowa City, IA 50000

Dear Jane Doe,

The 2005 Iowa Statewide Homeless Study will collect critical information about the number of homeless in Iowa, the circumstances that contribute to homelessness, and the programs that help homeless families and individuals transition to independent living. By participating in this study you will help to ensure that your community receives a fair share of the resources available to serve homeless and at-risk populations in Iowa.

This study will collect information from a wide variety of agencies serving homeless and near-homeless clientele during the **two-week study period: March 28-April 8**. While your department may not collect information on homelessness on a regular basis, [free medical clinics/ sheriffs/ VA offices/ Area Agencies on Aging] often see a side of homelessness or near-homelessness that goes unreported or under-represented by other human service agencies. The information that you provide through this survey will supplement more detailed information gathered from social services agencies, shelters, schools, and others.

Please help us by completing this survey and returning it in the postage-paid reply envelope provided by April 15, 2005. Participating in the survey is, of course, entirely voluntary.

The survey asks you to provide a general assessment of the homeless situation in your community and the service barriers in your community. We suggest that the person who fills out this survey be someone in your office who is familiar with the local homeless situation or that you discuss this portion of survey with your staff before completing it.

Definitions of homelessness and near-homelessness are provided on the survey form along with explanations of several other terms used in the survey. **If you have access to the internet you can fill out this survey on-line at www.iowahomelesscount.com**. In order to fill out the web survey, you will need to use the unique identification number provided on the label at the top of the survey form. If you have any questions, please call our toll-free help line at 1-866-338-0773 or e-mail iowahomelesscount@yahoo.com. We will respond to all questions within one business day.

We appreciate your time and effort in making this study a success!

Sincerely,

Heather MacDonald
Associate Professor
University of Iowa

Sarah Walz
Research Associate
Iowa Policy Project

Elaine Ditsler
Research Associate
Iowa Policy Project

Iowa Policy Project 120 N. Dubuque St., #208 • Iowa City, IA 52245

This study is authorized by the Iowa Finance Authority on behalf of the Iowa Council on Homelessness



2005 Iowa Statewide Homeless Study

1-866-338-0773 • iowahomelesscount@yahoo.com • www.iowahomelesscount.com

March 17, 2005

Jane Doe
Service Point Agency
1000 Fiction St.
Ames, IA 50000

Dear Jane Doe,

This 2005 Iowa Statewide Homeless Study will collect critical information about the number of homeless in Iowa, the circumstances that contribute to homelessness, and the programs that help homeless families and individuals transition to independent living. By participating in this study you will help to ensure that your agency receives a fair share of the resources available to serve homeless and at-risk populations in Iowa.

This study will collect information from a variety of agencies serving homeless and near-homeless clientele during the two-week study period: March 28-April 8. This particular survey asks for information to supplement data already collected by the HMIS Service Point system. (Information about the collection of HMIS data has been e-mailed to your agency and is described on page 2 of the survey.) Please help us by completing this survey and returning it in the business reply envelope provided. Participating in the survey is, of course, entirely voluntary.

The survey will ask you to provide a general assessment of the homeless situation in your community as well as barriers to resolving homelessness at your local level. We suggest that the person who fills out this survey be someone in your agency who is very familiar with the local homeless situation or that you discuss the survey with your staff before completing it. **Please fill out this survey even if you have served no homeless or near-homeless people during the study period.**

If your agency provides shelter services, we ask you to keep a count of any persons you turn away during the study period (March 28-April 8) due to lack of space.

Please return the survey in the enclosed reply envelope by April 15, 2005.

If you have any questions, please call our toll-free help line at **1-866-338-0773** or e-mail **iowahomelesscount@yahoo.com**. We will respond to all questions within one business day.

We appreciate your help in making this study a success!

Sincerely,

Heather MacDonald
Associate Professor
University of Iowa

Sarah Walz
Research Associate
Iowa Policy Project

Elaine Ditsler
Research Associate
Iowa Policy Project

Iowa Policy Project 120 N. Dubuque St., #208 • Iowa City, IA 52245

This study is authorized by the Iowa Finance Authority on behalf of the Iowa Council on Homelessness



2005 Iowa Statewide Homeless Study

1-866-338-0773 • iowahomelesscount@yahoo.com • www.iowahomelesscount.com

March 14, 2005

Jane Doe
Human Service Agency or Homeless Shelter
1000 Fiction Street
Des Moines, IA 50000

Dear Jane Doe,

The 2005 Iowa Statewide Homeless Study will collect critical information about the number of homeless in Iowa, the circumstances that contribute to homelessness, and the programs that help homeless families and individuals transition to independent living. By participating in this study you help to ensure that your community receives a fair share of the resources available in Iowa to serve the homeless.

This survey will gather information from a variety of agencies serving homeless and near-homeless clientele. Your agency is an integral part of the service delivery system. Please help us by completing this survey. Participating in the survey is, of course, entirely voluntary.

This year, the study is designed to count the individuals and households each agency serves during the **two-week study period: March 28-April 8**.

Part One of the survey asks you to provide a general assessment of the homeless situation in your community and the barriers to resolving homelessness. We suggest that the person who fills out Part One be someone in your agency who is very familiar with the local homeless situation or that you discuss this portion of survey with your staff before completing it. **If your agency provides shelter services, please keep a count during the study period (March 28-April 8) of any persons you turn away from your shelter due to lack of space.**

Part Two of the survey is set up in a table format to gather information on each homeless or near-homeless person who is served by your office during the two-week study period. More than one person at your agency may fill out Part Two of the survey, so be sure to have copies of the survey along with the "help sheet" and the statement regarding the voluntary nature of this study in the hands of anyone who will complete the survey before March 28.

Please collect all completed Part Two tables and return them together with one copy of Part One in the enclosed postage-paid envelope by April 15, 2005.

To request additional survey forms, or if you have any questions about the survey, please call our toll-free help line at **1-866-338-0773** or e-mail **iowahomelesscount@yahoo.com**.

We appreciate your time and effort in making this study a success!

Sincerely,

Heather MacDonald
Associate Professor
University of Iowa

Sarah Walz
Research Associate
Iowa Policy Project

Elaine Ditsler
Research Associate
Iowa Policy Project

Iowa Policy Project 120 N. Dubuque St., #208 • Iowa City, IA 52245

This study is authorized by the Iowa Finance Authority on behalf of the Iowa Council on Homelessness

Iowa Policy Project

120 N. Dubuque St. #208 • Iowa City, IA 52245



**2005 Iowa Statewide Homeless Study
School Survey Form A**

Please help us understand the educational needs of homeless children in your school.

This survey is part of a statewide study of the homeless in Iowa. Your answers to the questions on this survey, in combination with student information collected through Project EASIER, will provide a detailed description of homeless children in Iowa and their educational and mental health needs.

By filling out this survey accurately and completely you will help to ensure that funding from the federal and state level reaches the students who need it and provides support for the programs that serve them.

If you have questions . . . Please contact our toll-free phone and e-mail help lines with any questions or concerns you have about the survey.



A toll-free line is available to assist you Mon-Friday 8:00 a.m.–5:00 p.m.
Call 1-866-338-0773.



On-line assistance is available by e-mailing our help line at
iowahomelesscount@yahoo.com.

We will respond to all questions within one business day.



When you have completed this survey, please return it by using the enclosed postage paid business reply envelope.

The deadline for returning surveys is April 22, 2005.

1. What are the most significant barriers to enrollment for homeless children at your school? Please rank the top 5 barriers that apply to homeless students at your school.

Indicate the top five most common barriers by ranking them 1-5 in order of their significance (with 1 = most significant, 5 = least significant). Think of barriers that are both common among homeless students at your school and difficult to resolve.

- | | |
|--|---------------------------------------|
| ____ 1. Residency requirements | ____ 8. Physical examination records |
| ____ 2. Availability of school records | ____ 9. Lack of parental cooperation |
| ____ 3. Birth certificates | ____ 10. Language |
| ____ 4. Legal guardianship requirements | ____ 11. Health |
| ____ 5. Transportation | ____ 12. Other (please specify) _____ |
| ____ 6. Lack of available preschool programs | _____ |
| ____ 7. Immunization requirements | _____ |

2. What are the most significant barriers to regular attendance for homeless children at your school? Please rank any options that apply (1 = most significant, 6 = least significant).

Think of barriers that are both common among homeless students at your school and difficult to resolve.

- | | |
|--------------------------------------|--|
| ____ 1. Transportation | ____ 4. Health |
| ____ 2. Lack of parental cooperation | ____ 5. Childcare (for students with children) |
| ____ 3. Language | ____ 6. Other (please specify) _____ |

3. How significant are the following educational services for homeless children in your school?

Please rate each type of service by its significance (1 = very significant . . . 5 = not significant).

Please rate your school's ability to meet these needs (1 = meets needs completely . . . 5 = needs not met at all, or N/A not needed).

Service	Significance					School's ability to provide					
	←very significant . . . not significant→					←meets completely . . . needs not met→					
	1	2	3	4	5	1	2	3	4	5	N/A
1. Tutoring/Remedial	1	2	3	4	5	1	2	3	4	5	N/A
2. Special Education	1	2	3	4	5	1	2	3	4	5	N/A
3. English as second language	1	2	3	4	5	1	2	3	4	5	N/A
4. Counseling	1	2	3	4	5	1	2	3	4	5	N/A
5. Transportation	1	2	3	4	5	1	2	3	4	5	N/A
6. Free lunch/breakfast	1	2	3	4	5	1	2	3	4	5	N/A
7. Medical services	1	2	3	4	5	1	2	3	4	5	N/A
8. School supplies	1	2	3	4	5	1	2	3	4	5	N/A
9. Preschool Programs	1	2	3	4	5	1	2	3	4	5	N/A
10. Childcare (for students with children)	1	2	3	4	5	1	2	3	4	5	N/A
11. Staff development/training on homeless issues	1	2	3	4	5	1	2	3	4	5	N/A
12. Parent training/involvement	1	2	3	4	5	1	2	3	4	5	N/A
13. School/agency coordination	1	2	3	4	5	1	2	3	4	5	N/A
14. Removing barriers to enrollment	1	2	3	4	5	1	2	3	4	5	N/A
15. Case management	1	2	3	4	5	1	2	3	4	5	N/A
16. Records transfer	1	2	3	4	5	1	2	3	4	5	N/A
17. Other (please specify)											
_____	1	2	3	4	5	1	2	3	4	5	N/A



4. What are the major factors that contribute to homelessness among students at your school?

Please rate each one of the factors listed below according to its significance among homeless students at your school (1 = very significant, 5 = not significant).

Contributing factors	Significance				
	←very significant . . . not significant→				
	1	2	3	4	5
1. Eviction/Foreclosure	1	2	3	4	5
2. Unable to find affordable housing	1	2	3	4	5
3. Loss of employment income	1	2	3	4	5
4. Loss of benefits	1	2	3	4	5
5. Utility disconnection	1	2	3	4	5
6. Substance abuse/addiction	1	2	3	4	5
7. Family breakup/divorce/runaway	1	2	3	4	5
8. Domestic violence	1	2	3	4	5
9. AIDS/related illness	1	2	3	4	5
10. Institutionalization of a family member (jail, hospitalization)	1	2	3	4	5
11. Mental illness (serious emotional disorder)/disability	1	2	3	4	5
12. Physical illness/disability	1	2	3	4	5
13. De-Institutionalization (jail, hospitalization, foster care)	1	2	3	4	5
14. Moved to seek work	1	2	3	4	5
15. Other (please specify):	1	2	3	4	5

5. How many students has your school identified as being homeless at any point during the 2004-2005 school year? _____

Survey continues on next page→



**2005 Iowa Statewide Homeless Study
School Survey Form A**

Please add any other comments you wish to make:

- about improvements to services for homeless people in your community
- to clarify your answers to these questions
- about how this survey could be improved in the future

Your comments and/or suggestions:

**Please return your completed survey form in the postage-paid
reply envelope provided.**

The deadline for returning surveys is April 22, 2005.

Iowa Policy Project

120 N. Dubuque St. #208 • Iowa City, IA 52245

School Survey Form B (long)

25% of public schools were randomly selected to receive the long survey.



**2005 Iowa Statewide Homeless Study
School Survey Form B**

Please help us understand the educational and mental health needs of homeless children in your school.

This survey is part of a statewide study of the homeless in Iowa. Your answers to the questions on this survey, in combination with student information collected through Project EASIER, will provide a detailed description of homeless children in Iowa and their educational and mental health needs. By filling out this survey accurately and completely you will help to ensure that funding from the federal and state level reaches the students who need it and provides support for the programs that serve them.

Your school has been randomly selected to participate in a more detailed survey about the mental health and disability status of each homeless student identified by your school (Part Two of the survey). Wherever possible we have attempted to avoid duplicating information gathered by Project EASIER. However, this survey will ask for a small amount of demographic information on individual homeless students as part of our effort to assess the mental health and disability status of the homeless youth in Iowa.

