



**Notice and Call
of a joint
Special Meeting
of the
Orange County
Continuum of Care Board
and of the
Commission to End Homelessness**

A joint Special Meeting of the Orange County Continuum of Care Board and the Commission to End Homelessness will convene on Thursday, January 16, 2025, at 10:30 am at:

County Conference Center
Room 104/106
425 West Santa Ana Boulevard, Santa Ana, CA 92701

The items of business to be discussed at this meeting are:

2025 Homeless Survey

Opportunity will be provided before or during the consideration of each item of business for members of the public to directly address the members regarding that item of business.

Tim Shaw, Chair
Continuum of Care Board

Supervisor Vicente Sarmiento, Chair
Commission to End Homelessness

SPECIAL MEETING AGENDA



JOINT SPECIAL MEETING OF THE ORANGE COUNTY CONTINUUM OF CARE BOARD AND THE COMMISSION TO END HOMELESSNESS

Thursday, January 16, 2025, 10:30 am

County Conference Center
Room 104/106
425 West Santa Ana Boulevard, Santa Ana, CA 92701

This special meeting agenda contains a brief general description of each item to be considered. Members of the public who wish to speak on any item appearing on the agenda, please complete a Speaker Request Form and provide to the clerk prior to the start of the meeting. Speaker Forms are located next to the entrance doors. Speakers will be given three minutes to speak. Except as otherwise provided by law, no action shall be taken on any item not appearing on the agenda. Please state your name (or pseudonym) for the record prior to providing your comments.

****In compliance with the Americans with Disabilities Act, and County Language Access Policy, those requiring accommodation and/or interpreter services for this meeting should call as soon as possible prior to the meeting at (714) 834-5000 or (714) 834-2206. Requests received less than 24 hours prior to the meeting will receive every effort to reasonably accommodate within the time provided****

All supporting documentation is available for public review online at:

<https://ceo.ocgov.com/page/2024-continuum-care>
<https://ceo.ocgov.com/care-coordination/commission-end-homelessness>

and in person with

*Office of Care Coordination located in the County Administration North Building,
400 West Civic Center Drive, 3rd Floor Santa Ana, CA 92701*

and

*Clerk of the Board of Supervisors located in the County Administration North Building,
400 West Civic Center Drive, 6th Floor, Santa Ana, California 92701*

8:00 a.m. - 5:00 p.m., Monday through Friday

Call to Order

Pledge of Allegiance

Roll Call

PUBLIC COMMENT

At this time members of the public may address the Commission on any matter not on the agenda but within the subject matter jurisdiction of the Commission.

COMMISSION AND CONTINUUM OF CARE BOARD MEMBERS COMMENTS

SPECIAL MEETING AGENDA

DISCUSSION ITEM

1. 2025 Homeless Survey

2025 First Time Homeless Survey

Survey Questions

Opening Script:

Hi, I'm (name), and I'm conducting a survey for the County of Orange to better understand the experiences and needs of people experiencing homelessness for the first time in the last 12 months. Your feedback will help shape local programs and policies to improve access to resources and prevent homelessness.

The survey is voluntary, takes about 30 minutes, and includes questions about your experiences. As a thank-you, you'll receive a \$\$\$ gift card upon completion. Please feel free to ask for clarification or skip any questions you're uncomfortable answering. Your honesty is greatly appreciated and will make a real impact.

Homelessness Status

1. Where did you sleep last night? Select the choice below that is closest to the answer given.
 - a. Outdoors → [Go to Question 5](#)
 - b. Airport → [Go to Question 5](#)
 - c. Abandoned building → [Go to Question 5](#)
 - d. Emergency Shelter and/or Transitional Housing → [Go to Question 5](#)
 - e. Motel or hotel paid by third party → [Go to Question 5](#)
 - f. Motel or hotel paid by himself or herself → [Go to Question 5](#)
 - g. Jail, hospital bed, or treatment program → [Go to Question 5](#)
 - h. Board and care facility or group home → [Go to Question 5](#)
 - i. In a vehicle (car, van, truck, or RV) → [Go to Question 2](#)
 - j. Bus, bus station, train, train station → [Go to Question 5](#)
 - k. In the apartment or home of a family member or friend including "doubled-up" or "couch surfing" → [Go to Question 5](#)
 - l. Permanent housing → [End survey](#)
 - m. Other Location: _____ → [Go to Question 5](#)
 - n. Client refused to answer → [Go to Question 5](#)
 - o. Client doesn't know → [Go to Question 5](#)

