

**Carroll County Maryland Homeless Survey 2016**

**Outreach**

Please help us serve the community by answering a few questions.

1) **Have you already filled out the Carroll County, MD Homeless survey today?** (Circle Y or N) **Yes No**

2) **What is your housing status?**

<input type="checkbox"/>	I am in my own secure and stable home (Thank you – Please do not fill out this survey)
<input type="checkbox"/>	I am homeless
<input type="checkbox"/>	I am housed, but I have been asked to move in 14 days or less
<input type="checkbox"/>	I am housed, doubled up and not in my own home but can stay as long as I need to

3) **Where did you/are you staying...**

Last Night (1/27)	Tonight (1/28)	
<input type="checkbox"/>	<input type="checkbox"/>	Temporarily in a friend or relative's home or apartment
<input type="checkbox"/>	<input type="checkbox"/>	In a shelter (Which one?) (Women/Children's) (Men's) (Family) (Safe Haven) (Cold Weather)
<input type="checkbox"/>	<input type="checkbox"/>	In the detention center
<input type="checkbox"/>	<input type="checkbox"/>	In a drug treatment center (Which one?)
<input type="checkbox"/>	<input type="checkbox"/>	On the streets
<input type="checkbox"/>	<input type="checkbox"/>	In my car
<input type="checkbox"/>	<input type="checkbox"/>	In a motel <input type="checkbox"/> I am Paying <input type="checkbox"/> An agency is paying
<input type="checkbox"/>	<input type="checkbox"/>	My own house or apartment
<input type="checkbox"/>	<input type="checkbox"/>	Other (Please specify )
<input type="checkbox"/>	<input type="checkbox"/>	Refused

4) **Including you, how many adults and children are there in your household, who are sleeping in the same location with you tonight?**

<b>Adults</b>		<b>Children</b>	
---------------	--	-----------------	--

**Please complete the following:**

	Client	Person 2	Person 3	Person 4	Person 5
<b>Name</b>					
<b>How is [Person] related to you?</b>	Self	<input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Spouse <input type="radio"/> Other Family <input type="radio"/> Significant Other <input type="radio"/> Other, Non-Family	<input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Spouse <input type="radio"/> Other Family <input type="radio"/> Significant Other <input type="radio"/> Other, Non-Family	<input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Spouse <input type="radio"/> Other Family <input type="radio"/> Significant Other <input type="radio"/> Other, Non-Family	<input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Spouse <input type="radio"/> Other Family <input type="radio"/> Significant Other <input type="radio"/> Other, Non-Family

**Carroll County Maryland Homeless Survey 2016**

**Outreach**

	<b>Client</b>	<b>Person 2</b>	<b>Person 3</b>	<b>Person 4</b>	<b>Person 5</b>
<b>(If present)Just to confirm, are you staying with [Client] tonight?</b>	Skip	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
<b>If not, Where are you staying tonight</b>	Skip	Refer to Q3 for options	Refer to Q3 for options	Refer to Q3 for options	Refer to Q3 for options
<b>How old are you? (MM/DD/YYYY)</b>					
<b>If hesitant age range</b>	<input type="radio"/> Under 18 <input type="radio"/> 18-24 <input type="radio"/> 25+ <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Under 18 <input type="radio"/> 18-24 <input type="radio"/> 25+ <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Under 18 <input type="radio"/> 18-24 <input type="radio"/> 25+ <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Under 18 <input type="radio"/> 18-24 <input type="radio"/> 25+ <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Under 18 <input type="radio"/> 18-24 <input type="radio"/> 25+ <input type="radio"/> Don't Know <input type="radio"/> Refused
<b>What is your gender?</b>	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender Male to Female <input type="radio"/> Transgender Female to Male <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender Male to Female <input type="radio"/> Transgender Female to Male <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender Male to Female <input type="radio"/> Transgender Female to Male <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender Male to Female <input type="radio"/> Transgender Female to Male <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender Male to Female <input type="radio"/> Transgender Female to Male <input type="radio"/> Don't Know <input type="radio"/> Refused
<b>Are you Hispanic or Latino?</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
<b>What is your race? (May select multiple categories)</b>	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> White <input type="radio"/> Other Please Specify: <hr/> <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> White <input type="radio"/> Other Please Specify: <hr/> <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> White <input type="radio"/> Other Please Specify: <hr/> <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> White <input type="radio"/> Other Please Specify: <hr/> <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> White <input type="radio"/> Other Please Specify: <hr/> <input type="radio"/> Don't Know <input type="radio"/> Refused