If you have questions . . . Please contact our toll-free phone and e-mail help lines with any questions or concerns you have about the survey.



A toll-free line is available to assist you Mon-Friday 8:00 a.m.–5:00 p.m.
Call 1-866-338-0773.



On-line assistance is available by e-mailing our help line at
iowahomelesscount@yahoo.com.

We will respond to all questions within one business day.



When you have completed this survey, please return it by using the enclosed postage paid business reply envelope.

The deadline for returning surveys is April 22, 2005.



1. What are the most significant barriers to enrollment for homeless children at your school? Please rank the top 5 barriers that apply to homeless students at your school.

Indicate the top five most common barriers by ranking them 1-5 in order of their significance (with 1 = most significant, 5 = least significant). Think of barriers that are both common among homeless students at your school and difficult to resolve.

- | | |
|--|--------------------------------------|
| ___ 1. Residency requirements | ___ 8. Physical examination records |
| ___ 2. Availability of school records | ___ 9. Lack of parental cooperation |
| ___ 3. Birth certificates | ___ 10. Language |
| ___ 4. Legal guardianship requirements | ___ 11. Health |
| ___ 5. Transportation | ___ 12. Other (please specify) _____ |
| ___ 6. Lack of available pre-school programs | _____ |
| ___ 7. Immunization requirements | _____ |

2. What are the most significant barriers to regular attendance for homeless children at your school? Please rank any options that apply (1 = most significant, 6 = least significant).

Think of barriers that are both common among homeless students at your school and difficult to resolve.

- | | |
|-------------------------------------|---|
| ___ 1. Transportation | ___ 4. Health |
| ___ 2. Lack of parental cooperation | ___ 5. Childcare (for students with children) |
| ___ 3. Language | ___ 6. Other (please specify) _____ |

3. How significant are the following educational services for homeless children in your school?

Please rate each type of service by its significance (1 = very significant . . . 5 = not significant).

Please rate your school's ability to meet these needs (1 = meets needs completely . . . 5 = needs not met at all, or N/A not needed).

Service	Significance					School's ability to provide					
	←very significant . . . not significant→					←meets completely . . . needs not met→					
	1	2	3	4	5	1	2	3	4	5	N/A
1. Tutoring/Remedial	1	2	3	4	5	1	2	3	4	5	N/A
2. Special Education	1	2	3	4	5	1	2	3	4	5	N/A
3. English as second language	1	2	3	4	5	1	2	3	4	5	N/A
4. Counseling	1	2	3	4	5	1	2	3	4	5	N/A
5. Transportation	1	2	3	4	5	1	2	3	4	5	N/A
6. Free lunch/breakfast	1	2	3	4	5	1	2	3	4	5	N/A
7. Medical services	1	2	3	4	5	1	2	3	4	5	N/A
8. School supplies	1	2	3	4	5	1	2	3	4	5	N/A
9. Preschool Programs	1	2	3	4	5	1	2	3	4	5	N/A
10. Childcare (for students with children)	1	2	3	4	5	1	2	3	4	5	N/A
11. Staff development/training on homeless issues	1	2	3	4	5	1	2	3	4	5	N/A
12. Parent training/involvement	1	2	3	4	5	1	2	3	4	5	N/A
13. School/agency coordination	1	2	3	4	5	1	2	3	4	5	N/A
14. Removing barriers to enrollment	1	2	3	4	5	1	2	3	4	5	N/A
15. Case management	1	2	3	4	5	1	2	3	4	5	N/A
16. Records transfer	1	2	3	4	5	1	2	3	4	5	N/A
17. Other (please specify)											
_____	1	2	3	4	5	1	2	3	4	5	N/A



4. What are the major factors that contribute to homelessness among students at your school?

Please rate each one of the factors listed below according to its significance among homeless students at your school (1 = very significant, 5 = not significant).

Contributing factors	Significance				
	←very significant . . . not significant→				
	1	2	3	4	5
1. Eviction/Foreclosure	1	2	3	4	5
2. Unable to find affordable housing	1	2	3	4	5
3. Loss of employment income	1	2	3	4	5
4. Loss of benefits	1	2	3	4	5
5. Utility disconnection	1	2	3	4	5
6. Substance abuse/addiction	1	2	3	4	5
7. Family breakup/divorce/runaway	1	2	3	4	5
8. Domestic violence	1	2	3	4	5
9. AIDS/related illness	1	2	3	4	5
10. Institutionalization of a family member (jail, hospitalization)	1	2	3	4	5
11. Mental illness (serious emotional disorder)/disability	1	2	3	4	5
12. Physical illness/disability	1	2	3	4	5
13. De-Institutionalization (jail, hospitalization, foster care)	1	2	3	4	5
14. Moved to seek work	1	2	3	4	5
15. Other (please specify):	1	2	3	4	5

5. How many students has your school identified as being homeless at any point during the 2004-2005 school year? _____

Survey continues on next page→



Please add any other comments you wish to make:

- about improvements to services for homeless people in your community
- to clarify your answers to these questions
- about how this survey could be improved in the future

Your comments and/or suggestions:

**Please return your completed survey form in the postage-paid
reply envelope provided.**

The deadline for returning surveys is April 22, 2005.

**The following explanations may be helpful in answering the questions on
Part Two of this survey (table form).**

Serious emotional disorders: For the purpose of this survey, some examples of emotional disorders include: bi-polar disorder, schizophrenia, depression, anxiety disorders, obsessive compulsive disorders, attention deficit disorder, autism, panic disorders, post-traumatic stress, suicidal thoughts or tendencies, social phobias, eating disorders, personality disorders. This is only a partial list of potential serious emotional disorders. If you have reason to believe that a student "may" have a serious emotional disorder please consider this in your answer.

Substance abuse: Drug abuse includes both illegal and prescription drugs. For the purpose of this study, cigarettes are not considered a drug. If you have reason to believe that a student "may" have a substance abuse problem please consider this in your answer.

Disability: For the purpose of this study, some examples of disability include: paralysis, muscular dystrophies, amputation of limb/s, visual or hearing impairments, cerebral palsy, epilepsy, serious asthma, spina bifida, autism, mental retardation, attention deficit hyperactivity disorder. This is only a partial list of serious disabilities. If you have reason to believe that a student "may" have a disability please consider this in your answer.

Part Two

School Name _____ City _____

Please see the explanation for mental health, substance abuse, and disability questions on the back page to Part One of this survey, or visit our website at www.iowahomelesscount.com.

Please fill out one row of this survey table for each student that your school identified as being homeless at any point during the 2004–2005 school year.

Date of Birth	Sex	Race/ Ethnicity	Mental Health	Substance Abuse	Disability
____/____/____	<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	<input type="checkbox"/> 1. White/Caucasian <input type="checkbox"/> 2. African-American <input type="checkbox"/> 3. Hispanic <input type="checkbox"/> 4. Native American <input type="checkbox"/> 5. Asian <input type="checkbox"/> 6. Other/multi	<p>a. Do you believe this student may have a serious emotional disorder (such as depression, anxiety, attention deficit disorder, autism, violent behavior, thoughts of suicide)?</p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <p>b. IF YES: Do you believe this emotional disorder interferes with the student's ability to learn or work independently?</p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <p>c. Has this student received treatment (medication or therapy/counseling) for this emotional disorder?</p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know	<p>a. Do you believe this student may have a problem with drugs or alcohol?</p> <input type="checkbox"/> 1. No <input type="checkbox"/> 3. Drugs <input type="checkbox"/> 2. Alcohol <input type="checkbox"/> 4. Drugs & alcohol <p>b. IF YES: Do you believe that this problem interferes with the student's ability to learn or work independently?</p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <p>c. Has this student received treatment for this problem?</p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know	<p>a. Do you believe this student may have a disability—a physical, developmental, or other problem that is not temporary and that limits his/her ability to get around or learn independently?</p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <p>b. IF YES: Has the student received benefits or services (such as income supplement or special education classes) for this disability?</p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know
____/____/____	<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	<input type="checkbox"/> 1. White/Caucasian <input type="checkbox"/> 2. African-American <input type="checkbox"/> 3. Hispanic <input type="checkbox"/> 4. Native American <input type="checkbox"/> 5. Asian <input type="checkbox"/> 6. Other/multi	<p>a. Do you believe this student may have a serious emotional disorder (such as depression, anxiety, attention deficit disorder, autism, violent behavior, thoughts of suicide)?</p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <p>b. IF YES: Do you believe this emotional disorder interferes with the student's ability to learn or work independently?</p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <p>c. Has this student received treatment (medication or therapy/counseling) for this emotional disorder?</p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know	<p>a. Do you believe this student may have a problem with drugs or alcohol?</p> <input type="checkbox"/> 1. No <input type="checkbox"/> 3. Drugs <input type="checkbox"/> 2. Alcohol <input type="checkbox"/> 4. Drugs & alcohol <p>b. IF YES: Do you believe that this problem interferes with the student's ability to learn or work independently?</p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <p>c. Has this student received treatment for this problem?</p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know	<p>a. Do you believe this student may have a disability—a physical, developmental, or other problem that is not temporary and that limits his/her ability to get around or learn independently?</p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <p>b. IF YES: Has the student received benefits or services (such as income supplement or special education classes) for this disability?</p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know
____/____/____	<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	<input type="checkbox"/> 1. White/Caucasian <input type="checkbox"/> 2. African-American <input type="checkbox"/> 3. Hispanic <input type="checkbox"/> 4. Native American <input type="checkbox"/> 5. Asian <input type="checkbox"/> 6. Other/multi	<p>a. Do you believe this student may have a serious emotional disorder (such as depression, anxiety, attention deficit disorder, autism, violent behavior, thoughts of suicide)?</p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <p>b. IF YES: Do you believe this emotional disorder interferes with the student's ability to learn or work independently?</p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <p>c. Has this student received treatment (medication or therapy/counseling) for this emotional disorder?</p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know	<p>a. Do you believe this student may have a problem with drugs or alcohol?</p> <input type="checkbox"/> 1. No <input type="checkbox"/> 3. Drugs <input type="checkbox"/> 2. Alcohol <input type="checkbox"/> 4. Drugs & alcohol <p>b. IF YES: Do you believe that this problem interferes with the student's ability to learn or work independently?</p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <p>c. Has this student received treatment for this problem?</p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know	<p>a. Do you believe this student may have a disability—a physical, developmental, or other problem that is not temporary and that limits his/her ability to get around or learn independently?</p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <p>b. IF YES: Has the student received benefits or services (such as income supplement or special education classes) for this disability?</p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know

Head Start Survey

Sent to all Head Start and Pre-K programs.

Iowa Policy Project

120 N. Dubuque St. #208 • Iowa City, IA 52245

Please help us count homeless and near-homeless children in your school/program.

This survey is part of a statewide study of the homeless in Iowa. Your answers to the questions on this survey will provide a detailed description of homeless children in Iowa and their educational and mental health needs.

By filling out this survey accurately and completely you help to ensure that funding from the federal and state level reaches the students that need it and provides support for the programs that serve them.

1. Part One of this survey asks for general information about the homeless situation in your community. School/programs that receive more than one copy of this survey should complete and return only one copy of Part One. **Please complete and return Part One of the survey even if no homeless children have been enrolled in your school/program this year.**

2. Part Two of the survey asks your school/program for information on all homeless and near-homeless students that are/were enrolled in your school/program during the 2004-2005 school year.

a. For each homeless or near-homeless child who was enrolled in your school/program at any time during the 2004-2005 school year, please fill out one row in the table provided.

b. THE PRIVACY OF ALL THOSE COUNTED IN THIS SURVEY IS IMPORTANT. We have asked for only the last 4 digits of social security numbers and the first 4 letters of last names. This will allow us to sort out people counted by more than one agency. WE WILL NOT BE ABLE TO IDENTIFY INDIVIDUALS. If this information is not available to you, or if reporting it would endanger a child, please fill out whatever you can for the client.

3. Returning completed surveys: Please return all survey tables completed by your school/program together (one copy of Part One and all copies of Part Two) in the postage-paid business reply envelope provided. **The deadline for returning all survey forms is April 22, 2005.**

Additional survey tables: You may request additional tables by calling toll-free 1-866-338-0773 or by e-mailing iowahomelesscount@yahoo.com.

A description of who we define as homeless and near-homeless is provided on the last page of this form. Definitions for other terms used in the study are also found on the last page.

If you have questions . . .

Please contact our toll-free phone and e-mail help lines with any questions or concerns you have about the survey.



A toll-free line is available to assist you Mon-Friday 8:00 a.m.-5:00 p.m. at 1-866-338-0773.



On-line assistance is available by e-mailing our help line at iowahomelesscount@yahoo.com.

We will respond to all questions within one business day.

When you have completed this survey, please return it by using the enclosed postage-paid business reply envelope.

The deadline for returning surveys is April 22, 2005.

1. What are the most significant barriers to enrollment for homeless children in your program? Please rank the top 5 barriers that apply to homeless students at your school.