2. What type of vehicle?
 - a. Car → [Go to Question 5](#)
 - b. Van → [Go to Question 5](#)
 - c. Truck → [Go to Question 5](#)
 - d. Camper → [Go to Question 5](#)
 - e. Recreational Vehicle (RV) → [Go to Question 3](#)
 - f. Client refused to answer → [Go to Question 5](#)
 - g. Client doesn't know → [Go to Question 5](#)

3. If 'Recreational Vehicle (RV)': Is the RV you are living in connected to sewer, water, and electricity utilities AND is it in good repair (e.g., no holes, broken windows, flat tires, or broken siding)?

- a. Yes
 - b. No
 - c. Client doesn't know
 - d. Client refused to answer
4. Why are you currently staying/sleeping in an RV?
- a. Recently lost housing
 - b. Vacationing/Traveling → [End survey](#)
 - c. Have lived in an RV for more than a year → [Go to Question 7](#)
 - d. Other Reason: _____
 - e. Client refused to answer
 - f. Client doesn't know
5. Did you begin experiencing homelessness for the first time during the past 12 months?
- a. Yes
 - b. No → [Go to Question 7](#)
 - c. Client refused to answer → [Go to Question 7](#)
 - d. Client doesn't know → [Go to Question 7](#)
6. How long have you been experiencing homelessness?
- a. Less than one week → [Go to Next Section](#)
 - b. More than one week, but less than one month → [Go to Next Section](#)
 - c. One to three months → [Go to Next Section](#)
 - d. Four to six months → [Go to Next Section](#)
 - e. Seven to nine months → [Go to Next Section](#)
 - f. Ten to twelve months → [Go to Next Section](#)
 - g. Client refused to answer → [Go to Question 7](#)
 - h. Client doesn't know → [Go to Question 7](#)
7. At what age did you experience your first episode of homelessness? (Fill in answer)
- a. Enter age: _____ → [End survey](#)

Demographic Information

Script: Thank you for answering those questions. Given that you are experiencing homelessness for the first time in the past year, we are going to move forward in completing the next sections of the survey. Let me know if you need me to clarify anything as we go through the questions.

1. How old are you? (Fill in answer)
 - a. Enter age: _____
2. What is your race and/or ethnicity? (Select all that apply)
 - a. American Indian, Alaskan Native, or Indigenous
 - b. Asian or Asian American
 - c. Black, African-American, or African

- d. Hispanic/Latina/e/o
- e. Middle Eastern or North African
- f. Native Hawaiian or Pacific Islander
- g. White
- h. Client refused to answer
- i. Client doesn't know
- j. Other: _____

3. Which gender(s) do you identify with? (select all that apply)

- a. Woman/Female
- b. Man/Male
- c. Trans Female
- d. Trans Male
- e. Non-Binary
- f. Questioning
- g. Culturally Specific Identity
- h. Different identity/Other: _____
- i. Client refused to answer
- j. Client doesn't know

4. Which of the following best represents your Sexual Orientation?

- a. Straight
- b. Lesbian
- c. Gay
- d. Bisexual
- e. Queer
- f. Questioning
- g. Pansexual
- h. Asexual
- i. Other: _____
- j. Client refused to answer
- k. Client doesn't know

5. Have you served in the US Armed Forces or been called into active duty as a member of the National Guard or as a Reservist? (Are you a veteran?)