**Carroll County Maryland Homeless Survey 2016**

**Outreach**

	<b>Client</b>	<b>Person 2</b>	<b>Person 3</b>	<b>Person 4</b>	<b>Person 5</b>
<b>Have you served in the U. S. Armed Forces?</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
<b>If no, have you ever been called into active duty as a member of the National Guard or as a Reservist?</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
<b>Have you ever received health care or benefits from a Veterans Administration medical center?</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
<b>Have you ever been in Foster Care?</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
<b>Is this the first time that you have been homeless?</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
<b><u>This time</u>, how long have you been staying in shelters and/or on the streets?</b>					
<b>Including this time, how many separate times have you stayed in shelters and/or on the streets in <u>the last 3 years?</u> (since January 2013)</b>	<input type="radio"/> Less than 4 times <input type="radio"/> 4 times or more <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Less than 4 times <input type="radio"/> 4 times or more <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Less than 4 times <input type="radio"/> 4 times or more <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Less than 4 times <input type="radio"/> 4 times or more <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Less than 4 times <input type="radio"/> 4 times or more <input type="radio"/> Don't Know <input type="radio"/> Refused
<b>In total, how long did you stay in shelters or on the streets during those times?</b>					

<b>**COMPLETE THIS SECTION FOR ADULTS/Heads of Household ONLY**</b>					
	<b>Client</b>	<b>Person 2</b>	<b>Person 3</b>	<b>Person 4</b>	<b>Person 5</b>
<b>Are you disabled?</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
<b>Do you have any of the following disabling conditions? (Check all that apply)</b>	<input type="radio"/> Alcohol Abuse <input type="radio"/> Drug Abuse <input type="radio"/> Both Drug and Alcohol Abuse <input type="radio"/> Chronic Health Condition <input type="radio"/> Developmental Disability <input type="radio"/> HIV/AIDS <input type="radio"/> Mental Health Problem <input type="radio"/> Physical Disability	<input type="radio"/> Alcohol Abuse <input type="radio"/> Drug Abuse <input type="radio"/> Both Drug and Alcohol Abuse <input type="radio"/> Chronic Health Condition <input type="radio"/> Developmental Disability <input type="radio"/> HIV/AIDS <input type="radio"/> Mental Health Problem <input type="radio"/> Physical Disability	<input type="radio"/> Alcohol Abuse <input type="radio"/> Drug Abuse <input type="radio"/> Both Drug and Alcohol Abuse <input type="radio"/> Chronic Health Condition <input type="radio"/> Developmental Disability <input type="radio"/> HIV/AIDS <input type="radio"/> Mental Health Problem <input type="radio"/> Physical Disability	<input type="radio"/> Alcohol Abuse <input type="radio"/> Drug Abuse <input type="radio"/> Both Drug and Alcohol Abuse <input type="radio"/> Chronic Health Condition <input type="radio"/> Developmental Disability <input type="radio"/> HIV/AIDS <input type="radio"/> Mental Health Problem <input type="radio"/> Physical Disability	<input type="radio"/> Alcohol Abuse <input type="radio"/> Drug Abuse <input type="radio"/> Both Drug and Alcohol Abuse <input type="radio"/> Chronic Health Condition <input type="radio"/> Developmental Disability <input type="radio"/> HIV/AIDS <input type="radio"/> Mental Health Problem <input type="radio"/> Physical Disability
<b>(If yes to any) Do any of these situations keep you from holding a job or living in stable housing?</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
<b>If yes, which ones?</b>	<input type="radio"/> Alcohol Abuse <input type="radio"/> Drug Abuse <input type="radio"/> Both Drug and Alcohol Abuse <input type="radio"/> Chronic Health Condition <input type="radio"/> Developmental Disability <input type="radio"/> HIV/AIDS <input type="radio"/> Mental Health Problem <input type="radio"/> Physical Disability	<input type="radio"/> Alcohol Abuse <input type="radio"/> Drug Abuse <input type="radio"/> Both Drug and Alcohol Abuse <input type="radio"/> Chronic Health Condition <input type="radio"/> Developmental Disability <input type="radio"/> HIV/AIDS <input type="radio"/> Mental Health Problem <input type="radio"/> Physical Disability	<input type="radio"/> Alcohol Abuse <input type="radio"/> Drug Abuse <input type="radio"/> Both Drug and Alcohol Abuse <input type="radio"/> Chronic Health Condition <input type="radio"/> Developmental Disability <input type="radio"/> HIV/AIDS <input type="radio"/> Mental Health Problem <input type="radio"/> Physical Disability	<input type="radio"/> Alcohol Abuse <input type="radio"/> Drug Abuse <input type="radio"/> Both Drug and Alcohol Abuse <input type="radio"/> Chronic Health Condition <input type="radio"/> Developmental Disability <input type="radio"/> HIV/AIDS <input type="radio"/> Mental Health Problem <input type="radio"/> Physical Disability	<input type="radio"/> Alcohol Abuse <input type="radio"/> Drug Abuse <input type="radio"/> Both Drug and Alcohol Abuse <input type="radio"/> Chronic Health Condition <input type="radio"/> Developmental Disability <input type="radio"/> HIV/AIDS <input type="radio"/> Mental Health Problem <input type="radio"/> Physical Disability
<b>Do you receive any disability benefits such as Social Security Disability Income or Veteran's Disability Benefits?</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused

**\*\*COMPLETE THIS SECTION FOR ADULTS/Heads of Household ONLY\*\***

	Client	Person 2	Person 3	Person 4	Person 5
<b>Where was the last place you stayed before becoming homeless?</b>	<ul style="list-style-type: none"> <li><input type="radio"/> Own house / Apartment</li> <li><input type="radio"/> Rental house/ Apartment (I paid)</li> <li><input type="radio"/> Rental house/ Apartment (Subsidized)</li> <li><input type="radio"/> Foster care/ Group home</li> <li><input type="radio"/> Hospital</li> <li><input type="radio"/> Hotel/Motel</li> <li><input type="radio"/> Jail, Prison, or Juvenile Facility</li> <li><input type="radio"/> Living with Family</li> <li><input type="radio"/> Living with Friends</li> <li><input type="radio"/> Nursing Home</li> <li><input type="radio"/> Permanent Housing for Formerly Homeless</li> <li><input type="radio"/> Psychiatric Hospital or Facility</li> <li><input type="radio"/> Substance Abuse Treatment Center</li> <li><input type="radio"/> Sober Housing for Homeless</li> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Refused</li> <li><input type="radio"/> Other _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Own house / Apartment</li> <li><input type="radio"/> Rental house/ Apartment (I paid)</li> <li><input type="radio"/> Rental house/ Apartment (Subsidized)</li> <li><input type="radio"/> Foster care/ Group home</li> <li><input type="radio"/> Hospital</li> <li><input type="radio"/> Hotel/Motel</li> <li><input type="radio"/> Jail, Prison, or Juvenile Facility</li> <li><input type="radio"/> Living with Family</li> <li><input type="radio"/> Living with Friends</li> <li><input type="radio"/> Nursing Home</li> <li><input type="radio"/> Permanent Housing for Formerly Homeless</li> <li><input type="radio"/> Psychiatric Hospital or Facility</li> <li><input type="radio"/> Substance Abuse Treatment Center</li> <li><input type="radio"/> Sober Housing for Homeless</li> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Refused</li> <li><input type="radio"/> Other _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Own house / Apartment</li> <li><input type="radio"/> Rental house/ Apartment (I paid)</li> <li><input type="radio"/> Rental house/ Apartment (Subsidized)</li> <li><input type="radio"/> Foster care/ Group home</li> <li><input type="radio"/> Hospital</li> <li><input type="radio"/> Hotel/Motel</li> <li><input type="radio"/> Jail, Prison, or Juvenile Facility</li> <li><input type="radio"/> Living with Family</li> <li><input type="radio"/> Living with Friends</li> <li><input type="radio"/> Nursing Home</li> <li><input type="radio"/> Permanent Housing for Formerly Homeless</li> <li><input type="radio"/> Psychiatric Hospital or Facility</li> <li><input type="radio"/> Substance Abuse Treatment Center</li> <li><input type="radio"/> Sober Housing for Homeless</li> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Refused</li> <li><input type="radio"/> Other _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Own house / Apartment</li> <li><input type="radio"/> Rental house/ Apartment (I paid)</li> <li><input type="radio"/> Rental house/ Apartment (Subsidized)</li> <li><input type="radio"/> Foster care/ Group home</li> <li><input type="radio"/> Hospital</li> <li><input type="radio"/> Hotel/Motel</li> <li><input type="radio"/> Jail, Prison, or Juvenile Facility</li> <li><input type="radio"/> Living with Family</li> <li><input type="radio"/> Living with Friends</li> <li><input type="radio"/> Nursing Home</li> <li><input type="radio"/> Permanent Housing for Formerly Homeless</li> <li><input type="radio"/> Psychiatric Hospital or Facility</li> <li><input type="radio"/> Substance Abuse Treatment Center</li> <li><input type="radio"/> Sober Housing for Homeless</li> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Refused</li> <li><input type="radio"/> Other _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Own house / Apartment</li> <li><input type="radio"/> Rental house/ Apartment (I paid)</li> <li><input type="radio"/> Rental house/ Apartment (Subsidized)</li> <li><input type="radio"/> Foster care/ Group home</li> <li><input type="radio"/> Hospital</li> <li><input type="radio"/> Hotel/Motel</li> <li><input type="radio"/> Jail, Prison, or Juvenile Facility</li> <li><input type="radio"/> Living with Family</li> <li><input type="radio"/> Living with Friends</li> <li><input type="radio"/> Nursing Home</li> <li><input type="radio"/> Permanent Housing for Formerly Homeless</li> <li><input type="radio"/> Psychiatric Hospital or Facility</li> <li><input type="radio"/> Substance Abuse Treatment Center</li> <li><input type="radio"/> Sober Housing for Homeless</li> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Refused</li> <li><input type="radio"/> Other _____</li> </ul>