Indicate the top five most common barriers by ranking them 1-5 in order of their significance (with 1 = most significant, 5 = least significant). Think of barriers that are both common among homeless students at your school and difficult to resolve.

- | | |
|---|---------------------------------------|
| ____ 1. Residency requirements | ____ 8. Physical examination records |
| ____ 2. Availability of school records | ____ 9. Lack of parental cooperation |
| ____ 3. Birth certificates | ____ 10. Language |
| ____ 4. Legal guardianship requirements | ____ 11. Health |
| ____ 5. Transportation | ____ 12. Other (please specify) _____ |
| ____ 6. Lack of available pre-school programs | _____ |
| ____ 7. Immunization requirements | _____ |

2. What are the most significant barriers to regular attendance for homeless children in your program? Please rank any options that apply (1 = most significant, 6 = least significant).

Think of barriers that are both common among homeless students at your school and difficult to resolve.

- | | |
|--------------------------------------|--------------------------------------|
| ____ 1. Transportation | ____ 4. Health |
| ____ 2. Lack of parental cooperation | ____ 6. Other (please specify) _____ |
| ____ 3. Language | _____ |

3. How significant are the following educational services for homeless children in your program?

Please rate each type of service by its significance (1 = very significant . . . 5 = not significant).

Please rate your school's ability to meet these needs (1 = meets needs completely . . . 5 = needs not met at all, or N/A not needed).

Service	Significance					School's ability to provide					
	←very significant . . . not significant→					←meets completely . . . needs not met→					
	1	2	3	4	5	1	2	3	4	5	N/A
1. Tutoring/Remedial	1	2	3	4	5	1	2	3	4	5	N/A
2. Special Education	1	2	3	4	5	1	2	3	4	5	N/A
3. English as second language	1	2	3	4	5	1	2	3	4	5	N/A
4. Counseling	1	2	3	4	5	1	2	3	4	5	N/A
5. Transportation	1	2	3	4	5	1	2	3	4	5	N/A
6. Free lunch/breakfast	1	2	3	4	5	1	2	3	4	5	N/A
7. Medical services	1	2	3	4	5	1	2	3	4	5	N/A
8. School supplies	1	2	3	4	5	1	2	3	4	5	N/A
9. Preschool Programs	1	2	3	4	5	1	2	3	4	5	N/A
11. Staff development/training on homeless issues	1	2	3	4	5	1	2	3	4	5	N/A
12. Parent training/involvement	1	2	3	4	5	1	2	3	4	5	N/A
13. School/agency coordination	1	2	3	4	5	1	2	3	4	5	N/A
14. Removing barriers to enrollment	1	2	3	4	5	1	2	3	4	5	N/A
15. Case management	1	2	3	4	5	1	2	3	4	5	N/A
16. Records transfer	1	2	3	4	5	1	2	3	4	5	N/A
17. Other (please specify)											
_____	1	2	3	4	5	1	2	3	4	5	N/A



4. What are the major factors that contribute to homelessness among children in your program?

Please rate each one of the factors listed below according to its significance (1 = very significant, 5 = not significant).

		Significance						
		←very significant . . . not significant→						
		1	2	3	4	5		
1. Eviction/Foreclosure		1	2	3	4	5	9. AIDS/related illness	1 2 3 4 5
2. Unable to find affordable housing		1	2	3	4	5	10. Institutionalization of a family member (jail, hospitalization)	1 2 3 4 5
3. Loss of employment income		1	2	3	4	5	11. Mental illness (serious emotional disorder)/disability	1 2 3 4 5
4. Loss of benefits		1	2	3	4	5	12. Physical illness/disability	1 2 3 4 5
5. Utility disconnection		1	2	3	4	5	13. De-Institutionalization (jail, hospitalization, foster care)	1 2 3 4 5
6. Substance abuse/addiction		1	2	3	4	5	14. Moved to seek work	1 2 3 4 5
7. Family breakup/divorce/runaway		1	2	3	4	5	15. Other (please specify):	1 2 3 4 5
8. Domestic violence		1	2	3	4	5	_____	

Please add any other comments you wish to make:

- about improvements to services for homeless people in your community
- to clarify your answers to these questions
- about how this survey could be improved in the future

Your comments and/or suggestions:

**Please return your completed survey form in the
postage-paid reply envelope provided.
All surveys must be returned by April 22, 2005.**



Part Two

Please fill out one sheet for each child in your program/school who was homeless at any time during the 2004–2005 school year. This may include children who enrolled in your school or program but are no longer attending.

School/Program Name _____

City, County _____

A. LAST 4 digits of Social Security Number _____

B. FIRST 4 letters of LAST name _____

C. Date of birth ___/___/_____
 If birth date is unknown, please enter approximate age on this line _____.

D. Sex 1. Male 2. Female

E. School/program

- 1. Childcare
- 2. Headstart
- 3. Preschool
- 4. Kindergarten
- 5. Other

F. Attendance

- 1. Enrolled and attending regularly
- 2. Enrolled but not attending regularly
- 3. Not enrolled.

G. Race/ethnicity

- 1. White/Caucasian
- 2. African-American
- 3. Hispanic
- 4. Native American
- 5. Asian
- 6. Other/two or more

H. Household composition What is the composition of this homeless (or near-homeless) family/household?

- 1. Single mother with ___ child/ren
- 2. Single father with ___ child/ren
- 3. Two adults with ___ child/ren
- 4. Other: _____

J. Current living situation

- 1. Emergency shelter
- 2. Transitional housing
- 3. Domestic violence shelter
- 4. With relatives or friends
- 5. Car/camper/abandoned bldg.
- 6. On the street
- 7. Apartment/house at risk of eviction or disconnection
- 8. Temporary placement in Foster Care due to lack of Shelter Care space
- 9. Home for unwed mothers or pregnant youth
- 10. Abandoned at hospital or other facility
- 11. Other _____
- 12. Unknown

K. Household circumstances

Has household experienced any of the following issues immediately before or during this episode of homelessness/near-homelessness? (Check all that apply.)

- 1. Eviction/Foreclosure
- 2. Unable to find affordable housing
- 3. Loss of employment
- 4. Loss of benefits
- 5. Utility disconnection
- 6. Substance abuse
- 7. Family breakup/divorce/ runaway
- 8. Domestic violence
- 9. AIDS/related illness
- 10. Institutionalization of family member
- 11. Mental Illness/serious emotional disorder/disability
- 12. Physical illness/disability
- 13. De-institutionalization (jail, foster care, hospitalization)
- 14. Other _____
- 15. Unknown

L. Special needs (Check all that apply.)

- 1. None
- 2. Physical illness/disability
- 3. Serious emotional disorder/disability
- 4. Developmental or other disability
- 5. Counseling
- 6. Other health care needs
- 7. Tutoring/special education
- 8. Substance abuse treatment
- 9. Other _____
- 10. Unknown

General Survey

sent to Sheriffs, County Veteran's Affairs Offices, Area Agencies on Aging, Free Medical Clinics.

Please help us learn about the homeless and near-homeless in your community.

This survey is part of a statewide study of the homeless in Iowa. By filling out this survey accurately and completely you will help to ensure that funding from the federal and state level reaches the people that need it and supports the programs that serve them.

Important Instructions for Completing This Survey.


Thank you for participating in the 2005 Iowa Statewide Homeless Study. This survey will ask several general questions about the homeless situation in your community or among the clients or population you serve. Your answers, together with information gathered through a more targeted survey of homeless shelters and aid agencies, will provide essential information about the homeless in Iowa.


A complete definition of homelessness appears on the back side of this page.

If your office/organization received more than one copy of this survey, please complete and return only one copy in the postage-paid envelope provided.

The deadline for returning all survey forms is April 15, 2005.

If you have questions: Please contact our toll-free phone and e-mail help lines with any questions or concerns you have about the survey or to request additional survey forms.

 A toll-free line is available to assist you Mon-Friday 8:00 a.m.–5:00 p.m. Call 1-866-338-0773.

 E-mail assistance is available by e-mailing iowahomelesscount@yahoo.com.

We will respond to all questions within one business day.

On-line Form: If you have internet access you may fill out this survey on-line. Go to www.iowahomelesscount.com. In order to log on to the survey site **you will be asked to enter the unique identification number on the label at the top of this page.**

How do we define homelessness?

The definitions below will help you to identify people who are homeless or near-homeless. We realize it is more difficult to identify near-homeless individuals, and that you may not have access to this kind of information. Being “at risk of becoming homeless” is a continuum without easily definable limits. If you are able to identify individuals who fit this category of near-homeless please do so.

For the purpose of this survey, we define as homeless any person who fits the following description:

1. A person without fixed, regular, and adequate night time shelter.
2. A person whose primary night time residence is
 - A supervised shelter designed to provide temporary accommodations (such as congregate shelter or transitional housing).
 - A public or private place not designed for, or ordinarily used as, a regular sleeping place for human beings (such as a car, camper, abandoned building, barn, or street).
3. Children living in runaway shelters or group homes (e.g. homes for abandoned children).
4. Children living in state institutions (e.g. awaiting foster home placement) because they have no other home.
5. Sick or abandoned children who would be released from an institution (e.g. hospital) in which they are living if they had some other place to go.

Who do we define as “near-homeless” or “at risk of becoming homeless”?

1. A person or household in imminent danger of eviction—this includes households that have received an eviction or foreclosure notice.
2. A person or household in imminent danger of having their utilities disconnected. This includes households that have received a utility disconnection notice. Households on a utility repayment plan are also in danger as they would be subject to immediate disconnection if they default on the repayment plan.
3. A person or household seeking housing assistance AND paying more than 50% of their income for housing.
4. A person or household doubled-up with family or friends for a temporary period. This includes individuals or families that are living with another household (non-immediate family) not because they want to share housing but because the doubled-up individual or family has no other home to go to.

Other helpful definitions for terms used in this survey

Eviction/Foreclosure: Includes people who for any reason cannot meet the payments or terms of their rental contract or mortgage.

Unable to find affordable housing: This definition includes people who have problems with a security deposit, tenant history or references, or other problems meeting the requirements of a rental agreement.

Institutionalization: Refers to families for whom an adult (parent/guardian/wage earner) is confined to a jail/prison, mental or other hospital, substance abuse treatment facility, or other court ordered care.

De-Institutionalization: Release from jail, hospital, foster or other court ordered care etc.

Loss of Benefits: This refers to loss of any form of financial support: Food Stamps, TANF, other government support.

Organization name _____ County _____

1. Please provide your best estimate for the number of homeless and near-homeless people you (your office/staff/organization) encountered/assisted since January 1, 2005

_____ homeless persons _____ near-homeless persons

2. Is this more or less than normal? More Less About the same

3. a. Were you (your office/staff/organization) able to help these people to find local shelter or other assistance?

Yes No Sometimes

b. IF YES: Where did you find shelter or other assistance for (or where did you direct) homeless or near-homeless persons? (check any that apply)

- | | |
|------------------------------------|--------------------------------|
| _____ 1. Emergency Shelter | _____ 6. Jail |
| _____ 2. Transitional housing | _____ 7. Hospital |
| _____ 3. Church | _____ 8. General Relief office |
| _____ 4. Domestic violence shelter | _____ 9. Other |
| _____ 5. Motel | _____ |

4. Thinking back over the past 12 months, what factors do you believe contributed significantly to homelessness in the community that your agency serves? Please rate each of the following factors according to its level of significance in your community or among the population you serve (1 = very significant, 5 = not significant).

Contributing Factors	Significance				
	←very significant . . . not significant→				
	1	2	3	4	5
1. Eviction/Foreclosure	1	2	3	4	5
2. Unable to find affordable housing	1	2	3	4	5
3. Loss of employment income	1	2	3	4	5
4. Loss of benefits	1	2	3	4	5
5. Utility disconnection	1	2	3	4	5
6. Substance abuse/addiction	1	2	3	4	5
7. Family breakup/divorce/runaway	1	2	3	4	5
8. Domestic violence	1	2	3	4	5
9. AIDS/related illness	1	2	3	4	5
10. Institutionalization of a family member (jail, hospitalization)	1	2	3	4	5
11. Mental illness (serious emotional disorder)/disability	1	2	3	4	5
12. Physical illness/disability	1	2	3	4	5
13. De-Institutionalization (jail, hospitalization, foster care)	1	2	3	4	5
14. Moved to seek work	1	2	3	4	5
15. Other (please specify):	1	2	3	4	5

Survey continues on next page→

5. What are the major barriers to resolving homelessness in your community? Please rate the significance of each of the following barriers in your community or among the population you serve (1 = very significant . . . 5 = not significant, or N/A if you feel you lack knowledge or experience with this area).

Please note that "lack" may refer to access or awareness of these services or resources, or it may indicate that there is not enough of the service or resource in your community to serve all those in need.

