

Wyoming Unsheltered Point in Time Count Survey January 24, 2024

Unsheltered Portal: https://icamissouri.formstack.com/forms/wyomingunsheltered_2024

**** This form is to be completed with clients who are/were homeless on the night of January 24, 2024, 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 – For Agency Staff use only

Informed 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:** _____

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: Was this survey entered into the portal near the location where the individual/household spent the night of January 24, 2024? Yes No

Are you from Wyoming? Yes No

Did you ever receive ERAP assistance for housing? Yes No

Where Are (Were) You Sleeping on the Night of January 24,2024?

Local Shelter Hotel/Motel, was the Hotel/Motel paid for by an Agency Yes No
 Apartment

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

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

****Continue to Reasons being Doubled Up**

Friends/Family (Doubled Up) staying temporarily and not on the lease.

Are you on the lease where you are staying?

Yes (If yes, thank the participant and end the interview)

No How many persons are not on the lease? _____

How long have you been staying there?

- 1 night or less 2 to 6 nights 1 week or more but less than month
 1 month or more but less than 90 days 90 days or more but less than year

****Reasons for being Doubled Up: (Select all that apply)**

- Bad credit history Can't afford housing due to lack of income
 No affordable housing available Criminal History
 Disaster Eviction
 Change in a relationship status Relocation
 Other Client doesn't know/Client prefers not to answer

If Other, please explain: _____

Name of Head of Household Doubled Up

First Name:	Last Name:
-------------	------------

*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,
continue to the next questions.***

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.

Are you Head of Household

Yes No _____ Total Number of Persons in the Household including interviewee

Head of Household First Name:	Head of Household Last Name:
-------------------------------	------------------------------

Age Category

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:
-------------	------------

Age Category

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

Gender (Select all that apply)

- Woman (Girl, if child) Man (Boy, if child)
 Culturally Specific Identity (e.g. Two-Spirit) Transgender
 Non-Binary Questioning
 Different Identity Client doesn't know/Client prefers not to answer

Race (Select all that apply)

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

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

Have You Ever Been a Victim of Domestic Violence?

- Yes** No

Client doesn't know/Client prefers not to answer

** If Yes, Are You Currently Fleeing? **

- Yes No

Client doesn't know/Client prefers not to answer

**IF YES, 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

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:
-------------	------------

Age Category

- Under 18

Gender (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Woman (Girl, if child) | <input type="checkbox"/> Man (Boy, if child) |
| <input type="checkbox"/> Culturally Specific Identity (e.g. Two-Spirit) | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Non-Binary | <input type="checkbox"/> Questioning |
| <input type="checkbox"/> Different Identity | <input type="checkbox"/> Client doesn't know/Client prefers not to answer |

Race (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:
-------------	------------

Age Category

- Under 18

Gender (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Woman (Girl, if child) | <input type="checkbox"/> Man (Boy, if child) |
| <input type="checkbox"/> Culturally Specific Identity (e.g. Two-Spirit) | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Non-Binary | <input type="checkbox"/> Questioning |
| <input type="checkbox"/> Different Identity | <input type="checkbox"/> Client doesn't know/Client prefers not to answer |

Race (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 |

- Middle Eastern or North Africa
- White

- Native Hawaiian / Pacific Islander
 - Client doesn't know/Client prefers not to answer
-