<b>What was the Zip Code of your last permanent residence?</b>					
<b>Are you homeless because you, or a member of your family, are a victim of violence or stalking?</b>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Refused</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Refused</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Refused</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Refused</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Refused</li> </ul>
<b>What is your marital status?</b>	<ul style="list-style-type: none"> <li><input type="radio"/> Single</li> <li><input type="radio"/> Married, Together</li> <li><input type="radio"/> Married, Separated</li> <li><input type="radio"/> Unmarried, Together</li> <li><input type="radio"/> Unmarried, Separated</li> <li><input type="radio"/> Divorced</li> <li><input type="radio"/> Widowed</li> <li><input type="radio"/> Other: _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Single</li> <li><input type="radio"/> Married, Together</li> <li><input type="radio"/> Married, Separated</li> <li><input type="radio"/> Unmarried, Together</li> <li><input type="radio"/> Unmarried, Separated</li> <li><input type="radio"/> Divorced</li> <li><input type="radio"/> Widowed</li> <li><input type="radio"/> Other: _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Single</li> <li><input type="radio"/> Married, Together</li> <li><input type="radio"/> Married, Separated</li> <li><input type="radio"/> Unmarried, Together</li> <li><input type="radio"/> Unmarried, Separated</li> <li><input type="radio"/> Divorced</li> <li><input type="radio"/> Widowed</li> <li><input type="radio"/> Other: _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Single</li> <li><input type="radio"/> Married, Together</li> <li><input type="radio"/> Married, Separated</li> <li><input type="radio"/> Unmarried, Together</li> <li><input type="radio"/> Unmarried, Separated</li> <li><input type="radio"/> Divorced</li> <li><input type="radio"/> Widowed</li> <li><input type="radio"/> Other: _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Single</li> <li><input type="radio"/> Married, Together</li> <li><input type="radio"/> Married, Separated</li> <li><input type="radio"/> Unmarried, Together</li> <li><input type="radio"/> Unmarried, Separated</li> <li><input type="radio"/> Divorced</li> <li><input type="radio"/> Widowed</li> <li><input type="radio"/> Other: _____</li> </ul>
<b>What is your employment status?</b>	<ul style="list-style-type: none"> <li><input type="radio"/> Full time (30+hrs/wk)</li> <li><input type="radio"/> Part time (&lt;30hrs/wk)</li> <li><input type="radio"/> Unemployed</li> <li><input type="radio"/> Disabled</li> <li><input type="radio"/> Retired</li> <li><input type="radio"/> Seasonal</li> <li><input type="radio"/> Other</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Full time (30+hrs/wk)</li> <li><input type="radio"/> Part time (&lt;30hrs/wk)</li> <li><input type="radio"/> Unemployed</li> <li><input type="radio"/> Disabled</li> <li><input type="radio"/> Retired</li> <li><input type="radio"/> Seasonal</li> <li><input type="radio"/> Other</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Full time (30+hrs/wk)</li> <li><input type="radio"/> Part time (&lt;30hrs/wk)</li> <li><input type="radio"/> Unemployed</li> <li><input type="radio"/> Disabled</li> <li><input type="radio"/> Retired</li> <li><input type="radio"/> Seasonal</li> <li><input type="radio"/> Other</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Full time (30+hrs/wk)</li> <li><input type="radio"/> Part time (&lt;30hrs/wk)</li> <li><input type="radio"/> Unemployed</li> <li><input type="radio"/> Disabled</li> <li><input type="radio"/> Retired</li> <li><input type="radio"/> Seasonal</li> <li><input type="radio"/> Other</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Full time (30+hrs/wk)</li> <li><input type="radio"/> Part time (&lt;30hrs/wk)</li> <li><input type="radio"/> Unemployed</li> <li><input type="radio"/> Disabled</li> <li><input type="radio"/> Retired</li> <li><input type="radio"/> Seasonal</li> <li><input type="radio"/> Other</li> </ul>