Barrier	Significance					
	←very significant . . . not significant→					
	1	2	3	4	5	N/A
1. Lack of affordable housing	1	2	3	4	5	N/A
2. Lack of housing assistance	1	2	3	4	5	N/A
3. Lack of medical services	1	2	3	4	5	N/A
4. Lack of mental health services	1	2	3	4	5	N/A
5. Lack of substance abuse treatment services	1	2	3	4	5	N/A
6. Lack of resources/staff in service facilities	1	2	3	4	5	N/A
7. Lack of job-training/employment services	1	2	3	4	5	N/A
8. Lack of family/domestic violence counseling	1	2	3	4	5	N/A
9. Lack of affordable daycare services	1	2	3	4	5	N/A
10. Lack of living wage jobs	1	2	3	4	5	N/A
11. Other (please specify)	1	2	3	4	5	N/A

Please add any other comments you wish to make on the lines below:

- about improvements to services for homeless people in your community
- to clarify your answers to these questions
- about how this survey could be improved in the future

Please return this completed survey in the postage-paid envelope provided. The deadline for returning surveys is April 15, 2005.

HMIS Service Point Survey

Sent to all agencies and shelters who report to HMIS Service Point.

Iowa Policy Project

120 N. Dubuque St. #208 • Iowa City, IA 52245

Please help us count the homeless and near-homeless in your community.

This survey is part of a statewide study of the homeless in Iowa. By filling out this survey accurately and completely you will help to ensure that funding from the federal and state level reaches the people that need it and provides support for the programs that serve them.

Important Instructions for Completing This Survey.


We appreciate your help in supplementing the data about homeless and near-homeless individuals and households collected by HMIS-Service Point.* This survey will ask several general questions about the homeless situation in your community.


Shelters: We are also asking all shelter agencies to keep track of any people you turn away due to lack of space during the two-week study period (March 28–April 8, 2005).

If your agency received more than one copy of this survey, please complete and return only one copy in the postage-paid business reply envelope provided. The deadline for returning all surveys is April 15, 2005.

Please complete and return this survey even if you serve no homeless people during the study period.

If you have questions: Please contact our toll-free phone or e-mail help lines with any questions or concerns you have about the survey.

 A toll-free line is available to assist you Mon-Friday 8:00 a.m.–5:00 p.m.
Call 1-866-338-0773.

 E-mail assistance is available by e-mailing iowahomelesscount@yahoo.com.

We will respond to all questions within one business day.

On-line Form: You may fill out this survey on-line if you have internet access. Go to www.iowahomelesscount.com. In order to log on to the survey site **you will be asked to enter the unique identification number listed on the label at the top of this page.**

* **Please read the explanation on the next page of how this study will use HMIS data. E-mail iowahomelesscount@yahoo.com only if you DO NOT wish to approve this use of your agency's data.**

Defining homelessness

The definitions below will help you to identify people who are homeless or near-homeless. We realize it is more difficult to identify near-homeless individuals, and that you may not have access to this kind of information. Being "at risk of becoming homeless" is a continuum without easily definable limits. If you are able to identify individuals who fit this category of near-homeless please do so.

For the purpose of this survey, we define as homeless any person who fits the following description:

1. A person without fixed, regular, and adequate night time shelter.
2. A person whose primary night time residence is
 - A supervised shelter designed to provide temporary accommodations (such as congregate shelter or transitional housing).
 - A public or private place not designed for, or ordinarily used as, a regular sleeping place for human beings (such as a car, camper, abandoned building, barn, or street).
3. Children living in runaway shelters or group homes (e.g. homes for abandoned children).
4. Children living in state institutions (e.g. awaiting foster home placement) because they have no other home.
5. Sick or abandoned children who would be released from an institution (e.g. hospital) in which they are living if they had some other place to go.

Who do we define as "near-homeless" or "at risk of becoming homeless"?

1. A person or household in imminent danger of eviction—this includes households that have received an eviction or foreclosure notice.
2. A person or household in imminent danger of having their utilities disconnected. This includes households that have received a utility disconnection notice. Households on a utility repayment plan are also in danger as they would be subject to immediate disconnection if they default on the repayment plan.
3. A person or household seeking housing assistance AND paying more than 50% of their income for housing.
4. A person or household doubled-up with family or friends for a temporary period. This includes individuals or families that are living with another household (non-immediate family) not because they want to share housing but because the doubled-up individual or family has no other home to go to.

PLEASE READ: important information about how this study will use HMIS data

The 2005 statewide homeless survey will provide a count of homeless persons in Iowa and a description of their circumstances and service needs.

The Iowa Council on Homelessness has contracted with the Iowa Policy Project to carry out this survey of shelters and other homeless service providers. As a participant in the HMIS system, your agency will only be required to answer a few short questions on the homeless situation in the community your agency serves. This is because the Iowa Institute of Community Alliances (IICA) will provide IPP with limited access to information reported by your agency to the HMIS system during the March 25, 2005 to April 25, 2005 period.

The data will be used solely for the purposes of conducting the 2005 count of Iowa's homeless. In order to eliminate duplicates (the same homeless individual reported by two agencies), IPP will require the client's last four digits of the social security number and the first four letters of the last name. This information will not allow IPP or anyone else to identify individuals. After duplicates have been eliminated, this information will be removed from the database. Staff from IICA will provide oversight during the removal of duplicates and will assure that the limited identifiable info is removed from the database. The IPP guarantees the confidentiality and anonymity of the data, and that nobody other than authorized IPP staff will have access to the data at any time.

If you DO NOT want the Iowa Institute of Community Alliances to provide IPP with this information, please email IPP at iowahomelesscount@yahoo.com before April 15.

We recommend that this survey be completed by the person in your agency who is most knowledgeable or familiar with the homeless situation in your community or after a discussion of the homeless situation with experienced staff.

Agency name _____ County _____

1. a. If your agency/organization provides shelter services, how many beds do you have (what is your capacity)? _____

b. How many people has your shelter turned away during the two-week study period (March 28–April 8, 2005)?

_____ Adults _____ Children/youths under 18

c. Of the people who could not be provided with shelter, please estimate how many of them used any of the following options:

- _____ 1. Other shelter
- _____ 2. Other transitional housing
- _____ 3. Family or friends
- _____ 4. Car/camper/abandoned building, etc.
- _____ 5. Streets
- _____ 6. Other
- _____ 7. Unknown

2. Thinking back over the past 12 months, what factors do you believe contributed significantly to homelessness in the community that your agency serves? Please rate each of the following factors according to its level of significance in your community (1 = very significant, 5 = not significant).

Contributing Factors	Significance				
	←very significant . . . not significant→				
	1	2	3	4	5
1. Eviction/Foreclosure	1	2	3	4	5
2. Unable to find affordable housing	1	2	3	4	5
3. Loss of employment income	1	2	3	4	5
4. Loss of benefits	1	2	3	4	5
5. Utility disconnection	1	2	3	4	5
6. Substance abuse/addiction	1	2	3	4	5
7. Family breakup/divorce/runaway	1	2	3	4	5
8. Domestic violence	1	2	3	4	5
9. AIDS/related illness	1	2	3	4	5
10. Institutionalization of a family member (jail, hospitalization)	1	2	3	4	5
11. Mental illness (serious emotional disorder)/disability	1	2	3	4	5
12. Physical illness/disability	1	2	3	4	5
13. De-Institutionalization (jail, hospitalization, foster care)	1	2	3	4	5
14. Moved to seek work	1	2	3	4	5
15. Other (please specify):	1	2	3	4	5

Survey continues on the back side of this page→

3. What are the major barriers to resolving homelessness in your community? Please rate the significance of each of the following barriers in your community (1 = very significant . . . 5 = not significant, or N/A if you feel you lack knowledge or experience with this area).

Please note that "lack" may refer to access or awareness of these services or resources, or it may indicate that there is not enough of the service or resource in your community to serve all those in need.

Barrier	Significance					
	← very significant . . . not significant →					
	1	2	3	4	5	N/A
1. Lack of affordable housing	1	2	3	4	5	N/A
2. Lack of housing assistance	1	2	3	4	5	N/A
3. Lack of medical services	1	2	3	4	5	N/A
4. Lack of mental health services	1	2	3	4	5	N/A
5. Lack of substance abuse treatment services	1	2	3	4	5	N/A
6. Lack of resources/staff in service facilities	1	2	3	4	5	N/A
7. Lack of job-training/employment services	1	2	3	4	5	N/A
8. Lack of family/domestic violence counseling	1	2	3	4	5	N/A
9. Lack of affordable daycare services	1	2	3	4	5	N/A
10. Lack of living wage jobs	1	2	3	4	5	N/A
11. Other (please specify)	1	2	3	4	5	N/A

4. In your opinion, has your agency served:

- More homeless clients Fewer homeless clients About the same number of homeless clients

Between January 1 and March 31 of 2005 compared to the same period in 2004.

Please add any other comments you wish to make on the lines below:

- about improvements to services for homeless people in your community
- to clarify your answers to these questions
- about how this survey could be improved in the future

**Please return this completed survey in the postage-paid envelope provided.
The deadline for returning surveys is April 15, 2005.**

Agency Survey

Sent to county DHS offices, CAP outreach offices, PATHs, Community Mental Health Clinics, and county General Assistance offices.

Please help us count the homeless and near-homeless in your community.

This survey is part of a statewide study of the homeless in Iowa. By filling out this survey accurately and completely you help to ensure that funding from the federal and state level reaches the people that need it and provides support for the programs that serve them.

Important Instructions for Completing This Survey

1. Part One of this survey asks for general information about the homeless situation in your community. Agencies that receive more than one copy of this survey should complete and return only one copy of Part One. **Please complete and return Part One of the survey even if you serve no homeless people during the study period.**

2. Part Two of the survey asks your agency for information on all homeless and near-homeless clients that you serve during the two-week study period (March 28–April 8, 2005). Some of these questions need to be asked directly of the client during their visit.

a. For each homeless or near-homeless client who your office serves during the study period, please fill out one row in the table provided. In addition, please complete one row of the survey form for each member of the client's household. For clients who are willing to provide information on other members of their household, please respond to questions A–F and N–P on the subsequent (next) rows.

b. **It should be made clear to the client that the information collected in this survey is provided on a volunteer basis.** We have provided suggested wording on a separate enclosed sheet to help you to explain this to the client. Please post this sheet or make copies for any staff who will be filling out Part Two of the survey. Wording is also provided on the enclosed "help sheet".

c. THE PRIVACY OF ALL THOSE COUNTED IN THIS SURVEY IS IMPORTANT. We have asked for only the last 4 digits of social security numbers and the first 4 letters of last names. This will allow us to sort out people counted by more than one agency. WE WILL NOT BE ABLE TO IDENTIFY INDIVIDUALS. If this information is not available to you, or if reporting it would endanger your client, please fill out whatever you can for the client.

Definitions for terms used in the survey are provided on the attached "help sheet".

3. Return all surveys completed by your agency (one copy of Part One and all copies of Part Two) in the postage-paid business reply envelope provided. **The deadline for returning surveys is April 15, 2005.**

Additional survey tables may be requested by calling toll-free 1-866-338-0773 or by e-mailing iowahomelesscount@yahoo.com.

If you have questions: Please contact our toll-free phone or e-mail help lines with any questions or concerns you have about the survey or to request additional survey forms.



A toll-free line is available to assist you Mon-Friday 8:00 a.m.–5:00 p.m. Call 1-866-338-0773.



E-mail assistance is available by e-mailing iowahomelesscount@yahoo.com.

We will respond to all questions within one business day.



How do we define homelessness?

The definitions below will help you to identify people who are homeless or near-homeless. We realize it is more difficult to identify near-homeless individuals, and that you may not have access to this kind of information. Being "at risk of becoming homeless" is a continuum without easily definable limits. If you are able to identify individuals who fit this category of near-homeless please do so.

For the purpose of this survey, we define as homeless any person who fits the following description:

1. A person without fixed, regular, and adequate night time shelter.
2. A person whose primary night time residence is
 - A supervised shelter designed to provide temporary accommodations (such as congregate shelter or transitional housing).
 - A public or private place not designed for, or ordinarily used as, a regular sleeping place for human beings (such as a car, camper, abandoned building, barn, or street).
3. Children living in runaway shelters or group homes (e.g. homes for abandoned children).
4. Children living in state institutions (e.g. awaiting foster home placement) because they have no other home.
5. Sick or abandoned children who would be released from an institution (e.g. hospital) in which they are living if they had some other place to go.
6. A person or household doubled-up with family or friends for a temporary period. This includes individuals or families that are living with another household (non-immediate family) not because they want to share housing but because the doubled-up individual or family has no other home to go to.

Who do we define as "near-homeless" or "at risk of becoming homeless"?

1. A person or household in imminent danger of eviction—this includes households that have received an eviction or foreclosure notice.
2. A person or household in imminent danger of having their utilities disconnected. This includes households that have received a utility disconnection notice. Households on a utility repayment plan are also in danger as they would be subject to immediate disconnection if they default on the repayment plan.
3. A person or household seeking housing assistance AND paying more than 50% of their income for housing.

If your agency received more than one copy of this survey, **please complete and return only one copy of Part One** (below).

Depending on the size and nature of your agency, more than one person may complete Part Two (the table form) of this survey. Part Two requires some direct responses from the clients you serve.