- a. Yes → **“Thank you for your service.”**
- b. No
- c. Client refused to answer
- d. Client doesn't know

Household Composition

1. While you were housed, who was part of your household? (This includes anyone living with you or considered part of your household, such as family members, romantic partners, or dependents – including pets.)
 - a. Enter number of adults (ages 18 and older – Including yourself): _____
 - b. Enter number of children (ages 0 to 17 years old): _____
 - c. Pets (How many): _____
 - d. Client refused to answer
 - e. Client doesn't know

2. Since experiencing homelessness, has your household composition changed?
 - a. Yes → **Go to Question 3**
 - b. No → **Go to Question 4 (if adults >1 or children are ≥ 1 in Question 1, otherwise go to Question 7)**
 - c. Client refused to answer → **Go to Question 7**
 - d. Client doesn't know → **Go to Question 7**

3. Currently, who is part of your household? (This includes anyone living with you or considered part of your household, such as family members, romantic partners, or dependents – including pets.)
 - a. Enter number of adults (ages 18 and older - including yourself): _____ → **Go to Question 4 (if > 1)**
 - b. Enter number of children (ages 0 to 17 years old): _____ → **Go to Question 5 (if > 0)**
 - c. Pets (How many): _____ → **Go to Question 6 (if > 0)**

4. If more than one adult, where are they staying now?
 - a. Outdoors
 - b. Airport
 - c. Abandoned building
 - d. Emergency Shelter and/or Transitional Housing
 - e. Motel or hotel paid by third party
 - f. Motel or hotel paid by himself or herself
 - g. Jail, hospital bed, or treatment program
 - h. Board and care facility or group home
 - i. In a vehicle (car, van, truck, or RV)
 - j. Bus, bus station, train, train station ☐
 - k. In the apartment or home of a family member or friend including “doubled-up” or “couch surfing”
 - l. Other Location: _____
 - m. Client refused to answer
 - n. Client doesn't know

5. Where are the children from your household staying now?
 - a. Outdoors
 - b. Airport
 - c. Abandoned building
 - d. Emergency Shelter and/or Transitional Housing

- e. Motel or hotel paid by third party
- f. Motel or hotel paid by himself or herself
- g. Jail, hospital bed, or treatment program
- h. Board and care facility or group home
- i. Foster care or child protective services placement
- j. In a vehicle (car, van, truck, or RV)
- k. Bus, bus station, train, train station
- l. In the apartment or home of a family member or friend including “doubled-up” or “couch surfing”
- m. Other: What “Other” Location?: _____
- n. Client refused to answer
- o. Client doesn’t know

6. Where are the pets from your household staying now?

- a. Outdoors
- b. In a vehicle (car, van, truck, or RV)
- c. Temporary caretaker (e.g., friend, family member, or volunteer)
- d. Animal shelter or rescue organization
- e. Foster care for pets (e.g., through a foster program or pet placement service)
- f. Boarding kennel or pet hotel (paid by third party or self)
- g. Left behind in previous residence
- h. Abandoned, don’t know whereabouts
- i. Other: What “Other” Location?: _____
- j. Client refused to answer
- k. Client doesn’t know

7. Should you be housed/rehoused, who would you want to be housed with? (Select all that apply)

- a. Spouse or partner, how many?: _____
- b. Child, how many?: _____
- c. Friend, how many?: _____
- d. Other family member, how many?: _____
- e. Pet, how many?: _____
- f. Prefer to live alone
- g. Client doesn’t know
- h. Client refused to answer

Prior Housing Situation

1. While you were housed, what was your housing situation?

- a. Renting an apartment, room or home → [Go to Question 2](#)
- b. Homeowner → [Go to Question 3](#)
- c. Staying with family and/or friends (name not on the lease) → [Go to Question 5](#)
- d. Motels and hotels → [Go to Question 4](#)
- e. Foster Care → [Go to Question 5](#)