The data on this sheet is being collected for aggregate reporting and a privacy policy is available upon request. If you wish the CSP administrator to share your data with other providers please check the specific providers you authorize to share with. If you circle yes the data will be available to that agency for one year from date of survey unless you withdraw permission earlier. Only agencies participating in Carroll County's Community ServicePoint (CSP) Database are eligible for electronic sharing. Sharing data reduces data entry time for resource providers, enabling more efficient provision of services. All Data Transmission occurs under secure socket level (SSL) protection.

**I want to CSP to share my data with the following agencies (circle yes or no):**

Citizen Services	Yes	No
Bureau of Aging and Disabilities	Yes	No
Catastrophic Health Planners	Yes	No
HSP	Yes	No
Bureau of Prevention, Wellness, and Recovery (Health Department)	Yes	No
Westminster Rescue Mission	Yes	No

<b>First Name:</b>	<b>Last Name:</b>	<b>MI:</b>	<b>Suffix:</b>
_____	_____	_____	_____

<b>Social Security Last 4 #'s XXX-XX-</b> _____	<b>Date of Birth or Age:</b>
_____	_____

<b>Participant or Guardian Signature</b>	<b>Date</b>
_____	____/____/____

**Where was this survey completed?**

- Library
- Social Services
- BERC
- Westminster Rescue Mission
- Detention Center
- Recovery Support Services Program
- On Our Own
- Access Carroll
- Cold Weather Shelter
- Soup Kitchen
- Shepherd's Staff
- Carroll Food Sunday
- Street
- Health Department
- Carroll Hospital Center
- Carroll Food Sunday
- Other (Please specify) \_\_\_\_\_

Staff/Volunteer Signature \_\_\_\_\_

Agency \_\_\_\_\_

Date \_\_\_\_\_