

Tennessee Valley Coalition to End Homelessness

BLOUNT COUNTY

Name of person conducting interview:
Phone number of above:
Location of interview:

Point in Time Count Contact:

Kathi Parkins or Marianne Ferris
United Way Ofc: 982-2251

If there is more than 5 people in a family, please attach another survey to this form.

Is this a family unit? Yes No

Individual #1	Individual #2	Individual #3	Individual #4	Individual #5
Male Female <i>circle one</i>	Male Female <i>circle one</i>	Male Female <i>circle one</i>	Male Female <i>circle one</i>	Male Female <i>circle one</i>
Age: _____	Age: _____	Age: _____	Age: _____	Age: _____
Veteran: Yes No	Veteran: Yes No	Veteran: Yes No	Veteran: Yes No	Veteran: Yes No
Disabilities: <i>Mental Health</i> <i>Alcohol</i> <i>Drug Abuse</i> <i>HIV/Aids</i>	Disabilities: <i>Mental Health</i> <i>Alcohol</i> <i>Drug Abuse</i> <i>HIV/Aids</i>	Disabilities: <i>Mental Health</i> <i>Alcohol</i> <i>Drug Abuse</i> <i>HIV/Aids</i>	Disabilities: <i>Mental Health</i> <i>Alcohol</i> <i>Drug Abuse</i> <i>HIV/Aids</i>	Disabilities: <i>Mental Health</i> <i>Alcohol</i> <i>Drug Abuse</i> <i>HIV/Aids</i>
Are you currently homeless due to Domestic Violence? Yes No	Are you currently homeless due to Domestic Violence? Yes No	Are you currently homeless due to Domestic Violence? Yes No	Are you currently homeless due to Domestic Violence? Yes No	Are you currently homeless due to Domestic Violence? Yes No
Where did you sleep LAST NIGHT? <i>Choose one</i> •Emergency shelter (name: _____) •Unsheltered (street, tent, car, etc.) •Transitional housing (name: _____) •With family/friends	Where did you sleep LAST NIGHT? <i>Choose one</i> •Emergency shelter (name: _____) •Unsheltered (street, tent, car, etc.) •Transitional housing (name: _____) •With family/friends	Where did you sleep LAST NIGHT? <i>Choose one</i> •Emergency shelter (name: _____) •Unsheltered (street, tent, car, etc.) •Transitional housing (name: _____) •With family/friends	Where did you sleep LAST NIGHT? <i>Choose one</i> •Emergency shelter (name: _____) •Unsheltered (street, tent, car, etc.) •Transitional housing (name: _____) •With family/friends	Where did you sleep LAST NIGHT? <i>Choose one</i> •Emergency shelter (name: _____) •Unsheltered (street, tent, car, etc.) •Transitional housing (name: _____) •With family/friends
Have you been continually homeless for a year or more? Yes No	Have you been continually homeless for a year or more? Yes No	Have you been continually homeless for a year or more? Yes No	Have you been continually homeless for a year or more? Yes No	Have you been continually homeless for a year or more? Yes No
Have you been homeless at least four times over the past three years? Yes No	Have you been homeless at least four times over the past three years? Yes No	Have you been homeless at least four times over the past three years? Yes No	Have you been homeless at least four times over the past three years? Yes No	Have you been homeless at least four times over the past three years? Yes No