Please return all of the completed tables (Part Two) along with Part One in one envelope (business reply envelope provided) by April 15, 2005.

Part One

We recommend that Part One of this survey be completed by the person in your agency who is most knowledgeable or familiar with the homeless situation in your community or after a discussion of the homeless situation with experienced staff.

Agency name _____ County _____

1. Thinking back over the past 12 months, what factors do you believe contributed significantly to homelessness in the community that your agency serves? Please rate each of the following factors according to its level of significance in your community (1 = very significant, 5 = not significant).

Contributing Factors	Significance				
	←very significant . . . not significant→				
	1	2	3	4	5
1. Eviction/Foreclosure	1	2	3	4	5
2. Unable to find affordable housing	1	2	3	4	5
3. Loss of employment income	1	2	3	4	5
4. Loss of benefits	1	2	3	4	5
5. Utility disconnection	1	2	3	4	5
6. Substance abuse/addiction	1	2	3	4	5
7. Family breakup/divorce/runaway	1	2	3	4	5
8. Domestic violence	1	2	3	4	5
9. AIDS/related illness	1	2	3	4	5
10. Institutionalization of a family member (jail, hospitalization)	1	2	3	4	5
11. Mental illness (serious emotional disorder)/disability	1	2	3	4	5
12. Physical illness/disability	1	2	3	4	5
13. De-Institutionalization (jail, hospitalization, foster care)	1	2	3	4	5
14. Moved to seek work	1	2	3	4	5
15. Other (please specify):	1	2	3	4	5

Survey continues on next page→



**2005 Iowa Statewide Homeless Study
HS Agency Survey Form**

2. What are the major barriers to resolving homelessness in your community? Please rate the significance of each of the following barriers in your community (1 = very significant . . . 5 = not significant, or N/A if you feel you lack knowledge or experience with this area).

Please note that "lack" may refer to access or awareness of these services or resources, or it may indicate that there is not enough of the service or resource in your community to serve all those in need.

Barrier	Significance				
	←very significant . . . not significant→				
	1	2	3	4	5 N/A
1. Lack of affordable housing	1	2	3	4	5 N/A
2. Lack of housing assistance	1	2	3	4	5 N/A
3. Lack of medical services	1	2	3	4	5 N/A
4. Lack of mental health services	1	2	3	4	5 N/A
5. Lack of substance abuse treatment services	1	2	3	4	5 N/A
6. Lack of resources/staff in service facilities	1	2	3	4	5 N/A
7. Lack of job-training/employment services	1	2	3	4	5 N/A
8. Lack of family/domestic violence counseling	1	2	3	4	5 N/A
9. Lack of affordable daycare services	1	2	3	4	5 N/A
10. Lack of living wage jobs	1	2	3	4	5 N/A
11. Other (please specify)	1	2	3	4	5 N/A

Please add any other comments you wish to make on the lines below:

- about improvements to services for homeless people in your community
- to clarify your answers to these questions
- about how this survey could be improved in the future

Please return all completed copies of Part Two along with this completed copy of Part One in the postage-paid business reply envelope provided.

The deadline for returning surveys is April 15, 2005.

Part Two Form A

Study Period: March 28–April 8, 2005

IMPORTANT: Please begin by reading to the client the disclosure statement regarding the voluntary nature of this survey. This statement was provided on a separate sheet.

Agency Name _____ **County** _____

Please number clients to provide a count	A. LAST 4 digits of Social Security number	B. FIRST 4 letters of the LAST name	C. Date of birth	D. School attendance	E. Sex	F. Race / Ethnicity
_____	_____	_____	____ / ____ / ____ If client does not provide birth date please enter approximate age on this line _____.	a. If under 19 (born after March 28, 1987), is this person enrolled in school (any grade pre-K through grade 12)? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No b. IF YES: is this person attending school regularly? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	Choose one: <input type="checkbox"/> 1. White/Caucasian <input type="checkbox"/> 2. African American <input type="checkbox"/> 3. Hispanic <input type="checkbox"/> 4. Native American <input type="checkbox"/> 5. Asian <input type="checkbox"/> 6. Other or more than one race/ethnicity
G. Last permanent address		H. Assistance provided during this visit	I. Household Composition (Indicate number of children in spaces provided)		J. Current living situation (Where does this person live or sleep at night?)	
What was the zip code of the place where client last lived for 90 days or more? (For near-homeless, use zip code of current address.) _____ If client doesn't know zip code, enter city and state of last permanent address below: _____		Please check only those forms of assistance provided at this visit. <input type="checkbox"/> 1. Shelter <input type="checkbox"/> 2. Referral <input type="checkbox"/> 3. Motel voucher <input type="checkbox"/> 4. Income subsidy <input type="checkbox"/> 5. Food stamps <input type="checkbox"/> 6. Crisis assistance payment <input type="checkbox"/> 7. Mental health treatment <input type="checkbox"/> 8. Outreach <input type="checkbox"/> 9. Other _____	What is the composition of this homeless (or near-homeless) family/household? <input type="checkbox"/> 1. Unaccompanied adult <input type="checkbox"/> 2. Two adults <input type="checkbox"/> 3. Single adult with ____ child/ren <input type="checkbox"/> 4. Two adults with ____ child/ren <input type="checkbox"/> 5. Unaccompanied child <input type="checkbox"/> 6. Unaccompanied minor with ____ child/ren <input type="checkbox"/> 7. Other: _____ ___ Check here if information on other household members will be recorded on a separate survey sheet. For any additional members of this same household you need only to answer questions A-F and N-P. Please staple all forms for members of this household together.		<input type="checkbox"/> 1. Emergency shelter <input type="checkbox"/> 2. Transitional housing <input type="checkbox"/> 3. Domestic violence shelter <input type="checkbox"/> 4. With relatives or friends <input type="checkbox"/> 5. Car/camper/abandoned bldg. <input type="checkbox"/> 6. On the street <input type="checkbox"/> 7. Apartment/house at risk of eviction or disconnection <input type="checkbox"/> 8. Temporary placement in Foster Care due to lack of Shelter Care space <input type="checkbox"/> 9. Home for unwed mothers or pregnant youth <input type="checkbox"/> 10. Abandoned at hospital or other facility <input type="checkbox"/> 11. Other _____ <input type="checkbox"/> 12. Unknown	
K. Household circumstances (check all that apply)			L. Extent of homelessness	M. Source of income/benefits (check all that apply)		
Has household experienced any of the following issues immediately before or during this episode of homelessness (or near-homelessness)? <input type="checkbox"/> 1. Eviction/Foreclosure <input type="checkbox"/> 2. Unable to find affordable housing <input type="checkbox"/> 3. Loss of employment <input type="checkbox"/> 4. Loss of benefits <input type="checkbox"/> 5. Utility disconnection <input type="checkbox"/> 6. Substance abuse <input type="checkbox"/> 7. Family breakup/divorce/runaway <input type="checkbox"/> 8. Domestic violence <input type="checkbox"/> 9. AIDS/related illness <input type="checkbox"/> 10. Institutionalization of family member <input type="checkbox"/> 11. Mental illness (serious emotional disorder)/disability <input type="checkbox"/> 12. Physical illness/disability <input type="checkbox"/> 13. De-institutionalization (jail, foster care, hospitalization) <input type="checkbox"/> 14. Other _____ <input type="checkbox"/> 15. Unknown			If homeless: a. When did this episode of homelessness begin? (enter month and year) ____ / ____ b. How many times has this person been homeless in the past 3 years? _____	Please read this list of income/benefit sources and ask the person to indicate which sources he/she (or other household members) have received in the past month. <input type="checkbox"/> 1. Employment income <input type="checkbox"/> 2. Unemployment insurance <input type="checkbox"/> 3. Supplemental Security Income (SSI) <input type="checkbox"/> 4. Social Security Disability Income (SSDI) <input type="checkbox"/> 5. Veteran's benefits <input type="checkbox"/> 6. Employer provided benefits (including pension) <input type="checkbox"/> 7. Worker's compensation <input type="checkbox"/> 8. TANF <input type="checkbox"/> 9. General Assistance <input type="checkbox"/> 10. Retirement from Social Security <input type="checkbox"/> 11. Medicare/Medicaid <input type="checkbox"/> 12. Child support <input type="checkbox"/> 13. Alimony or other spousal support <input type="checkbox"/> 14. Other: _____		

Survey continues on next page →

Page 2 of 2—please staple to page one of this survey.

**Please refer to the wording provided here for questions
N through P when interviewing clients.**

N. Mental Health

O. Substance Abuse

P. Disabilities

a. Has this person ever been determined by a health care professional to have a mental health problem (if child—serious emotional disorder) or does this person believe he/she may have a mental health problem? (See mental health definition on help sheet.)

1. Yes 2. No

b. **IF YES:** Does this person feel that this problem has lasted or may last for a long time and that it might limit his/her ability to live or work independently?

1. Yes 2. No

a. Has this person ever been determined by a health care professional to have a substance abuse problem or does this person believe he/she may have a problem with drugs or alcohol?

1. No
 2. Alcohol
 3. Drugs
 4. Both

b. **IF YES:** Does this person feel that this problem has lasted or may last for a long time and that it might limit his/her ability to live or work independently?

1. Yes 2. No

a. Does this person believe he/she has a disability—a physical, developmental, or other problem that is not temporary and that might limit his/her ability to get around or work or live independently?

1. Yes 2. No

b. **IF YES:** Is this person currently receiving benefits or services (such as income supplement or special education classes) for a disability?

1. Yes 2. No

Questions? Call 1-866-338-0773 or e-mail iowahomelesscount@yahoo.com

Help us keep client information in the appropriate order, please be sure to staple both pages of the survey together for each client.

If you are entering information on other members of this household on a separate survey form, answer only questions A-F and N-P (questions G-M apply to the entire household and need only be answered once per household). Staple together all forms you complete for a single household.

Please return all completed surveys in the business reply envelope provided. If you have lost your envelope, please call toll-free 1-866-338-0773 or e-mail iowahomelesscount@yahoo.com and we will send you a new envelope.

Study Period: March 28–April 8, 2005

Part Two Form B

IMPORTANT: Please begin by reading to the client the disclosure statement regarding the voluntary nature of this survey. This statement was provided on a separate sheet.

Agency Name _____ **County** _____

Please number clients to provide a count	A. LAST 4 digits of Social Security number	B. FIRST 4 letters of the LAST name	C. Date of birth	D. School attendance	E. Sex	F. Race / Ethnicity
_____	_____	_____	____ / ____ / ____ If client does not provide birth date please enter approximate age on this line _____.	a. If under 19 (born after March 28, 1987), is this person enrolled in school (any grade pre-K through grade 12)? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No b. IF YES: is this person attending school regularly? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	Choose one: <input type="checkbox"/> 1. White/Caucasian <input type="checkbox"/> 2. African American <input type="checkbox"/> 3. Hispanic <input type="checkbox"/> 4. Native American <input type="checkbox"/> 5. Asian <input type="checkbox"/> 6. Other or more than one race/ethnicity

G. Last permanent address	H. Assistance provided during this visit	I. Household Composition (Indicate number of children in spaces provided)	J. Current living situation (Where does this person live or sleep at night?)
What was the zip code of the place where client last lived for 90 days or more? (For near-homeless, use zip code of current address.) _____ If client doesn't know zip code, enter city and state of last permanent address below: _____	Please check only those forms of assistance provided at this visit. <input type="checkbox"/> 1. Shelter <input type="checkbox"/> 2. Referral <input type="checkbox"/> 3. Motel voucher <input type="checkbox"/> 4. Income subsidy <input type="checkbox"/> 5. Food stamps <input type="checkbox"/> 6. Crisis assistance payment <input type="checkbox"/> 7. Mental health treatment <input type="checkbox"/> 8. Outreach <input type="checkbox"/> 9. Other _____	What is the composition of this homeless (or near-homeless) family/household? <input type="checkbox"/> 1. Unaccompanied adult <input type="checkbox"/> 2. Two adults <input type="checkbox"/> 3. Single adult with ____ child/ren <input type="checkbox"/> 4. Two adults with ____ child/ren <input type="checkbox"/> 5. Unaccompanied child <input type="checkbox"/> 6. Unaccompanied minor with ____ child/ren <input type="checkbox"/> 7. Other: _____ __ Check here if information on other household members will be recorded on a separate survey sheet. For any additional members of this same household you need only to answer questions A-F and N-P. Please staple all forms for members of this household together.	<input type="checkbox"/> 1. Emergency shelter <input type="checkbox"/> 2. Transitional housing <input type="checkbox"/> 3. Domestic violence shelter <input type="checkbox"/> 4. With relatives or friends <input type="checkbox"/> 5. Car/camper/abandoned bldg. <input type="checkbox"/> 6. On the street <input type="checkbox"/> 7. Apartment/house at risk of eviction or disconnection <input type="checkbox"/> 8. Temporary placement in Foster Care due to lack of Shelter Care space <input type="checkbox"/> 9. Home for unwed mothers or pregnant youth <input type="checkbox"/> 10. Abandoned at hospital or other facility <input type="checkbox"/> 11. Other _____ <input type="checkbox"/> 12. Unknown

