

Washington DC Point in Time Survey, January 28, 2009
For use in all Catholic Charities Housing Programs

Notes to staff:

- A. A copy of this form **MUST** be completed for each client that enters your program for the night of Wednesday, January 28, 2009. This is not a substitute for the regular intake that you are filling out for a new client.
- B. All questions should be answered. If there is no answer given, use your best judgment to choose an answer for the client.
- C. Assure the client that all information gathered for this annual survey will be kept confidential

Program Name: 801 EAST TRP

Client Name: _____ **Date of Birth:** _____

Gender: Male Female Transgender Unknown

Race: AM B M A
 PI W Other

Ethnicity: Hispanic Non-Hispanic

Language Minority: Yes No

Veteran: Yes No Don't Know Refused to answer

Formerly in Foster Care: Yes No **Domestic Violence Victim:** Yes No

Unaccompanied Youth: Yes No **Formerly Institutionalized:** Yes No

Physical Disability: Yes No **Chronic Health Problem:** Yes No

Disability Code: No Diagnosis Chronic Substance Abuse (CSA)
 Severely Mentally Ill (SMI) Dual Diagnosis (both CSA and SMI)

HIV/AIDS: Yes No **Chronic Health Problem:** Yes No

A. Employed: Yes No **Unsheltered:** Yes No

B. If yes PT FT S

Is Client Chronically Homeless: Yes No

Note to Staff - Definition of Chronically Homeless: An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. The individual must have been on the streets or in an emergency shelter (not transitional housing) during these episodes.

Housing Needed Today: Emergency Shelter Other Permanent Housing
 Permanent Supportive Housing Transitional Housing Safe Haven

Note to Staff – the answer to the above question is whatever type of program you are working in

Last Place You Lived Before You Were Homeless: Maryland Virginia Washington, DC
 Outside of MD/VA/DC Unknown

Been in a shelter outside of Washington DC in the past year: Yes No Unknown

If yes, check the places of other shelter: Maryland Virginia both Maryland + Virginia
 Outside of Maryland and Virginia Not applicable

A. Source of Income (if any) Employed Social Security/Retirement/Pension
 SSDI/SSI/Disability Income TANF/Public Assistance No Income

B. Total Income (Jan. 2009) A. \$1-150 B. \$151-250 C. \$251-500 D. \$551-1,000
 E. \$1,001-1,500 F. \$1,501-2,000 G. \$2,000+

Name of Staff Person Completing this Form: _____