

2018 Point-In-Time – Morris Local Addendum for HMIS Participating Agencies

HMIS Agency Name: \_\_\_\_\_

Homeless Management Information System (HMIS)

Project Name: \_\_\_\_\_

HMIS Household ID#: \_\_\_\_\_

**(Read to everyone) Informed Consent Statement:** Your participation in these questions is voluntary and completely confidential. We will never use your name. If we ask a questions that you'd prefer not to answer, let me know and we'll move on to the next question.

1. If your last residence or permanent address was outside Morris County, what month and year did you come here?

Jan	2018
Feb	2017
Mar	2016
Apr	2015
May	2014
June	2013
July	2012
Aug	2011
Sept	2010
Oct	2009
Nov	Other _____
Dec	

2. What brought you to Morris County?

- a. I have a friend here
- b. I have family here
- c. I was hospitalized here
- d. I was in jail here
- e. I was referred here by another county or town. Which one? \_\_\_\_\_
- f. Better employment here
- g. Needed Emergency Shelter (i.e. 7 night, etc)
- h. Needed housing opportunities (i.e. Transitional, Permanent Supportive Housing)
- i. Fleeing domestic violence
- j. Other \_\_\_\_\_

3. How do you describe yourself?

- a. male
- b. female
- c. trans male/trans man
- d. trans female/trans woman
- e. genderqueer/gender non-conforming
- f. Other \_\_\_\_\_

4. Do you consider yourself to be:

- g. Heterosexual or Straight
- h. Gay
- i. Lesbian
- j. Bisexual
- k. Queer
- l. Asexual
- m. Other \_\_\_\_\_

5. Were you with your parent or legal guardian the night of Tuesday, January 23<sup>rd</sup>?

Yes  No

6. If you were NOT with your parent or legal guardian, did you leave your home because you;

- a. Felt Unsafe
- b. Felt Unaccepted
- c. Was Asked to leave
- d. Left without permission
- e. Other \_\_\_\_\_

7. Are you a parent? Yes  No

f. If yes, how many children do you have? \_\_\_\_\_

g. Were your children with you the night of Tuesday, January 23<sup>rd</sup>?

Yes  No

8. Are you expecting a child within the next nine months?

Yes  No

9. Are you currently enrolled in school?

<input type="checkbox"/>	Yes, attend regularly
<input type="checkbox"/>	Yes, attend irregularly
<input type="checkbox"/>	Yes, suspended
<input type="checkbox"/>	No, graduated from High School
<input type="checkbox"/>	No, obtained GED
<input type="checkbox"/>	No, expelled
<input type="checkbox"/>	No, dropped out within last 6 months
<input type="checkbox"/>	No, dropped out 6 months ago or more

h. If yes, where? \_\_\_\_\_

i. If no, what was the last school attended? \_\_\_\_\_

10. What is the highest grade or level of schooling you completed?

<input type="checkbox"/>	Less than 5 <sup>th</sup> grade
<input type="checkbox"/>	5 <sup>th</sup> to 6 <sup>th</sup> grade
<input type="checkbox"/>	7 <sup>th</sup> to 8 <sup>th</sup> grade
<input type="checkbox"/>	9 <sup>th</sup> to 11 <sup>th</sup> grade
<input type="checkbox"/>	12 <sup>th</sup> grade
<input type="checkbox"/>	School program does not have grade levels
<input type="checkbox"/>	GED completion
<input type="checkbox"/>	Some post-secondary education
<input type="checkbox"/>	College