K. Household circumstances (check all that apply)	L. Extent of homelessness	M. Source of income/benefits (check all that apply)
Has household experienced any of the following issues immediately before or during this episode of homelessness (or near-homelessness)? <input type="checkbox"/> 1. Eviction/Foreclosure <input type="checkbox"/> 2. Unable to find affordable housing <input type="checkbox"/> 3. Loss of employment <input type="checkbox"/> 4. Loss of benefits <input type="checkbox"/> 5. Utility disconnection <input type="checkbox"/> 6. Substance abuse <input type="checkbox"/> 7. Family breakup/divorce/ runaway <input type="checkbox"/> 8. Domestic violence <input type="checkbox"/> 9. AIDS/related illness <input type="checkbox"/> 10. Institutionalization of family member <input type="checkbox"/> 11. Mental illness (serious emotional disorder)/ disability <input type="checkbox"/> 12. Physical illness/ disability <input type="checkbox"/> 13. De-institutionalization (jail, foster care, hospitalization) <input type="checkbox"/> 14. Other _____ <input type="checkbox"/> 15. Unknown	If homeless: a. When did this episode of homelessness begin? (enter month and year) ____ / ____ b. How many times has this person been homeless in the past 3 years? _____	Please read this list of income/benefit sources and ask the person to indicate which sources he/she (or other household members) have received in the past month. <input type="checkbox"/> 1. Employment income <input type="checkbox"/> 2. Unemployment insurance <input type="checkbox"/> 3. Supplemental Security Income (SSI) <input type="checkbox"/> 4. Social Security Disability Income (SSDI) <input type="checkbox"/> 5. Veteran's benefits <input type="checkbox"/> 6. Employer provided benefits (including pension) <input type="checkbox"/> 7. Worker's compensation <input type="checkbox"/> 8. TANF <input type="checkbox"/> 9. General Assistance <input type="checkbox"/> 10. Retirement from Social Security <input type="checkbox"/> 11. Medicare/Medicaid <input type="checkbox"/> 12. Child support <input type="checkbox"/> 13. Alimony or other spousal support <input type="checkbox"/> 14. Other: _____

Survey continues on next page →

Page 2 of 2—please staple to page one of this survey.

**Please refer to the wording provided here for questions
N through P when interviewing clients.**

N. Employment

O. Health Insurance

P. Supplemental Security Income

a. Is this person currently employed?

- 1. Yes
- 2. No

b. **IF YES:** How many hours per week does he/she usually work?

- 1. More than 30 hours
- 2. Between 10 and 30 hours
- 3. Less than 10 hours

b. Is his/her job . . .

- 1. Permanent
- 2. Temporary
- 3. Seasonal

a. Is this person covered by health insurance?

- 1. Yes
- 2. No

b. **IF YES:** What is the source of that insurance?

- 1. Employer provided
- 2. Medicare
- 3. Medicaid
- 4. Veteran's
- 5. Other

c. **IF NO (Not Insured):** Has person applied for health insurance?

- 1. No
- 2. Yes, awaiting decision
- 3. Yes, denied insurance

IF NOT RECEIVING SSI: Has person applied for Supplemental Security Income (SSI)?

- 1. No
- 2. Yes, awaiting decision
- 3. Yes, denied SSI

Questions? Call 1-866-338-0773 or e-mail iowahomelesscount@yahoo.com

Help us keep client information in the appropriate order, please be sure to staple both pages of the survey together for each client.

If you are entering information on other members of this household on a separate survey form, answer only questions A-F and N-P (questions G-M apply to the entire household and need only be answered once per household). Staple together all forms you complete for a single household.

Please return all completed surveys in the business reply envelope provided. If you have lost your envelope, please call toll-free 1-866-338-0773 or e-mail iowahomelesscount@yahoo.com and we will send you a new envelope.

Iowa Policy Project120 N. Dubuque St. #208 • Iowa City, IA 52245

Please help us count the homeless in your community.

This survey is part of a statewide study of the homeless in Iowa. By filling out this survey accurately and completely you will help to ensure that funding from the federal and state level reaches the people that need it and provides support for the programs that serve them.

Important Instructions for Completing This Survey

1. Part One of this survey asks for general information about the homeless situation in your community. Agencies that receive more than one copy of this survey should complete and return only one copy of Part One. **Please complete and return Part One of the survey even if you serve no homeless people during the study period (March 28–April 8, 2005).** You will also be asked for a count of any people your shelter had to turn away during the study period.

2. Part Two of the survey asks your agency for information on all homeless clients served by your agency during the two-week study period (March 28–April 8, 2005). Some of these questions need to be asked directly of the clients during their visits.

a. For each homeless who your office serves during the study period, please fill out one row in the table provided. In addition, please complete one row of the survey form for each member of the client's household. For clients who are willing to provide information on other members of their household, please respond to questions A–F and N–P on the subsequent (next) rows.

b. **It should be made clear to the client that the information collected in this survey is provided on a volunteer basis.** We have provided suggested wording on an enclosed sheet to help you to explain this to the client. Please post this sheet or make copies for any staff who will be filling out Part Two of the survey. Wording is also provided on the enclosed "help sheet."

c. THE PRIVACY OF ALL THOSE COUNTED IN THIS SURVEY IS IMPORTANT. We have asked for only the last 4 digits of social security numbers and the first 4 letters of last names. This will allow us to sort out people counted by more than one agency. WE WILL NOT BE ABLE TO IDENTIFY INDIVIDUALS. If this information is not available to you, or if reporting it would endanger your client, please fill out whatever you can for the client.

Definitions for terms used in the survey are provided on the attached "help sheet."

3. Return all surveys completed by your agency (one copy of Part One and all copies of Part Two) in the postage-paid business reply envelope provided. **The deadline for returning surveys is April 15, 2005.**

Additional survey tables may be requested by calling 1-866-338-0773 or by e-mailing iowahomelesscount@yahoo.com.

If you have questions: Please contact our toll-free phone and e-mail help lines with any questions or concerns you have about the survey or to request additional survey forms.



A toll-free line is available to assist you Mon-Friday 8:00 a.m.–5:00 p.m. Call 1-866-338-0773.



E-mail assistance is available by e-mailing iowahomelesscount@yahoo.com.

We will respond to all questions within one business day.

How do we define homelessness?

For the purpose of this survey, we define as homeless any person who fits the following description:

1. A person without fixed, regular, and adequate night time shelter.
2. A person whose primary night time residence is
 - A supervised shelter designed to provide temporary accommodations (such as congregate shelter or transitional housing).
 - A public or private place not designed for, or ordinarily used as, a regular sleeping place for human beings (such as a car, camper, abandoned building, barn, or street).
3. Children living in runaway shelters or group homes (e.g. homes for abandoned children).
4. Children living in state institutions (e.g. awaiting foster home placement) because they have no other home.
5. Sick or abandoned children who would be released from an institution (e.g. hospital) in which they are living if they had some other place to go.

If your agency received more than one copy of this survey, **please complete and return only one copy of Part One** (below).

Depending on the size and nature of your agency, more than one person may complete Part Two (the table form) of this survey. Part Two requires some direct responses from the clients you serve.

Please return all of the completed tables (Part Two) along with Part One in one envelope (business reply envelope provided) by April 15, 2005.

Part One

We recommend that Part One of this survey be completed by the person in your agency who is most knowledgeable or familiar with the homeless situation in your community or after a discussion of the homeless situation with experienced staff.

Agency name _____ County _____

1. How many beds does your shelter provide (what is your capacity)? _____

2. How many people has your shelter turned away during the two-week study period (March 28–April 8, 2005) ? _____ Adults _____ Children/Youths under 18

3. Thinking back over the past 12 months, what factors do you believe contributed significantly to homelessness in the community that your agency serves? Please rate each of the following factors according to its level of significance in your community (1 = very significant, 5 = not significant).

Contributing Factors	Significance				
	←very significant . . . not significant→				
	1	2	3	4	5
1. Eviction/Foreclosure	1	2	3	4	5
2. Unable to find affordable housing	1	2	3	4	5
3. Loss of employment income	1	2	3	4	5
4. Loss of benefits	1	2	3	4	5
5. Utility disconnection	1	2	3	4	5
6. Substance abuse/addiction	1	2	3	4	5
7. Family breakup/divorce/runaway	1	2	3	4	5
8. Domestic violence	1	2	3	4	5
9. AIDS/related illness	1	2	3	4	5
10. Institutionalization of a family member (jail, hospitalization)	1	2	3	4	5
11. Mental illness (serious emotional disorder)/disability	1	2	3	4	5
12. Physical illness/disability	1	2	3	4	5
13. De-Institutionalization (jail, hospitalization, foster care)	1	2	3	4	5
14. Moved to seek work	1	2	3	4	5
15. Other (please specify): _____	1	2	3	4	5

Survey continues on next page→

4. What are the major barriers to resolving homelessness in your community? Please rate the significance of each of the following barriers in your community (1 = very significant . . . 5 = not significant, or N/A if you feel you lack knowledge or experience with this area).

Please note that "lack" may refer to access or awareness of these services or resources, or it may indicate that there is not enough of the service or resource in your community to serve all those in need.

Service/Resource	Significance					
	←very significant . . . not significant→					
	1	2	3	4	5	N/A
1. Lack of affordable housing	1	2	3	4	5	N/A
2. Lack of housing assistance	1	2	3	4	5	N/A
3. Lack of medical services	1	2	3	4	5	N/A
4. Lack of mental health services	1	2	3	4	5	N/A
5. Lack of substance abuse treatment services	1	2	3	4	5	N/A
6. Lack of resources/staff in service facilities	1	2	3	4	5	N/A
7. Lack of job-training/employment services	1	2	3	4	5	N/A
8. Lack of family/domestic violence counseling	1	2	3	4	5	N/A
9. Lack of affordable daycare services	1	2	3	4	5	N/A
10. Lack of living wage jobs	1	2	3	4	5	N/A
11. Other (please specify)	1	2	3	4	5	N/A

5. In your opinion, has your agency served:

- More homeless clients Fewer homeless clients About the same number of homeless clients

between January 1 and March 31 of 2005 compared to the same period in 2004?

Please add any other comments you wish to make on the lines below:

- about improvements to services for homeless people in your community
- to clarify your answers to these questions
- about how this survey could be improved in the future

Please return all completed copies of Part Two along with this completed copy of Part One in the postage-paid business reply envelope provided.

The deadline for returning surveys is April 15, 2005.

Part Two Form A

Study Period: March 28–April 8, 2005

IMPORTANT: Please begin by reading to the client the disclosure statement regarding the voluntary nature of this survey. This statement was provided on a separate sheet.

Agency Name _____ **County** _____

Please number clients to provide a count	A. LAST 4 digits of Social Security number	B. FIRST 4 letters of the LAST name	C. Date of birth	D. School attendance	E. Sex	F. Race / Ethnicity
_____	_____	_____	____ / ____ / ____ If client does not provide birth date please enter approximate age on this line _____.	a. If under 19 (born after March 28, 1987), is this person enrolled in school (any grade pre-K through grade 12)? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No b. IF YES: is this person attending school regularly? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	Choose one: <input type="checkbox"/> 1. White/Caucasian <input type="checkbox"/> 2. African American <input type="checkbox"/> 3. Hispanic <input type="checkbox"/> 4. Native American <input type="checkbox"/> 5. Asian <input type="checkbox"/> 6. Other or more than one race/ethnicity

G. Last permanent address	H. Assistance provided during this visit	I. Household Composition (Indicate number of children in spaces provided)	J. Previous living situation (Where does this person live or sleep at night?)
What was the zip code of the place where client last lived for 90 days or more? (For near-homeless, use zip code of current address.) _____ If client doesn't know zip code, enter city and state of last permanent address below: _____	Please check only those forms of assistance provided at this visit. <input type="checkbox"/> 1. Shelter <input type="checkbox"/> 2. Referral <input type="checkbox"/> 3. Motel voucher <input type="checkbox"/> 4. Income subsidy <input type="checkbox"/> 5. Food stamps <input type="checkbox"/> 6. Crisis assistance payment <input type="checkbox"/> 7. Mental health treatment <input type="checkbox"/> 8. Outreach <input type="checkbox"/> 9. Other _____	What is the composition of this homeless (or near-homeless) family/household? <input type="checkbox"/> 1. Unaccompanied adult <input type="checkbox"/> 2. Two adults <input type="checkbox"/> 3. Single adult with ____ child/ren <input type="checkbox"/> 4. Two adults with ____ child/ren <input type="checkbox"/> 5. Unaccompanied child <input type="checkbox"/> 6. Unaccompanied minor with ____ child/ren <input type="checkbox"/> 7. Other: _____ Check here if information on other household members will be recorded on a separate survey sheet. For any additional members of this same household you need only to answer questions A-F and N-P. Please staple all forms for members of this household together.	<input type="checkbox"/> 1. Emergency shelter <input type="checkbox"/> 2. Transitional housing <input type="checkbox"/> 3. Domestic violence shelter <input type="checkbox"/> 4. With relatives or friends <input type="checkbox"/> 5. Car/camper/abandoned bldg. <input type="checkbox"/> 6. On the street <input type="checkbox"/> 7. Apartment/house at risk of eviction or disconnection <input type="checkbox"/> 8. Temporary placement in Foster Care due to lack of Shelter Care space <input type="checkbox"/> 9. Home for unwed mothers or pregnant youth <input type="checkbox"/> 10. Abandoned at hospital or other facility <input type="checkbox"/> 11. Other _____ <input type="checkbox"/> 12. Unknown

