

2019 King County Housing Survey

Neighborhood or City: _____

Interview Date: _____ Deployment: _____

Refusals: _____ (tally)

Surveyor's Name: _____

Shade Circles Like This--> ●
Not Like This--> ⊗

Section A: Demographics

1. What are your initials?

First _____ Middle _____ Last _____

2. What is your birth date?

Month _____ Day _____ Year _____

3. Which of the following best represents how you think of your gender? (shade all that apply)

- Male Female Transgender
 Don't identify as male, female, or transgender
 Agender Gender non-conforming Gender-queer
 Non-binary Other not listed Refused

4. Are you Hispanic or Latino?
 Yes No Don't know

5. Which racial group do you identify with most? (shade all that apply)

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 White

6. Which of the following best represents how you think of your sexual orientation? (shade all that apply)

- Straight Lesbian or Gay Bisexual
 Queer Pansexual Refused
 I don't know/questioning Other: _____

7. Are you currently pregnant or is your partner or spouse currently pregnant??
 Yes No Don't know

8. Have you ever been in foster care?
 Yes No Don't know

Section B: Veterans Status

1. Have you served in the U.S. Armed Forces? (Army, Navy, Air Force, Marine Corps, or Coast Guard)

- Yes No Don't know

2. Were you ever called into active duty as a member of the National Guard or as a Reservist?

- Yes No Don't know

3. Have you ever received health care or benefits from a VA (Veterans Administration) center?

- Yes No Don't know

4. Is anyone else in your household a Veteran?

- Yes No Don't know

Section C: Accommodation

1. Where were you staying on the night of January 25th? (Shade 1)

- Abandoned building/squat
 Automobile/car Van Camper/RV
 Backyard or storage structure
 Tent Outdoors/streets/parks
 Authorized Encampment/Village

- Emergency shelter Motel/hotel
 Transitional housing A place in a house not normally used for sleeping (kitchen, foyer, hallway) or unconverted garage
 Public facility (train station, transit center, bus depot)
 Other: _____ ==> Please skip to question 3

2. How many people, including yourself, usually stay there? (if encampment, how many per tent or structure?)

people _____

3. Is this the first time you have been homeless?
 Yes No

4. How long have you been homeless this current time? (Shade 1)

- 7 days or less 4-6 months More than 1 year
 8-30 days 7-11 months
 1-3 months 1 year

5. How many different times have you been homeless in the past 3 years, including this current time? (Shade 1)

- 1 time 3 times 5 times
 2 times 4 times 6 or more times

6. Have you been living in an emergency shelter and/or on the streets (including bus stations, underpasses, encampments, abandoned buildings, etc.) for the past year (12 months) or more?

- Yes No Decline to state

7. In addition to right now, how long would you say you have stayed in these kinds of places (total) in the past 3 years?

Days _____ Weeks _____ Months _____ Years _____

8. How old were you the first time you experienced homelessness?

- 0-17 years 25-35 years 50-65 years
 18-24 years 36-49 years 66 or older

Section D: Household Members

1. How many people are in your household, including yourself? _____

2. Do you have any children under age 18? Yes No Don't know

2a. Are any of your children under 18 currently living with you? Yes No Don't know

3. Do you live alone or with other household members? With other household members

Alone ==> Please skip to Section E

I am going to ask you a few questions about the people in your household that were staying with you on January 26th. I'll ask about each person, one at a time. In order for us to keep track of who we are talking about I am going to ask you for the first and last initial of each person.

