

\*\*\*\* This form is to be completed with clients who are/were homeless on the night of January 28, 2026, to determine where they are/were sleeping that night. Questions that are not answered will not be "interpreted". Include notes if necessary but answer all questions to the best of your ability. \*\*\*\*

**How is this interview being conducted? REMINDER: Observational can only be completed by Agency Staff**

Interview (person to person)       Observational (including a phone interview) – For Agency Staff use only

**Survey Consent Statement (Read to Each Respondent)**

We are conducting a community-wide survey related to characteristics of people and their housing.

Participation is completely voluntary. If you don't want to take the survey, you don't have to.

If you do take the survey, you can change your mind, or you can skip questions if you don't feel comfortable answering them.

Your participation in this survey is confidential.

The results of the survey are used for planning and do not include names. We ask your name to ensure we do not use the information you provided more than one time.

The surveys are not shared and when reports are done, the surveys are destroyed.

This survey does not affect what benefits you may qualify for.

If you agree to participate, I will read the questions to you and record your answers. It will take approximately 10 minutes to complete.

**Do you agree to participate?  Yes     No (If No, thank participant and end the interview)**

**If Yes, Client Signature or Initials:** \_\_\_\_\_

**Surveyor Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Which county did the interview take place in?**

Albany       Big Horn       Campbell       Carbon       Converse       Crook       Fremont  
 Goshen       Hot Springs       Johnson       Laramie       Lincoln       Natrona       Niobrara  
 Park       Platte       Sheridan       Sublette       Sweetwater       Teton       Uinta  
 Washakie       Weston

**Surveyor:**

**Are you from Wyoming?  Yes     No**

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**Where Are (Were) You Sleeping on the Night of January 28, 2026?**

Local Shelter       Hotel/Motel paid for by an Agency

(If the respondent(s) are living in either of these situations, they will be counted in the Sheltered Count.  
Thank the participant and end the interview.)

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**If you are staying with family/friends, are you on the lease where you are staying?**

Not on the lease, how many people are not on the lease? \_\_\_\_\_

Yes, on the lease

**Name of Head of Household Doubled Up**

First Name:	Last Name:
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**Since the participant reported being in a Doubled Up situation, no other information is needed.  
Thank the participant and end the interview**

**For respondents who are experiencing homelessness:**

**Where did you sleep on the night of January 28, 2026?**

Streets/Outdoors     Abandoned Structure     Vehicle/Car     Other, please explain: \_\_\_\_\_

**Are you with a household tonight or are you by yourself?**

**By Myself (Single)** If the person is alone and not part of a household skip to Head of Household Name information.

**With Household (Family)** If the person is with a household, make sure that you are first talking with the Head of Household.

**Total Number of Persons in the Household including interviewee**

Head of Household First Name:	Head of Household Last Name:
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**Age Category:**     Under 18     18 – 24     25 – 34     35 – 44     45 – 54     55 – 64     65 and older

**Sex**

Female     Male     Client doesn't know/Client prefers not to answer

**Race and Ethnicity (Select all that apply)**

American Indian / Alaska Native / Indigenous  
 Black / African American / African  
 Middle Eastern or North Africa  
 White

Asian / Asian American  
 Hispanic / Latina/o  
 Native Hawaiian / Pacific Islander  
 Client doesn't know/Client prefers not to answer

**How Long Have You Been Living on the Streets or in Emergency Shelters?**

Less Than a Year     A Year or More     Client doesn't know     Client prefers not to answer

**Number of Times You Have Experienced Homelessness (On the Streets or in Emergency Shelters) in the Past 3 Years?**

1 (this is the first time)     2 – 3 times     4 or more times     Client doesn't know/Client prefers not to answer

**In the past 3 years, how many times have you been homeless (on the streets or in emergency shelters)?**

Fewer than 12 months     12 months or more     Client doesn't know/Client prefers not to answer

**Do you Have a Disability? (Select all that apply)**

None/ Client doesn't know/Client prefers not to answer     Alcohol Abuse     Chronic Health Condition  
 Developmental     Drug Abuse     HIV / AIDS     Mental Health     Physical

**Are You Currently Fleeing Domestic Violence?**     Yes     No     Client doesn't know/Client prefers not to answer

WOULD YOU LIKE ASSISTANCE IN CALLING 911 OR THE NATIONAL DOMESTIC VIOLENCE HOTLINE?

