

**TENNESSEE VALLEY COALITION TO END HOMELESSNESS
2012 POINT IN TIME COUNT**

County Contact Kathi Parkins/Marianne Ferris Phone 982-2251

Your name: _____

Your Phone: _____

Location (Site) of Interview: _____

BLOUNT COUNTY

Is this a Family Unit YES _____ NO _____

If there are more than 5 people in a family, please attach another Survey Form

Individual # 1	Individual # 2	Individual # 3	Individual # 4	Individual # 5
Where did you sleep LAST NIGHT? (Choose one) -EMERGENCY SHELTER Name: _____	Where did you sleep LAST NIGHT? (Choose one) -EMERGENCY SHELTER Name: _____	Where did you sleep LAST NIGHT? (Choose one) -EMERGENCY SHELTER Name: _____	Where did you sleep LAST NIGHT? (Choose one) -EMERGENCY SHELTER Name: _____	Where did you sleep LAST NIGHT? (Choose one) -EMERGENCY SHELTER Name: _____
TRANSITIONAL HOUSING Name: _____	TRANSITIONAL HOUSING Name: _____	TRANSITIONAL HOUSING Name: _____	TRANSITIONAL HOUSING Name: _____	TRANSITIONAL HOUSING Name: _____
UNSHELTERED (car, street, tent)	UNSHELTERED (car, street, tent)	UNSHELTERED (car, street, tent)	UNSHELTERED (car, street, tent)	UNSHELTERED (car, street, tent)
<i>Do NOT continue if you cannot answer the previous question!</i>	<i>Do NOT continue if you cannot answer the previous question!</i>	<i>Do NOT continue if you cannot answer the previous question!</i>	<i>Do NOT continue if you cannot answer the previous question!</i>	<i>Do NOT continue if you cannot answer the previous question!</i>
Male or Female Age _____	Male or Female Age _____	Male or Female Age _____	Male or Female Age _____	Male or Female Age _____
VETERAN YES NO	VETERAN YES NO	VETERAN YES NO	VETERAN YES NO	VETERAN YES NO
Are you Disabled by: Mental illness _____ : Mental Illness _____ _ Alcohol Addiction _____ Drug Addiction _____ HIV/AIDS _____	Are you Disabled by: Mental illness _____ : Mental Illness _____ _ Alcohol Addiction _____ Drug Addiction _____ HIV/AIDS _____	Are you Disabled by: Mental illness _____ : Mental Illness _____ _ Alcohol Addiction _____ Drug Addiction _____ HIV/AIDS _____	Are you Disabled by: Mental illness _____ : Mental Illness _____ _ Alcohol Addiction _____ Drug Addiction _____ HIV/AIDS _____	Are you Disabled by: Mental illness _____ : Mental Illness _____ _ Alcohol Addiction _____ Drug Addiction _____ HIV/AIDS _____
Are you currently homeless due to Domestic Violence? _____	Are you currently homeless due to Domestic Violence? _____	Are you currently homeless due to Domestic Violence? _____	Are you currently homeless due to Domestic Violence? _____	Are you currently homeless due to Domestic Violence? _____
Have you been continuously homeless for a year or more? YES NO	Have you been continuously homeless for a year or more? YES NO	Have you been continuously homeless for a year or more? YES NO	Have you been continuously homeless for a year or more? YES NO	Have you been continuously homeless for a year or more? YES NO
Have you been homeless 4 times in the past 3 years?	Have you been homeless 4 times in the past 3 years?	Have you been homeless 4 times in the past 3 years?	Have you been homeless 4 times in the past 3 years?	Have you been homeless 4 times in the past 3 years?