- f. Hospital Jail, hospital bed, or treatment program → [Go to Question 5](#)
 - g. Board and care facility or group home → [Go to Question 5](#)
 - h. Other housing situation: _____ → [Go to Question 5](#)
 - i. Client refused to answer → [Go to Question 5](#)
 - j. Client doesn't know → [Go to Question 5](#)
2. If 'Renting an apartment, room or home': Was your name on the lease?
- a. Yes
 - b. No
 - c. Client refused to answer
 - d. Client doesn't know
3. If 'Homeowner': Did you have a mortgage?
- a. Yes
 - b. No
 - c. Client refused to answer
 - d. Client doesn't know
4. If 'Motels and hotels': Who was it paid by?
- a. Paid by self or member of the household
 - b. Paid by Family or Friends (not part of the household)
 - c. Paid by an agency or non-profit
 - d. Client refused to answer
 - e. Client doesn't know
5. How much were you paying for your housing a month?
- a. Less than \$500
 - b. \$501 to \$1,000
 - c. \$1,001 to \$1,500
 - d. \$1,501 to \$2,000
 - e. \$2,001 to \$2,500
 - f. \$2,501 to \$3,000
 - g. \$3,001 to \$4,000
 - h. \$4,001 to \$5,000
 - i. \$5,001 or more
 - j. Other: _____
 - k. Client did not pay for housing
 - l. Client refused to answer
 - m. Client doesn't know
6. While you were housed, were you in debt?
- a. Yes → [Go to Question 9](#)
 - b. No → [Go to Question 10](#)
 - c. Client doesn't know → [Go to Question 10](#)

- d. Client refused to answer → [Go to Question 10](#)
7. If 'Yes': What type(s) of debt did you have? (Select all that apply)
- a. Credit card debt
 - b. Medical bills
 - c. Student loans
 - d. Personal loans
 - e. Housing-related debt (e.g., back rent, mortgage arrears)
 - f. Other: _____
 - g. Client doesn't know
 - h. Client refused to answer
8. What are the biggest factors that you believe contributed to your homelessness? (Select all that apply)
- a. Lack of affordable housing options
 - b. High cost of living (e.g., rent, utilities, transportation)
 - c. Decrease in income or financial support
 - d. Eviction (e.g., nonpayment of rent, lease termination)
 - e. Landlord issues (e.g., foreclosure, harassment, refusal to renew lease)
 - f. Displacement due to redevelopment, gentrification, or rent increases
 - g. Natural disaster or climate-related displacement (e.g., fire, flood)
 - h. Institutional discharge without a stable housing plan (e.g., from jail, hospital, foster care, or rehab)
 - i. Argument or falling out with friend or family (members of the household)
 - j. Divorce, separation, or breakup
 - k. Change in household composition
 - l. Sudden illness or medical crisis
 - m. Disability (mental health or physical) or long-term health condition
 - n. Alcohol or drug use affecting stability
 - o. Fleeing domestic violence/intimate partner violence
 - p. Safety concerns
 - q. Unlivable housing conditions (e.g. infestations, mold, lack of working utilities)
 - r. Systemic barriers (e.g., racial discrimination, lack of tenant rights)
 - s. Gender or sexual identity discrimination or rejection
 - t. Insufficient public assistance or benefits (e.g., delays in unemployment, disability, or housing choice vouchers)
 - u. Lack of transportation to maintain housing and/or employment
 - v. Other: _____
 - w. Client refused to answer
 - x. Client doesn't know
9. Which of the following major overarching factors do you believe was the most impactful in contributing to the loss of your housing? (Select One)

- a. Financial Challenges - (Hint: loss of job, reduced income, high living costs, eviction, lack of affordable housing, insufficient public benefits)
- b. Family or Relationship Issues - (Hint: argument with family or friends, divorce or breakup, unsafe conditions like domestic violence, changes in household composition)
- c. Systemic or Discrimination Issues - (Hint: racial or gender discrimination, landlord problems, lack of tenant rights, discharge from jail, hospital, or rehab without a housing plan)
- d. Health or Addiction Problems - (Hint: medical crisis, disability, mental health challenges, addiction or substance use)
- e. Environmental Factors - (Hint: natural disasters like fires or floods, climate-related displacement, gentrification)
- f. Client refused to answer
- g. Client doesn't know

10. How much notice did you have that you were going to become homeless (when exiting from permanent housing to homelessness)?

