



Central Virginia CONTINUUM OF CARE

2023 Unsheltered Interview

Coordinated Homeless Intake and Access: 434-427-2442

Interview Site/Location: _____	City/County: _____
Interviewer: _____	Date: _____ Time: _____ AM/PM

Hello, my name is _____. Can I ask you about your housing situation? I'm a volunteer with the homeless response system in central Virginia. We are conducting a survey to better understand the housing needs in our community. You may refuse to answer any question at any time. The information you provide is confidential. Do I have permission from you to move forward with the survey? *for interpretation services, please call 211

- Yes → **[GO TO Q1]**

 No → **[THANK RESPONDENT AND MOVE TO OBSERVATION SURVEY]**

<p>1. Where did you sleep last night?</p> <p><i>[Do not read categories. Select only one category.]</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border-right: 1px solid black; padding: 5px;"> <ol style="list-style-type: none"> 1. Street, sidewalk, porch, or shed 2. Vehicle (car, van, RV, truck) 3. Park, tent, or woods 4. Abandoned building 5. Bus, train station, airport, or ER lobby 6. Under bridge/overpass 7. Motel/hotel paid for by church/charity organization 8. Other (specify: "Walmart, "laundry mat") </td> <td style="width: 20%; vertical-align: middle; text-align: center; padding: 5px;"> <p style="font-size: 2em;">}</p> <p>[Go to Q2]</p> </td> </tr> <tr> <td style="border-top: 1px solid black; border-right: 1px solid black; padding: 5px;"> <ol style="list-style-type: none"> 9. Emergency shelter 10. Motel/hotel paid for by client 11. House or apartment 12. Jail, hospital, or treatment program </td> <td style="vertical-align: middle; text-align: center; padding: 5px;"> <p style="font-size: 2em;">}</p> <p><i>"Thank you, that is the only question I have right now."</i></p> </td> </tr> </table>	<ol style="list-style-type: none"> 1. Street, sidewalk, porch, or shed 2. Vehicle (car, van, RV, truck) 3. Park, tent, or woods 4. Abandoned building 5. Bus, train station, airport, or ER lobby 6. Under bridge/overpass 7. Motel/hotel paid for by church/charity organization 8. Other (specify: "Walmart, "laundry mat") 	<p style="font-size: 2em;">}</p> <p>[Go to Q2]</p>	<ol style="list-style-type: none"> 9. Emergency shelter 10. Motel/hotel paid for by client 11. House or apartment 12. Jail, hospital, or treatment program 	<p style="font-size: 2em;">}</p> <p><i>"Thank you, that is the only question I have right now."</i></p>
<ol style="list-style-type: none"> 1. Street, sidewalk, porch, or shed 2. Vehicle (car, van, RV, truck) 3. Park, tent, or woods 4. Abandoned building 5. Bus, train station, airport, or ER lobby 6. Under bridge/overpass 7. Motel/hotel paid for by church/charity organization 8. Other (specify: "Walmart, "laundry mat") 	<p style="font-size: 2em;">}</p> <p>[Go to Q2]</p>				
<ol style="list-style-type: none"> 9. Emergency shelter 10. Motel/hotel paid for by client 11. House or apartment 12. Jail, hospital, or treatment program 	<p style="font-size: 2em;">}</p> <p><i>"Thank you, that is the only question I have right now."</i></p>				
<p>2. Did another volunteer or survey worker already ask you these same questions about where you slept last night?</p>	<p><input type="checkbox"/> Yes → <i>"Thank you, those are all the questions I have for you."</i></p> <p><input type="checkbox"/> No → <i>Continue Survey</i></p> <p><input type="checkbox"/> DK/REF → <i>Continue Survey</i></p>				

Now a few questions about your household.

<p>3. Including yourself, how many adults and children are there in your household <u>who slept in the same location with you last night?</u></p>	<p style="text-align: center;">_____ Adults (Age 18 and older)</p> <p style="text-align: center;">_____ Children (Age 17 and younger)</p>			
<p>4a. Are you comfortable sharing your name? If not, what are your initials? [If respondent says don't know or refused, write out "don't know" or "refused"]</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; padding: 5px;">4a. Person 1</td> <td style="width: 33%; text-align: center; padding: 5px;">4b. Person 2</td> <td style="width: 33%; text-align: center; padding: 5px;">4c. Person 3</td> </tr> </table>	4a. Person 1	4b. Person 2	4c. Person 3
4a. Person 1	4b. Person 2	4c. Person 3		
<p>4b-4c. What are the names/initials of other people in your household from oldest to youngest? <i>[If don't know or refused write out "don't know" or "refused"]</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;">_____</td> <td style="width: 50%; text-align: center; padding: 5px;">_____</td> </tr> </table>	_____	_____	
_____	_____			

[Complete the column for person 1 by asking Q5-Q17. Then complete the columns for persons 2-3 for other household members by asking Q5-Q17 for each person. If other household members are present, ask each individually for their answers to Q5-Q17. If other household members are not present, person 1 should answer for them. If more than 3 people in HH, use another survey.]