K. Household circumstances (check all that apply)	L. Extent of homelessness	M. Source of income/benefits (check all that apply)
Has household experienced any of the following issues immediately before or during this episode of homelessness (or near-homelessness)? <input type="checkbox"/> 1. Eviction/Foreclosure <input type="checkbox"/> 2. Unable to find affordable housing <input type="checkbox"/> 3. Loss of employment <input type="checkbox"/> 4. Loss of benefits <input type="checkbox"/> 5. Utility disconnection <input type="checkbox"/> 6. Substance abuse <input type="checkbox"/> 7. Family breakup/divorce/runaway <input type="checkbox"/> 8. Domestic violence <input type="checkbox"/> 9. AIDS/related illness <input type="checkbox"/> 10. Institutionalization of family member <input type="checkbox"/> 11. Mental illness (serious emotional disorder)/disability <input type="checkbox"/> 12. Physical illness/disability <input type="checkbox"/> 13. De-institutionalization (jail, foster care, hospitalization) <input type="checkbox"/> 14. Other _____ <input type="checkbox"/> 15. Unknown	If homeless: a. When did this episode of homelessness begin? (enter month and year) ____ / ____ b. How many times has this person been homeless in the past 3 years? _____	Please read this list of income/benefit sources and ask the person to indicate which sources he/she (or other household members) have received in the past month. <input type="checkbox"/> 1. Employment income <input type="checkbox"/> 2. Unemployment insurance <input type="checkbox"/> 3. Supplemental Security Income (SSI) <input type="checkbox"/> 4. Social Security Disability Income (SSDI) <input type="checkbox"/> 5. Veteran's benefits <input type="checkbox"/> 6. Employer provided benefits (including pension) <input type="checkbox"/> 7. Worker's compensation <input type="checkbox"/> 8. TANF <input type="checkbox"/> 9. General Assistance <input type="checkbox"/> 10. Retirement from Social Security <input type="checkbox"/> 11. Medicare/Medicaid <input type="checkbox"/> 12. Child support <input type="checkbox"/> 13. Alimony or other spousal support <input type="checkbox"/> 14. Other: _____

Survey continues on next page →

Page 2 of 2—please staple to page one of this survey.

**Please refer to the wording provided here for questions
N through P when interviewing clients.**



N. Mental Health	O. Substance Abuse	P. Disabilities
<p>a. Has this person ever been determined by a health care professional to have a mental health problem (if child—serious emotional disorder) or does this person believe he/she may have a mental health problem? (See mental health definition on help sheet.)</p> <p><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No</p> <p>b. IF YES: Does this person feel that this problem has lasted or may last for a long time and that it might limit his/her ability to live or work independently?</p> <p><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No</p>	<p>a. Has this person ever been determined by a health care professional to have a substance abuse problem or does this person believe he/she may have a problem with drugs or alcohol?</p> <p><input type="checkbox"/> 1. No <input type="checkbox"/> 2. Alcohol <input type="checkbox"/> 3. Drugs <input type="checkbox"/> 4. Both</p> <p>b. IF YES: Does this person feel that this problem has lasted or may last for a long time and that it might limit his/her ability to live or work independently?</p> <p><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No</p>	<p>a. Does this person believe he/she has a disability—a physical, developmental, or other problem that is not temporary and that might limit his/her ability to get around or work or live independently?</p> <p><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No</p> <p>b. IF YES: Is this person currently receiving benefits or services (such as income supplement or special education classes) for a disability?</p> <p><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No</p>

Questions? Call 1-866-338-0773 or e-mail iowahomelesscount@yahoo.com

Help us keep client information in the appropriate order, please be sure to staple both pages of the survey together for each client.

If you are entering information on other members of this household on a separate survey form, answer only questions A-F and N-P (questions G-M apply to the entire household and need only be answered once per household). Staple together all forms you complete for a single household.

Please return all completed surveys in the business reply envelope provided. If you have lost your envelope, please call toll-free 1-866-338-0773 or e-mail iowahomelesscount@yahoo.com and we will send you a new envelope.

Part Two Form B

Study Period: March 28–April 8, 2005

IMPORTANT: Please begin by reading to the client the disclosure statement regarding the voluntary nature of this survey. This statement was provided on a separate sheet.

Agency Name _____ **County** _____

Please number clients to provide a count	A. LAST 4 digits of Social Security number	B. FIRST 4 letters of the LAST name	C. Date of birth	D. School attendance	E. Sex	F. Race / Ethnicity
_____	_____	_____	____ / ____ / _____ If client does not provide birth date please enter approximate age on this line _____.	a. If under 19 (born after March 28, 1987), is this person enrolled in school (any grade pre-K through grade 12)? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No b. IF YES: is this person attending school regularly? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	Choose one: <input type="checkbox"/> 1. White/Caucasian <input type="checkbox"/> 2. African American <input type="checkbox"/> 3. Hispanic <input type="checkbox"/> 4. Native American <input type="checkbox"/> 5. Asian <input type="checkbox"/> 6. Other or more than one race/ethnicity

G. Last permanent address	H. Assistance provided during this visit	I. Household Composition (Indicate number of children in spaces provided)	J. Previous living situation (Where does this person live or sleep at night?)
What was the zip code of the place where client last lived for 90 days or more? (For near-homeless, use zip code of current address.) _____ If client doesn't know zip code, enter city and state of last permanent address below: _____	Please check only those forms of assistance provided at this visit. <input type="checkbox"/> 1. Shelter <input type="checkbox"/> 2. Referral <input type="checkbox"/> 3. Motel voucher <input type="checkbox"/> 4. Income subsidy <input type="checkbox"/> 5. Food stamps <input type="checkbox"/> 6. Crisis assistance payment <input type="checkbox"/> 7. Mental health treatment <input type="checkbox"/> 8. Outreach <input type="checkbox"/> 9. Other _____	What is the composition of this homeless (or near-homeless) family/household? <input type="checkbox"/> 1. Unaccompanied adult <input type="checkbox"/> 2. Two adults <input type="checkbox"/> 3. Single adult with ____ child/ren <input type="checkbox"/> 4. Two adults with ____ child/ren <input type="checkbox"/> 5. Unaccompanied child <input type="checkbox"/> 6. Unaccompanied minor with ____ child/ren <input type="checkbox"/> 7. Other: _____ Check here if information on other household members will be recorded on a separate survey sheet. For any additional members of this same household you need only to answer questions A-F and N-P. Please staple all forms for members of this household together.	Where does this person live or sleep at night? <input type="checkbox"/> 1. Emergency shelter <input type="checkbox"/> 2. Transitional housing <input type="checkbox"/> 3. Domestic violence shelter <input type="checkbox"/> 4. With relatives or friends <input type="checkbox"/> 5. Car/camper/abandoned bldg. <input type="checkbox"/> 6. On the street <input type="checkbox"/> 7. Apartment/house at risk of eviction or disconnection <input type="checkbox"/> 8. Temporary placement in Foster Care due to lack of Shelter Care space <input type="checkbox"/> 9. Home for unwed mothers or pregnant youth <input type="checkbox"/> 10. Abandoned at hospital or other facility <input type="checkbox"/> 11. Other _____ <input type="checkbox"/> 12. Unknown

K. Household circumstances (check all that apply)	L. Extent of homelessness	M. Source of income/benefits (check all that apply)
Has household experienced any of the following issues immediately before or during this episode of homelessness (or near-homelessness)? <input type="checkbox"/> 1. Eviction/Foreclosure <input type="checkbox"/> 2. Unable to find affordable housing <input type="checkbox"/> 3. Loss of employment <input type="checkbox"/> 4. Loss of benefits <input type="checkbox"/> 5. Utility disconnection <input type="checkbox"/> 6. Substance abuse <input type="checkbox"/> 7. Family breakup/divorce/runaway <input type="checkbox"/> 8. Domestic violence <input type="checkbox"/> 9. AIDS/related illness <input type="checkbox"/> 10. Institutionalization of family member <input type="checkbox"/> 11. Mental illness (serious emotional disorder)/disability <input type="checkbox"/> 12. Physical illness/disability <input type="checkbox"/> 13. De-institutionalization (jail, foster care, hospitalization) <input type="checkbox"/> 14. Other _____ <input type="checkbox"/> 15. Unknown	If homeless: a. When did this episode of homelessness begin? (enter month and year) ____ / ____ / ____ b. How many times has this person been homeless in the past 3 years? _____	Please read this list of income/benefit sources and ask the person to indicate which sources he/she (or other household members) have received in the past month. <input type="checkbox"/> 1. Employment income <input type="checkbox"/> 2. Unemployment insurance <input type="checkbox"/> 3. Supplemental Security Income (SSI) <input type="checkbox"/> 4. Social Security Disability Income (SSDI) <input type="checkbox"/> 5. Veteran's benefits <input type="checkbox"/> 6. Employer provided benefits (including pension) <input type="checkbox"/> 7. Worker's compensation <input type="checkbox"/> 8. TANF <input type="checkbox"/> 9. General Assistance <input type="checkbox"/> 10. Retirement from Social Security <input type="checkbox"/> 11. Medicare/Medicaid <input type="checkbox"/> 12. Child support <input type="checkbox"/> 13. Alimony or other spousal support <input type="checkbox"/> 14. Other: _____

Survey continues on next page →

Page 2 of 2—please staple to page one of this survey.

**Please refer to the wording provided here for questions
N through P when interviewing clients.**



N. Employment	O. Health Insurance	P. Supplemental Security Income
<p>a. Is this person currently employed?</p> <p><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No</p> <p>b. IF YES: How many hours per week does he/she usually work?</p> <p><input type="checkbox"/> 1. More than 30 hours <input type="checkbox"/> 2. Between 10 and 30 hours <input type="checkbox"/> 3. Less than 10 hours</p> <p>b. Is his/her job . . .</p> <p><input type="checkbox"/> 1. Permanent <input type="checkbox"/> 2. Temporary <input type="checkbox"/> 3. Seasonal</p>	<p>a. Is this person covered by health insurance?</p> <p><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No</p> <p>b. IF YES: What is the source of that insurance?</p> <p><input type="checkbox"/> 1. Employer provided <input type="checkbox"/> 2. Medicare <input type="checkbox"/> 3. Medicaid <input type="checkbox"/> 4. Veteran's <input type="checkbox"/> 5. Other</p> <p>c. IF NO (Not Insured): Has person applied for health insurance?</p> <p><input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes, awaiting decision <input type="checkbox"/> 3. Yes, denied insurance</p>	<p>IF NOT RECEIVING SSI: Has person applied for Supplemental Security Income (SSI)?</p> <p><input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes, awaiting decision <input type="checkbox"/> 3. Yes, denied SSI</p>

Questions? Call 1-866-338-0773 or e-mail iowahomelesscount@yahoo.com

Help us keep client information in the appropriate order, please be sure to staple both pages of the survey together for each client.

If you are entering information on other members of this household on a separate survey form, answer only questions A-F and N-P (questions G-M apply to the entire household and need only be answered once per household). Staple together all forms you complete for a single household.

Please return all completed surveys in the business reply envelope provided. If you have lost your envelope, please call toll-free 1-866-338-0773 or e-mail iowahomelesscount@yahoo.com and we will send you a new envelope.

This statement was included in all shelter and agency survey packets. Recipients were instructed to post this statement or read it to all survey participants.



2005 Iowa Statewide Homeless Study

Study period: March 28–April 8

It should be made clear to all clients that the information collected by this survey is provided on a volunteer basis. Please make copies of this statement for agency staff who will fill out Part Two of the survey, and/or post.

You are being asked to participate in a survey as part of the 2005 Iowa Statewide Homeless Study. This study will collect information about homeless and near-homeless individuals and families in Iowa in order to improve services and resources. Participation in the survey is voluntary.

We recognize that information gathered about you is personal and private. Your answers to questions on this survey will be confidential and anonymous—no one will be able to identify you from your responses to the survey questions.

Your choice to participate in the survey will not affect the services you receive from this agency or any other agency. Even if you participate you may refuse to answer any question on the survey for any reason.

This study is authorized by the Iowa Finance Authority on behalf of the Iowa Council on Homelessness.

This help sheet was included in all shelter and agency survey packets.

