

Legend

HUD Required Question

HUD/Software Question

Local Questions

Question may be added

1. Survey Location

- a. ~~Chico~~
- b. ~~Oroville~~
- c. ~~Paradise, Magalia, and other Ridge Communities~~
- d. ~~Gridley, Biggs~~
- e. ~~Call in 211~~
- f. Other: [free fill text box]

2. Have you already been interviewed for the 2021 PIT Count? (If yes, STOP)

- a. Yes
- b. No

3. Where did you sleep the night before the Count? (If option in bold is selected, continue with the survey)

- a. **Abandoned building**
- b. **Under bridge/ overpass**
- c. **Bus/ train station**
- d. **Vehicle/ boat/ RV**
- e. **Outdoor encampment**
- f. **Park**
- g. **Street or sidewalk**
- h. Emergency shelter (Torres, Sabbath House, Safe Space, ORM, Etc.)
- i. Transitional housing
- j. Hospital
- k. Treatment program
- l. Jail
- m. Hotel/Motel paid for with own money
- n. Hotel/Motel paid for by an agency
- o. Temporarily with friends or family (couch surfing)
- p. House or apartment-rent/own
- q. In a place being evicted from
- r. Other location: [free fill text box]

4. What is your name?

- a. First Name (or Initial): [free fill text box]
- b. Last Name (or Initial): [free fill text box]
- c. Person refused
 - i. If hesitant, ask "What are your initials?" [free fill text box]

5. What is your gender? [Select One]

- a. Male
- b. Female
- c. Trans female (M2F)
- d. Trans male (F2M)
- e. Non-conforming/non-binary
- f. Person doesn't know
- g. Person refused

6. How do you identify your sexual orientation or preference? (choose all that apply)

- ~~a. Straight or heterosexual~~
- ~~b. Lesbian, gay, homosexual, or same gender loving~~
- ~~c. Bisexual or pansexual~~
- ~~d. I identify as: [free fill text box]~~
- ~~e. Person doesn't know~~
- ~~f. Person refused~~

7. What is your date of birth?

- a. [mm/dd/yyyy]
- b. Person doesn't know
- c. Person refused

7a. If refused to answer date of birth, ask "How old are you?"[free fill date box]

7b. If refused to answer age, ask "What age range do you fall into?"

- a. 5-12
- b. 13-17
- c. 18-24
- d. 25-34
- e. 35-44
- f. 45-54
- g. 55-61
- h. 62+

8. What is your race?

- a. American Indian or Alaska native
- b. Asian
- c. Black or African American
- d. Native Hawaiian/Pacific Islander
- e. White
- f. Multiple races
- g. Person doesn't know
- h. Person refused

9. Are you Hispanic/Latino?

- a. Yes
- b. No
- c. Person doesn't know
- d. Person refused

10. Is this the first time you have been homeless?

- a. Yes
- b. No
- c. Person doesn't know
- d. Person refused

11. How long have you been homeless this time? (Only include time in shelters and/or streets)

- a. 0 to 3 months
- b. 4 to 6 months
- c. 7 to 11 months
- d. 1 to 2 years

- e. 2 to 3 years
- f. 3 years or more

12. How many months did you stay in shelters or on the streets over the past 3 years?

- a. 0 to 3 months
- b. 4 to 6 months
- c. 7 to 11 months
- d. 1 to 2 years
- e. 2 to 3 years
- f. 3 years or more

13. How many separate times have you stayed in shelters or on the streets in the past 3 years?

- a. Fewer than 4 times
- b. 4 or more times
- c. Person doesn't know
- d. Person refused

14. Do you have any Substance Abuse Issues?

- a. No
- b. Alcohol abuse
- c. Drug abuse
- d. Both alcohol and drug
- e. Person doesn't know
- f. Person refused

14a. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?

- a. Yes
- b. No
- c. Person doesn't know
- d. Person refused

15. Do you have a Chronic Health Condition?

- a. Yes
- b. No
- c. Person doesn't know
- d. Person refused

15a. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?

- a. Yes
- b. No
- c. Person doesn't know
- d. Person refused

16. Do you have a Mental Health Problem?

- a. Yes
- b. No
- c. Person doesn't know
- d. Person refused

16a. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?

- a. Yes
- b. No
- c. Person doesn't know
- d. Person refused

17. Do you have a Physical Disability?

- a. Yes
- b. No
- c. Person doesn't know
- d. Person refused

17a. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?