	Person 1	Person 2	Person 3
5. How is [FILL INITIALS OF PERSON 2-3] related to you/Person 1?	Self	<input type="checkbox"/> Child <input type="checkbox"/> Partner <input type="checkbox"/> Other Family <input type="checkbox"/> Other, Non-Family → _____	<input type="checkbox"/> Child <input type="checkbox"/> Partner <input type="checkbox"/> Other Family <input type="checkbox"/> Other, Non-Family → _____
6. How old are you/is [PERSON 2-3]? [Enter number; if someone refuses, write "REF"]	_____	_____	_____
7. Are you Hispanic or Latin(a)(o)(x)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
8. What is your race? You can select one or more races. [Read categories, do not read "please specify."]	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other, please specify → _____ <input type="checkbox"/> DK/REF	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other, please specify → _____ <input type="checkbox"/> DK/REF	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other, please specify → _____ <input type="checkbox"/> DK/REF
9. What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Questioning <input type="checkbox"/> Transgender <input type="checkbox"/> Other, please specify → _____ <input type="checkbox"/> DK/REF	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Questioning <input type="checkbox"/> Transgender <input type="checkbox"/> Other, please specify → _____ <input type="checkbox"/> DK/REF	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Questioning <input type="checkbox"/> Transgender <input type="checkbox"/> Other, please specify → _____ <input type="checkbox"/> DK/REF
10. Have you served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF

11. Were you ever called into active duty as a member of the National Guard or as a Reservist?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
12. Have you ever received health care or benefits from a Veterans Administration?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
13. Do you receive any disability benefits such as Supplemental Security Income, Social Security Disability Income, or Veteran's Disability Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
14. Before this experience of homelessness, have you ever slept outside or in a place not meant for human habitation or in a shelter?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
15. How long has it been since you slept in a rental/home of your own, a friend's or family member's home, or a hotel you paid for?	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF
<i>[IF Q14=YES (FIRST TIME HOMELESS) THEN SKIP TO INSTRUCTION AFTER Q16A, OTHERWISE ASK Q16]</i>			
16. Including this time, how many times have you stayed in shelters or slept outdoors or in a place not meant for human habitation in the past 3 years, that is, since January 2020? Was it 4 or more times or less than 4 times?	<input type="checkbox"/> Less than 4 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> DK/REF	<input type="checkbox"/> Less than 4 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> DK/REF	<input type="checkbox"/> Less than 4 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> DK/REF
a. If you add up all the times you have stayed in shelters or slept on the streets/outdoors in the last 3 years, how long have you been homeless? <i>[Enter days or weeks or months or years]</i>	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF

[GO BACK TO Q5, COMPLETE COLUMNS FOR PERSONS 2-3 FOR ALL OTHER HH MEMBERS]

[ONLY ASK QUESTIONS Q17-Q21 TO PERSONS AGE 18 AND OLDER]

“The next set of questions asks about sensitive topics. You don’t have to answer any question that you don’t want to. Your answers will be combined with the answers of other people who take the survey and used to help provide better programs and services to homeless people.”

17. Do any of these situations apply to you?	Person 1	Person 2	Person 3
a. Do you/Does Person [2-3] have difficulty holding a job, completing activities of daily living or maintaining stable housing because of <u>alcohol</u> or <u>substance use</u>?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
b. Do you/does Person [2-3] have difficulty holding a job, completing activities of daily living or maintaining stable housing because of <u>mental health concerns</u>?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
c. Do you/does Person [2-3] have a <u>physical, developmental or other disability</u> that makes it difficult to hold a job, complete activities of daily living or maintain stable housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
d. Do you/does Person [2-3] have past or present <u>legal charges</u> or <u>criminal history</u> that makes it difficult to get a job or to access housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
18. Do you/does Person [2-3] have AIDS or an HIV-related illness? HOPWA Services: 434-846-3174	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
19. Are you/is Person [2-3] currently experiencing homelessness because of fleeing domestic violence, sexual assault, stalking or other forms of abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
20. Have you/Person [2-3] attempted to access a shelter bed but were unable to?	<input type="checkbox"/> Yes, what shelter? _____ <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes, what shelter? _____ <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes, what shelter? _____ <input type="checkbox"/> No <input type="checkbox"/> DK/REF
21. Please indicate the reason(s) that you were/Person [2-3] was unable to access a shelter bed when needed. <i>Do not read categories.</i> <i>Use the lines provided to document the reason(s) shelter was if “other”.</i>	<input type="checkbox"/> Full <input type="checkbox"/> No ID <input type="checkbox"/> Sex Offender <input type="checkbox"/> Substance Testing <input type="checkbox"/> Partner separation <input type="checkbox"/> Pet separation <input type="checkbox"/> DK/REF <input type="checkbox"/> Other: _____	<input type="checkbox"/> Full <input type="checkbox"/> No ID <input type="checkbox"/> Sex Offender <input type="checkbox"/> Substance Testing <input type="checkbox"/> Partner separation <input type="checkbox"/> Pet separation <input type="checkbox"/> DK/REF <input type="checkbox"/> Other: _____	<input type="checkbox"/> Full <input type="checkbox"/> No ID <input type="checkbox"/> Sex Offender <input type="checkbox"/> Substance Testing <input type="checkbox"/> Partner separation <input type="checkbox"/> Pet separation <input type="checkbox"/> DK/REF <input type="checkbox"/> Other: _____

[IF MORE ADULTS IN HH GO BACK TO Q17 TO COMPLETE COLUMNS FOR PERSONS 2-3.]

“Those are all the questions I have for you. We realize that some of the topics covered are personal and can be difficult to think and talk about. We appreciate your willingness to participate.”