1-800-799-7233

**Have You Ever Served in the Military?**     Yes     No     Client doesn't know/Client prefers not to answer

*If the participant is an Individual, thank them and end the interview.*

*If the participant is part of a Family, continue with the interview about all household members.*

**Complete survey questions for each household member 18 years of age or older.  
Use additional forms as needed.**

## **Household Member Age 18 or older**

**Head of Household Name** \_\_\_\_\_

**Name of additional Household member**

First Name:	Last Name:
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**Age Category**

Under 18     18 – 24     25 – 34     35 – 44     45 – 54     55 – 64     65 and older

**Sex**

Female     Male     Client doesn't know/Client prefers not to answer

**Race and Ethnicity (Select all that apply)**

<input type="checkbox"/> American Indian / Alaska Native / Indigenous	<input type="checkbox"/> Asian / Asian American
<input type="checkbox"/> Black / African American / African	<input type="checkbox"/> Hispanic / Latina/o
<input type="checkbox"/> Middle Eastern or North Africa	<input type="checkbox"/> Native Hawaiian / Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> Client doesn't know/Client prefers not to answer

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**How Long Have You Been Living on the Streets or in Emergency Shelters?**

Less Than a Year     A Year or More     Refused / Don't Know

**Number of Times You Have Experienced Homelessness (On the Streets or in Emergency Shelters) in the Past 3 Years?**

1 (this is the first time)     2 – 3 times     4 or more times     Client doesn't know/Client prefers not to answer

**In the past 3 years, how many times have you been homeless (on the streets or in emergency shelters)?**

Fewer than 12 months     12 months or more     Client doesn't know/Client prefers not to answer

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**Do you Have a Disability? (Select all that apply)**

None/ Client doesn't know/Client prefers not to answer     Alcohol Abuse     Chronic Health Condition  
 Developmental     Drug Abuse     HIV / AIDS     Mental Health     Physical

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**Are You Currently Fleeing Domestic Violence?**     Yes     No     Client doesn't know/Client prefers not to answer

WOULD YOU LIKE ASSISTANCE IN CALLING 911 OR THE NATIONAL DOMESTIC VIOLENCE HOTLINE?  
1-800-799-7233

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**Have You Ever Served in the Military?**

Yes     No     Client doesn't know/Client prefers not to answer

**Complete survey questions for each household member 17 years of age.  
Use additional forms as needed.**

### ***Household member 17 years of age and under***

**Head of Household Name** \_\_\_\_\_

**Name of Household member**

First Name:	Last Name:
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**Age Category**

Under 18

**Sex**

Female       Male       Client doesn't know/Client prefers not to answer

**Race and Ethnicity (Select all that apply)**

<input type="checkbox"/> American Indian / Alaska Native / Indigenous	<input type="checkbox"/> Asian / Asian American
<input type="checkbox"/> Black / African American / African	<input type="checkbox"/> Hispanic / Latina/e/o
<input type="checkbox"/> Middle Eastern or North Africa	<input type="checkbox"/> Native Hawaiian / Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> Client doesn't know/Client prefers not to answer

### ***Household member 17 years of age and under***

**Name of Household member**

First Name:	Last Name:
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**Age Category**

Under 18

**Sex**

Female       Male       Client doesn't know/Client prefers not to answer

**Race and Ethnicity (Select all that apply)**

<input type="checkbox"/> American Indian / Alaska Native / Indigenous	<input type="checkbox"/> Asian / Asian American
<input type="checkbox"/> Black / African American / African	<input type="checkbox"/> Hispanic / Latina/e/o
<input type="checkbox"/> Middle Eastern or North Africa	<input type="checkbox"/> Native Hawaiian / Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> Client doesn't know/Client prefers not to answer