- a. Yes
- b. No
- c. Person doesn't know
- d. Person refused

18. Do you have a Developmental Disability?

- a. Yes
- b. No
- c. Person doesn't know
- d. Person refused

19. Do you have HIV/AIDS?

- a. Yes
- b. No
- c. Person doesn't know
- d. Person refused

20. Are you experiencing homelessness because you are fleeing Domestic Violence, Sexual Assault, or Stalking?

- a. Yes
- b. No
- c. Person doesn't know
- d. Person refused

21. Are you a victim of Domestic Violence?

- a. Yes
- b. No
- c. Person doesn't know
- d. Person refused

22. Are you a veteran? (served in the US Armed Forces OR been called into a duty as a member of the National Guard or as a Reservist)

- a. Yes
- b. No
- c. Person doesn't know
- d. Person refused

23. What area did you stay in last night?

- a. Biggs

- b. Chico
- c. Gridley
- d. Oroville
- e. Paradise
- f. Magalia
- g. Other location in Butte County: [free fill text box]
- h. Outside Butte County: [free fill text box]

24. What was the last grade level you completed in school?

- a. ~~Less than 8th grade~~
- b. ~~Less than 12th grade~~
- c. ~~High School Graduate or GED~~
- d. ~~AA Degree~~
- e. ~~Some College~~
- f. ~~College Degree or More~~
- g. ~~Person doesn't know~~
- h. ~~Person refused~~

25. Were you ever in foster care?

- a. ~~Yes~~
- b. ~~No~~
- c. ~~Person doesn't know~~
- d. ~~Person refused~~

26. Have you ever been to jail and/or prison?

- a. ~~Yes~~
- b. ~~No~~
- c. ~~Person doesn't know~~
- d. ~~Person refused~~

27. Are you currently on probation and/or parole?

- a. ~~Yes~~
- b. ~~No~~
- c. ~~Person doesn't know~~
- d. ~~Person refused~~

28. How long have you been in Butte County? If in and out, what is the TOTAL amount of time?

- a. ~~More than a month but less than 1 year~~
- b. ~~1-2 years~~
- c. ~~3-5 years~~
- d. ~~6-9 years~~
- e. ~~10-19 years~~
- f. ~~20+ years~~
- g. ~~Person doesn't know~~
- h. ~~Person refused~~

29. Do you consider Butte County your home?

- a. ~~Yes~~
- b. ~~No~~
- c. ~~Person doesn't know~~
- d. ~~Person refused~~

30. Were you living in Butte County when you became homeless?

- a. Yes
- b. No
- c. Person doesn't know
- d. Person refused

31. What housing and/or sheltering options would you be interested in?

(Check all that apply)

- a. A parking lot with security where you can safely sleep in your car or RV
- b. Outside space that is legal to camp
- c. Sharing a room in a house or apartment
- d. Your own room in a house or apartment
- e. Tiny House or Individualized micro structures
- f. Shelter with large shared sleeping space with pets allowed
- g. Person doesn't know
- h. Person refused

32. What do you think led to your homelessness? (choose all that apply)

- ~~a. Age out of foster or group home~~
- ~~b. Alcohol or substance use or abuse~~
- ~~c. Domestic violence or partner abuse~~
- ~~d. Employment or financial reasons~~
- ~~e. Family crisis such as a death or serious illness in the family, divorce, family conflict, or another family problem~~
- ~~f. Forced to relocate from home or evicted~~
- ~~g. Incarceration~~
- ~~h. Leaving your house due to intolerance of your sexual orientation or gender identity~~
- ~~i. Medical or disability problems~~
- ~~j. Mental illness~~
- ~~k. Natural or other disasters~~
 - ~~i. If yes, are you survivor of the 2017 Wall Fire?~~
 - ~~ii. Are you a survivor of the 2018 Camp Fire?~~
 - ~~iii. Are you a survivor of the 2020 Bear/North Complex Fire?~~
 - ~~iv. Are you a survivor of another disaster? Please state. [Text box]~~
- ~~l. Parent or foster parent abuse~~
- ~~m. Personal choice to be homeless~~
- ~~n. PRCS (Post Release Controlled Supervision)~~
- ~~o. Recent immigration~~
- ~~p. Substandard housing~~
- ~~q. Other: [free fill text box]~~
- ~~r. Person Doesn't Know~~
- ~~s. Person Refused~~