4. What are their initials?	(A)	(B)	(C)	(D)	(E)	(F)
	F ___ L ___	F ___ L ___	F ___ L ___	F ___ L ___	F ___ L ___	F ___ L ___
5. How are they related to you?						
Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-married partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other non-family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. How old are they?						
Under 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 - 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 or older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. How do they identify their gender?						
Male	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transgender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't identify as male, female, or transgender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Are they Hispanic or Latino?						
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Which racial group do they identify with most? (Shade all that apply)						
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Section E: Residency

1. Where were you living at the time you most recently became homeless? (Shade 1)

- King County Thurston County Another County in WA
 Pierce County Snohomish County Out of State

2. Which city were you living in at the time you most recently became homeless?

City: _____
State: _____

E2a [] [] E2b [] []

3. If in King County, how long were you living in King County before you became homeless?

- Less than 1 year 1-2 years 3-4 years
 5-9 years 10+ years Born/grew up here

6. Immediately before you became homeless, where were you living? (Shade 1)

- A home owned or rented by you or your partner Foster care
 A home owned or rented by friends/relatives Juvenile Justice Facility
 Subsidized housing or permanent supportive housing Jail or prison
 Hospital or treatment facility Motel/hotel
 Resettlement placement Military base/active duty
 Other: _____

Section F: Access to Housing

1. What do you think is the primary event or condition that led to your homelessness? (Shade 1)

- Lost job Divorce/separation/break up Aging out of foster care
 Eviction Could not afford rent increase Safety
 Foreclosure Argument with family/friend/roommate Other: _____
 Incarceration/detention Family/domestic violence Don't know/decline to state
 Alcohol or drug use Family/friend's housing wouldn't let me stay
 Illness/medical problem Family/friend couldn't afford to let me stay
 Mental health issues Death of a parent/spouse/child
 Hospitalization/treatment Resettlement transition

2. What would help you obtain permanent housing? (Shade all that apply)

- Rental assistance Money for moving costs Immigration/refugee assistance
 Services in my language Help clearing my credit New ID/Paperwork
 Job/increased income Case management Culturally tailored services
 Help clearing my rental history More affordable housing Transportation
 Family reunification Medical/health care Legal assistance
 Landlords who accept my housing voucher Safe parking location while seeking housing
 Other: _____

3. If safe, affordable housing were available, would you move inside?

- Yes No

Section G: Employment and Education

1. What is your current employment status? (Shade 1)

- Employed full-time Employed seasonal/sporadic Employed part-time
 Unauthorized work Unable to work (disabled/retired)
 Unemployed, and looking Unemployed, and not looking

2. How long has it been since you received payment for work?

- Less than 1 month 1- 6 months 7- 12 months 1-2 years
 2 years 3-5 years More than 5 years

Section H: Health

1. Do you experience any of the following:

Table with 3 columns: Question (a-h), Yes/No/Refuse, and Yes/No/Refuse.

3. If you live with a spouse, a significant other or parent, do any of the following conditions prevent them from holding a job, living in stable housing or taking care of themselves? (Shade all that apply)

- Not Applicable Physical disability
 Chronic health problem Traumatic brain injury
 Drug or alcohol abuse Intellectual disability or memory impairment
 HIV/AIDS Psychiatric or emotional condition
 PTSD None of the above

4. Are you currently experiencing domestic violence or abuse?

- Yes No Decline to state

Section I: Services and Assistance & Criminal Justice System

1. Are you currently using any of the following services/assistance? (Shade all that apply)

- Emergency shelter Transitional housing Shelter day services
 Tiny Home/sanctioned encampment Immigration services Legal assistance
 Safe Parking site Hygiene services Other: _____
 Free meals Health services Not using any services
 Bus passes Mental health services
 Job training/employment services Alcohol/drug counseling

2. If you are NOT using any type of shelter services, why not? (Shade all that apply)

- They are full I can't stay with my friends I don't feel culturally accepted
 They are far away They don't accept my pet I am barred from services
 They are too crowded I feel unsafe I am not eligible (e.g. criminal record)
 There are germs There are too many rules Other: _____
 There are bugs I can't stay with my partner/family
 There is nowhere to store my stuff

3. Have you recently experienced any of the following issues trying to get help or access services in the community? (Shade all)

- Did not have an ID or personal document Lack of transportation Separation from my partner/spouse
 Did not know where to go for help Language barrier Other: _____
 Did not qualify for the service I wanted Issues with program staff I have not experienced any issues
 Did not follow through or return for services Program rules are too strict
 Separation from my pet Never heard back after applying for services



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