Help Sheet

Iowa Policy Project

120 N. Dubuque St. #208 • Iowa City, IA 52245

If your question is not answered in this help sheet, please call us toll-free at 1-866-338-0773 or e-mail us at iowahomelesscount@yahoo.com.

Instructions

1. Part One of this survey asks for general information about the homeless situation in your community. Agencies that receive more than one copy of this survey should complete and return only one copy of Part One. **Please complete and return Part One of the survey even if you serve no homeless people during the study period.**

2. Part Two of the survey (the table form) asks for information on all homeless and nearhomeless clients served by your agency during the two-week study period (March 28–April 8, 2005). Some of these questions need to be asked directly of the client during their visit.

a. For each homeless or near-homeless client who is served by your office during the study period, please fill out one row in the table provided.

If the individual is willing to provide information on other family/household members, please attempt to gather information on those individuals on the subsequent (next) row/s (responding to questions A–F and N–P), so if household size is 3 we can count down and see the two children listed after the parent are part of the same household.

b. **It should be made clear to the client that the information collected in this survey is provided on a volunteer basis.** We have provided suggested wording on a separate sheet to help you to explain this to the client. Please make copies of this sheet for any staff who will be filling out Part Two of the survey.

The volunteer statement reads: You are being asked to participate in a survey as part of the 2005 Iowa Statewide Homeless Study. This study will collect information about homeless and near-homeless individuals and families in Iowa in order to improve services and resources. Participation in the survey is voluntary. We recognize that information gathered about you is personal and private. Your answers to questions on this survey will be confidential and anonymous. No one will be able to identify you from your responses to the survey questions. Your choice to participate in the survey will not affect the services you receive from this agency or any other agency. Even if you participate you may refuse to answer any question on the survey for any reason. Are you willing to participate?

c. **THE PRIVACY OF ALL THOSE COUNTED IN THIS SURVEY IS IMPORTANT.** We have asked for only the last 4 digits of social security numbers and the first 4 letters of last names. This will allow us to sort out people counted by more than one agency. **WE WILL NOT BE ABLE TO IDENTIFY INDIVIDUALS.** If this information is not available to you, or if reporting it would endanger your client, please fill out whatever you can for the client.

3. Return all surveys completed by your agency (one copy of Part One and all copies of Part Two) in the postage-paid business reply envelope provided with the survey. **The deadline for returning surveys is April 15, 2005.**

Additional survey tables may be requested by calling 1-866-338-0773 or by e-mailing iowahomelesscount@yahoo.com.

How do we define homeless?

For the purpose of this survey, we define as homeless any person who fits the following description.

1. A person without fixed, regular, and adequate night time shelter.
2. A person whose primary night time residence is . . .
 - A supervised shelter designed to provide temporary accommodations (such as congregate shelter or transitional housing).
 - A public or private place not designed for, or ordinarily used as, a regular sleeping place for human beings (such as a car, camper, abandoned building, barn, or street).
3. Children living in runaway shelters or group homes (e.g. homes for abandoned children).
4. Children living in state institutions (e.g. awaiting foster home placement) because they have no other home.
5. Sick or abandoned children who would be released from an institution (e.g. hospital) in which they are living if they had some other place to go.
6. A person or household doubled up with family or friends for a temporary period.

Who do we define as “near-homeless” or “at risk of becoming homeless”?

1. A person or household in imminent danger of eviction.
2. A person or household in imminent danger of having their utilities disconnected.
3. A person or household seeking housing assistance AND paying more than 50% of their income for housing.

Troubleshooting

The following information should help you understand the questions on Part Two of the survey. Explanations for the questions (column headings) are listed in the order that they appear on the form.

Please note that questions A-F and N-P should be answered for each homeless individual. Questions G-M should be answered for each household/family.

The first column asks you to number clients to provide a count. This allows us to keep the survey sheets in order, particularly if you have filled out information on an entire household and that information runs onto a second sheet. Numbering the clients also ensures that we have all the sheets that you have filled out.

A. Last 4 digits of the Social Security Number:

Please list only the last four digits of the social security number. This information allows us to eliminate duplicates for individuals reported by more than one agency. If you do not have access to the SS# or the person does not wish to provide this information, please leave this field blank.

B. First 4 letters of the last name: Please list only the first four letters of the person’s last name. This information allows us to eliminate duplicates for individuals reported by more than one agency. If you do not have access to the last name or the person does not wish to provide this information, please leave this field blank.

C. Date of birth: Please provide the day, month, and year of birth. If the individual provides only their age, please list this on the line provided. If the client does not provide an age or date of birth, please write NA on the line.

D. School attendance: For all school age children (those age 18 and under) please enter whether they are enrolled in school. For the purpose of this survey, enrolled means registered in a school district. Attending regularly means that the student is enrolled and going to classes with minimal absences. For individuals age 19 or over, please leave this field blank.

E. Sex: Please check male or female.

F. Race/ethnicity: Please check one of the options provided. If the individual identifies him/herself as more than one race please use option 6, “other/more than one”. Note, some children will be identified by a different race than the parent or guardian. Do not assume that each child is of the same race. If the individual does not want to identify his/her race, please choose “other”.

G. Last permanent residence: For the purpose of this survey, permanent residence refers to the last address where the individual lived consistently for 90 days or more. If the individual cannot remember the zip code, please enter the city or county and state of the address where they last had a permanent residence. For nearhomeless, enter their current zip code.

H. Assistance provided during this visit:

This refers to any forms of assistance that your shelter or agency provided to the client on this visit. Check only those forms of assistance that were provided at **this** visit.

I. Household composition: This refers to the immediate family or household that is accompanying/living with the client. Even if you do not see every person in the household, try to enter the total number in the household. For instance, if a single parent of two children comes in to apply for emergency cash assistance, enter household as “Single adult with 2 children”. The “household” may include children or spouse, domestic partners, guardians, stepparents, or other dependents. If the individual is willing to provide information on other family members, please attempt to gather information on those individuals on the subsequent row/s, so if household size is 3 we can count down and see the two children listed after the parent are part of the same household.

J. Current/Previous living situation:

Please check the appropriate option to describe where the individual most recently found shelter at night. (See definitions for various options in terms list below.)

K. Household circumstances: Please check only those factors that apply to **this** particular episode of homelessness (or near-homelessness). Check any and all factors that apply. (See definitions for various options in terms list below.)

L. Extent of Homelessness: Please enter the month (if available) and year when this episode of homelessness began. Skip this question if the individual is at risk of being homeless.

M. Sources of Income/Benefits: Please read the individual the list of income sources and check any and all sources that they currently receive. (See definitions for various options definitions section.)

N. (FORM A) Mental Health: Please refer to wording on the survey form when asking the questions about mental health.

It is not necessary for the client to provide a diagnosis or description of his/her mental illness or what the client believes mental illness may mean. So long as the client thinks he/she may have a problem, please check "yes". If the client is unsure, or if you know or believe the client may have a mental health problem, please answer "yes". *What if the client mentions a specific diagnosis or mental illness?* You are not required to be familiar with mental health terminology. If the client believes he/she *may* have a mental health problem, please check "yes".

N. (FORM B) Employment: This question refers only to the person reported on this row, not his/her household.

O. (FORM A) Substance Abuse: Please refer to the wording on the survey form. Drug abuse includes both illegal and prescription drugs. If the client believes he/she has a substance abuse problem check "yes". If the client is unsure, or if you have reason to believe he/she *may* have a problem, check "yes".

O. (FORM B) Health Insurance: This question refers to the individual reported on this row not his/her household.

P. (FORM A) Disability: Please refer to the wording on the survey form. So long as the client believes he/she has a disability, please check "yes". Though we are not asking individuals to identify their particular disability, individuals may mention or ask for an example of a disability. Some examples of disabilities include: paralysis, muscular dystrophies, amputation of limb/s, visual or hearing impairments, cerebral palsy, epilepsy, asthma, spina bifida, autism, mental retardation, attention deficit hyperactivity, etc. This is only a partial list of disabilities. If the client is unsure, or if you have reason to believe he/she may have a disability, check "yes".

P. (FORM B) Supplemental Security Income: This question refers to the individual reported on this row, not his/her household.

Definitions of survey terms:

A number of the terms used in the questionnaire could be interpreted in several ways. We have tried to eliminate confusing categories and terms. However, it isn't always possible to be absolutely clear in the limited space available on the questionnaire. We hope these more extended definitions and examples that clarify some of the more ambiguous terms. Definitions for terms are listed here under the same column headings that appear on the survey form.

*Current/Previous Living Situation***Apartment/house at risk of eviction or disconnection:**

This refers to a household that is near-homeless or in danger of becoming homeless. The household has received an eviction or foreclosure notice, or a utility disconnection notice. Households on a utility repayment plan are also in danger as they would be subject to immediate disconnection if they default on the repayment plan.

Emergency Shelter: An emergency shelter is a facility that provides shelter to homeless individuals and/or families on a short-term basis.

Living with relatives or friends (or doubled-up for "a temporary period"): The household that the client is living with is not a permanent part of the family or is a friend's household. For instance, they are not living together because both households want to share housing costs, but because the doubled-up household has no other home to go to.

Transitional housing: Transitional housing is temporary (often 6 months to 2 years) for homeless individuals or families who are trying to transition to permanent housing. Transitional housing often includes a supportive services component (e.g. job skills training, rehabilitation counseling, etc.) to help people transition to independent living.

Household Circumstances

De-Institutionalization: Release from jail, hospital, foster or other court-ordered care.

Eviction/Foreclosure: Includes people who for any reason cannot meet the payments or terms of their rental contract or mortgage.

Institutionalization: Refers to families for whom an adult (parent/guardian/wage earner) is confined to a jail/prison, mental or other hospital, substance abuse treatment facility, or court-ordered care.

Loss of Benefits: This refers to loss of any form of financial support or other support such as Food Stamps, TANF, or other government aid.

Physical or Mental Illness Disability: For the purpose of this study, these terms refer to a physical, mental, or emotional impairment that interferes with a person's ability to live or work independently.

Unable to find affordable housing: Includes people who have problems with a security deposit, tenant history or references, or other problems meeting the requirements of a rental agreement.

Source of Income/Benefits

Employer provided benefits: Including pension, insurance, etc.

Employment income: A client may indicate employment income if they have received a payment in the past 30 days regardless of whether they are still employed or permanently employed.

General Assistance: A cash benefit program used primarily by disabled and homeless persons in need of immediate assistance. General Assistance provides short-term crisis intervention services such as home management, family planning and Title XIX Medicaid transportation. This category covers low-income persons who are not eligible for federally-funded cash assistance (i.e., AFDC/TANF; SSI) and receive cash and/or in-kind benefits from the State, county, and/or locality in which the program operates.

Supplemental Security Income: Supplemental security income is a federal program providing monthly cash benefits to low-income persons aged 65 and over, and blind or disabled persons. Qualification for SSI often is used to establish Medicaid eligibility. SSI is administered by the Social Security Administration and requires a "means test" for eligibility, including a limit on current assets.

TANF: Temporary Assistance for Needy Families (replaced AFDC). A category of public assistance paid on behalf of children who are deprived of one or both of their parents by reason of death, disability, or continued absence from the home.

Unemployment Insurance: Insurance against loss of income due to unemployment. Individuals who are willing and able to work qualify for this insurance by working at a job in an eligible classification, earning a minimum amount of money, and being subject to involuntary unemployment.

Veteran's Benefits: Any veterans benefits including disabled veterans insurance, retirement, etc.

Worker's Compensation: Benefit in which an employer provides cash payments or medical care to employees who is injured on the job. These benefits are mandated by state law and include partial wage replacement benefits and rehabilitation benefits.

Mental Health / Disability issues

Disability: Please refer to the wording on the survey form. So long as the client believes he/she has a disability, please check "yes". Individuals do not need to identify their particular disability. Some examples of disabilities include: paralysis, muscular dystrophies, amputation of limb/s, visual or hearing impairments, cerebral palsy, epilepsy, severe asthma, spina bifida, autism, mental retardation, etc. **This is only a partial list of disabilities. If the client provides an example that is not on the list, check "yes".**

Mental Health Problem: A mental health problem may impact on the way a person thinks, behaves, and/or interacts with other people. A mental health problem does not have to be a permanent or ongoing problem. Mental illnesses may have episodic, recurrent, or persistent features, and those features may vary in terms of severity and disabling effects.

Some common examples of mental illness include: depression; manic depression (bipolar disorder); anxiety disorders, social phobias, panic disorder, obsessive-compulsive disorder, and generalized anxiety disorder; schizophrenia and other psychotic disorders, such as delusional disorder; delirium; dementia, including Alzheimer's disease; eating disorders, such as bulimia and anorexia; sleep disorders; attention-deficit/hyperactivity disorder; learning disorders; autism; sexual disorders, and dissociative disorders. **This is only a partial list of mental health problems. If the client provides an example that is not on this list, please check "yes".**

Substance abuse problem: This refers to problems with drugs and/or alcohol. Drugs include prescription drugs as well as illegal drugs.