33. What barriers prevent you from accessing permanent housing (choose all that apply)?

- ~~a. Criminal History~~
 - ~~i. If yes, where you convicted of 290 offense?~~
- ~~b. Finding affordable housing~~

- ~~c. Finding a job~~
- ~~d. Finding services to help me~~
- ~~e. I don't like the housing options available to me~~
- ~~f. Lack of an ID card~~
- ~~g. Lack of local services~~
- ~~h. Managing my mental health~~
- ~~i. No money for rent or deposit~~
- ~~j. Pets~~
- ~~k. Poor/no credit~~
- ~~l. Rental History~~
- ~~m. Substance Use~~
- ~~n. Transportation to services~~
- ~~o. Nothing, I prefer to be homeless~~
- ~~p. Other: [free fill text box]~~
- ~~q. Person Doesn't Know~~
- ~~r. Person Refused~~

34. How do you get money? (choose all that apply)

- ~~a. Child support or alimony~~
- ~~b. Friends or family~~
- ~~c. General Assistance (GA)~~
- ~~d. Job or paid internship~~
- ~~e. Odd jobs~~
- ~~f. Panhandling or busking (street performance)~~
- ~~g. Pension or retirement~~
- ~~h. Recycling~~
- ~~i. Supplemental Security Income (SSI)~~
- ~~j. Social Security Disability Insurance (SSDI)~~
- ~~k. Student aid or grants~~
- ~~l. Temporary Assistance for Needy Families (TANF)~~
- ~~m. Temporary or seasonal (harvest) employment~~
- ~~n. Unemployment benefits~~
- ~~o. Veteran's benefits~~
- ~~p. Other: [free fill text box]~~
- ~~q. Person Doesn't Know~~
- ~~r. Person Refused~~

35. What is your household's approximate monthly income? (choose one)

- ~~a. No income~~
- ~~b. \$1-\$150~~
- ~~c. \$151-\$250~~
- ~~d. \$251-\$500~~
- ~~e. \$501-\$1,000~~
- ~~f. \$1,001-\$1,500~~
- ~~g. \$1,501-\$2,000~~
- ~~h. Over \$2,000~~
- ~~i. Person Doesn't Know~~
- ~~j. Person Refused~~

36. Which of these services would you use? (Check all that apply)

- a. Access to electricity
- b. Court transportation and support
- c. Detox center
- d. Drop in center for clothes, computer use, food, mail, and support
- e. Free laundry service
- f. Life coach/case manager/mentor
- g. Mobile shower
- h. Needle exchange program
- i. Phone charging stations
- j. Safe kennel provided for pets
- k. Safe medicine storage
- l. Safe personal property storage
- m. Temporary housing when sick
- n. Transportation to appointments
- o. Warming/cooling centers
- p. Other: [free fill text box]
- q. Person doesn't know
- r. Person refused

~~37. If you don't use Emergency Shelters, why not? (Check all that apply)~~

- ~~a. I don't like the staff~~
- ~~b. I don't like where it is located.~~
- ~~c. I don't need to~~
- ~~d. I feel overwhelmed being around so many people~~
- ~~e. I feel unsafe~~
- ~~f. I have been kicked out of the shelters~~
- ~~g. I have too much stuff to store there~~
- ~~h. I'm afraid of getting sick with all the people in one place~~
- ~~i. I prefer to camp outside~~
- ~~j. I think my children would be unsafe~~
- ~~k. It's too noisy~~
- ~~l. There are too many rules~~
- ~~m. They don't allow medicinal Marijuana~~
- ~~n. They don't allow my family to stay together~~
- ~~o. They don't allow people to use drugs or alcohol before signing in~~
- ~~p. They don't allow pets~~
- ~~q. They don't know how to shelter transgender people~~
- ~~r. They require religious participation to stay~~
- ~~s. Other: [free fill text box]~~

38. Are you experiencing homelessness as a direct result of COVID-19?

- a. Yes
 - i. If yes, did you experience job loss and/or eviction due to economic conditions surrounding the pandemic?
 - 1. Job loss
 - 2. Eviction

- 3. Person doesn't know
- 4. Person refused

- b. No
- c. Person doesn't know
- d. Person refused