

# Homeless Count Woodland Hills Survey

1. Age
  - a. DOB (Optional)
2. Gender
  - a. Pronouns
3. Race
  - a. Primary Language
4. Veteran Status
  - a. Have you served in the military
  - b. If yes, Which Branch?
  - c. Discharge Status
  - d. Did you participate in any wars? Which one?
5. Health Status
  - a. Do you have a Physical Disability?
    - i. If yes, are conditions long term and will substantially impair your ability to live independently?
  - b. Have you ever been told you have a learning disability or developmental disability?
    - i. If yes, are conditions long term and will substantially impair your ability to live independently?
  - c. Do you have a chronic Health Condition?
    - i. If yes, are conditions long term and will substantially impair your ability to live independently?
  - d. Do you feel that you have a mental health problem?
    - i. If yes, are conditions long term and will substantially impair your ability to live independently?
  - e. Do you have a drug or Alcohol problem?
    - i. If yes, are conditions long term and will substantially impair your ability to live independently?
  - f. Are you Pregnant?
  - g. Any other health issues you would like to discuss or disclose?
6. Have you been a Victim of Domestic Violence?
7. Housing Status
  - a. What are your current barriers to housing?
  - b. When was the last time that you were housed?
  - c. Have you been in contact with a Homeless Service Provider or an outreach team
    - i. If so, which one and how long ago?
  - d. Do you have a pet?
  - e. Observe and enter current shelter type (i.e., Bus Shelter, Tent, structure, car, RV)
8. Are you at risk for COVID-19 Infection?
9. Do you receive any benefits? If so, what do you receive?
  - a. Earned income
  - b. Unemployment
  - c. SSI/SSDI

Count Number \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

- d. VA Benefits
  - e. Disability Insurance
  - f. General Relief
  - g. Retirement
  - h. Pension
  - i. Child Support
  - j. Spousal Support
  - k. Food Stamps
  - l. WIC
  - m. Other: \_\_\_\_\_
10. Do you have health insurance?
- a. Medi-Cal/Medicaid
  - b. Medicare
  - c. VA Medical Services
  - d. Employer Health Insurance
  - e. COBRA
  - f. Private Health Insurance
  - g. Other \_\_\_\_\_
11. Have you ever been in any of the following systems:
- a. Foster Care
  - b. Juvenile Justice System
  - c. Mandated Stay in inpatient or Outpatient Mental Health Treatment Facility
  - d. Jail
  - e. Prison
  - f. Adult Probation
  - g. Parole
12. Have you ever lived outside of LA County?
- a. If so, how long has it been since you moved or moved back to LA County
  - b. Before the last time you lost your housing, where were you living?
    - i. Woodland Hills
    - ii. San Fernando Valley
    - iii. LA County
    - iv. Other County in California
    - v. Out of State
    - vi. Outside of the United States