



Orange County 2025 Point-in-Time Count Survey

Answers for all questions are **voluntary**. Participants can answer **all** questions, **some** questions, or **no** questions as they are comfortable. Please mark unanswered questions: **Don't Know (DK)** or **Refused (Ref)**.

Interviewer: _____ Interview Location: _____

Interview Date: _____ Interview Time: _____ Interviewer Phone & Email: _____

- Person provided input for survey
- Person did not wish to complete survey or situation did not permit
- Person asked to use info from program files for survey

1. Where are you sleeping/did you sleep on Monday, January 27, 2025?

<p>Considered Homeless</p> <p>If you select any of these choices, go to Question 2.</p>	<input type="checkbox"/> Unsheltered (<i>outdoors, tent, vehicle, bus/train station, abandoned building, or other place not meant for human habitation</i>) <input type="checkbox"/> Emergency shelter (Name: _____) <input type="checkbox"/> Transitional housing (Name: _____) <input type="checkbox"/> Hotel/motel paid for by an agency (DSS, emergency assistance program, church, schools, etc.)
<p>Not Considered Homeless</p> <p>If you select any of these choices, DO NOT CONTINUE WITH THE SURVEY</p>	<input type="checkbox"/> Hotel/motel paid for with your own funds <input type="checkbox"/> Jail/prison or youth detention center <input type="checkbox"/> Hospital or treatment facility (detox, substance abuse, mental health) Were you homeless immediately before entering this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> House/apartment that you rent or own <input type="checkbox"/> At the house/apartment of a friend or family member

2. Are you currently sleeping in this location because you are fleeing domestic violence, dating violence, sexual assault, or stalking?

- Yes No

3. If you feel comfortable, we'd like to ask some identifying information we will use later to make sure we are not counting the same person twice:

First two letters of **first name**: _____ First two letters of **last name**: _____

Date of Birth: ____/____/____ **OR** Age: _____

4. How do you identify your gender? (Can select multiple)

- Woman (Girl, if child) Man (Boy, if child) Culturally Specific Identity (e.g. Two-Spirit)
- Transgender Non-Binary Questioning Different Identity

5. How do you identify your Race & Ethnicity? (Can select multiple)

- American Indian, Alaska Native, or Indigenous Asian or Asian American Black, African American, or African
- Hispanic/Latina(e)(o) Middle Eastern or North African Native Hawaiian or Pacific Islander White

6. Have you ever served in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard, OR were you called to active duty as a member of the National Guard or as a Reservist? (=Veteran)

- Yes No

7. How long has your current episode of homelessness lasted? _____ year(s) _____ month(s) _____ day(s)

8. How many separate times have you lived on the street or in an emergency shelter in the past 3 years (if any)?

- 1 time 2-3 times 4+ times **If 4+, do these times total 12 months or more?** Yes No

9. Have you been diagnosed with any of the following conditions? (=Disability)

- Serious mental illness Substance use disorder HIV/AIDS Physical disability
- Chronic physical illness Developmental disability PTSD Traumatic brain injury

10. Do you have any health care coverage that helps pay for your doctor visits, like health insurance, prepaid plans, and government plans? Medicaid/Medicare (United, Healthy Blue, WellCare, etc..) Veterans Healthcare (VA)

Piedmont Health Services UNC charity care Unknown None

If no, are you looking for HC coverage? Yes No

11. Which best describes your family/living situation tonight?

Household without children

- Single adult, without children
- Adult couple, without children
- Adult(s) with adult son/daughter(s)

Household with adults & children

- One parent with children
- Two parents with children

Household of only children

- Unaccompanied child (17 or younger)
- Household of only children (all members are 17 or younger)

12. Please fill out this chart for each additional member of the household (if any):

If additional household members have a different length of time homeless, please note this here: _____

Relation to head of household (child, spouse, sibling, etc.)	First 2 letters of first name	First 2 letters of last name	Age	Gender					Race						Identify as Hispanic or Latin(a)(o)(x) Y/N	Veteran Y/N	Diagnosed with disability Y/N	Same length of time homeless as head of household Y/N
				Female	Male	Trans	Gender other than singularly female or male	Questioning	Black, African American, or African	American Indian, Alaska Native, or Indigenous	Asian or Asian American	Caucasian	Native Hawaiian or Pacific Islander	Multiple				

13. Do you have any pets?

Cat(s), number: _____ Dog(s), number: _____ Other (type and number): _____

14. If you have income from any sources, what approximate amount per month? \$ _____

15. Would you like for someone to follow up with you about housing and/or services?

No Yes Email: _____ Phone: (_____) _____

16. We are working to fill the gaps in the Orange County Homeless System and we'd like the perspective of people currently experiencing homelessness in Orange County. What do you think is the biggest need? _____

Please pick the most important gap you see in each of the categories below. Feel free to add if you don't see what you'd like listed:

 **HOUSING**

- Income Based Rental Units: Affordable Housing
- Permanent Supportive Housing: Help with paying rent ongoing and a case manager to help find and keep housing
- Rapid Re-housing: Short-term help with rent/utilities and a case manager to help find and keep housing
- DV Rapid Re-housing: Short-term help with rent/utilities and a case manager to help find and keep housing for people fleeing unsafe situations
- Youth Housing: Short-term help with rent and case management for youth (ages 18-24) exiting homelessness
- Landlord Incentives: Signing bonuses for landlords who rent to people exiting homelessness
- Furniture and Household Goods: Furniture and household items for people exiting homelessness

 **TEMPORARY HOUSING**

- Accessible, housing-focused shelter: Same day shelter you can walk up to and get a bed for the night
- DV emergency shelter: More shelter specifically for people fleeing unsafe situations
- Bridge Housing: Short-term housing for people exiting jail and prison
- Medical Respite Beds: Short-term housing for people exiting the hospital

 **SERVICES - CONNECTIONS**

- Crisis Diversion facility: A safe, calm place (that's not a hospital or jail) to resolve a crisis (like mental health or substance use) while getting connected to additional supports
- Integrated Service Center: A safe, comfortable place to relax and access lockers, showers, food, and other support

- Housing Helpline staffing: Workers to help connect people in housing crisis with support

 **SERVICES - DIGNITY**

- Memorial Service funding: Funds to help with memorial services and grief support when people who have experienced homelessness pass away
- 24 hour bathrooms: 24-hour bathrooms with showers in downtown Chapel Hill/Carrboro

Other _____

Please return completed surveys to **Danielle Butler**, dabutler@orangecountync.gov by **Monday, February 3, 2025.**