- a. No Notice (less than 24 hours)
- b. One to three days
- c. Four to seven days
- d. One to four weeks
- e. One to three months
- f. Four to Six months
- g. More than Six months
- h. Client refused to answer
- i. Client doesn't know

Past Personal Experiences

This next section touches on past personal experiences that may have influenced your current situation.

Some of these questions are sensitive and may bring up difficult memories of trauma. Trauma is an emotional response to deeply distressing or life-altering events, such as abuse, violence, neglect, loss, or disasters, which can lead to lasting emotional, physical, and relational impacts.

Please know that you can choose not to answer any question that feels uncomfortable or triggering. Your responses, if you choose to share, will help us better understand the factors that have contributed to your current situation and guide us in developing programs and services that provide the right support.

Let me know if you'd like to take a moment or if anything needs further explanation.

1. While you were housed, did you ever spend one or more nights in prison, jail and/or juvenile hall?
 - a. Yes
 - b. No
 - c. Client refused to answer
 - d. Client doesn't know

2. While you were housed, were you ever on probation or parole?
 - a. Yes
 - b. No
 - c. Client refused to answer
 - d. Client doesn't know

3. While you were housed, did you ever live in subsidized housing (i.e., affordable housing, public housing, housing choice voucher)?
 - a. Yes
 - b. No
 - c. Client refused to answer
 - d. Client doesn't know

4. Have you ever been in the foster care system?
 - a. Yes
 - b. No
 - c. Client refused to answer
 - d. Client doesn't know

5. Did you experience poverty and/or housing instability as a youth?
 - a. Yes
 - b. No → [Go to Question 7](#)
 - c. Client refused to answer
 - d. Client doesn't know

6. If YES: Do you feel that experiencing poverty and/or housing instability as a youth contributed to you becoming homeless?
 - a. Yes
 - b. No
 - c. Client refused to answer
 - d. Client doesn't know

7. Have you experienced trauma or a traumatic event that you believe has impacted your life?
 - a. Yes → [Go to Question 8](#)
 - b. No → [Go to Question 10](#)
 - c. Client refused to answer → [Go to Question 10](#)
 - d. Client doesn't know → [Go to Question 10](#)

8. If 'yes': when did this experience occur?
 - a. As a child (under age 18)
 - b. As an adult (age 18 or older)
 - c. Both as a child and as an adult
 - d. Client refused to answer
 - e. Client doesn't know

9. Do you feel that your life experiences and/or trauma contributed to you becoming homeless?
- Yes
 - No
 - Client refused to answer
 - Client doesn't know
10. Have you or a member of your household ever experienced any of the following, either as a minor or as an adult: domestic violence, dating violence, sexual assault, stalking, human trafficking, or other dangerous or life-threatening conditions related to violence?
- Yes → [Go to Question 11](#)
 - No → [Go to Next Section](#)
 - Client refused to answer → [Go to Next Section](#)
 - Client doesn't know → [Go to Next Section](#)
11. When did this experience occur? (Select all that apply)
- Within the past three months
 - Four to six months ago
 - Seven months to one year ago
 - One year ago, or more
 - During childhood (under age 18)
 - Client refused to answer
 - Client doesn't know
12. Are you, or a member of your household currently fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, human trafficking, or other dangerous or life-threatening conditions related to violence?
- Yes
 - No
 - Client refused to answer
 - Client doesn't know

Income

1. While you were housed, did you have a source of income?
- Yes → [Go to Question 2](#)
 - No → [Go to Question 4](#)
 - Client refused to answer → [Go to Question 4](#)
 - Client doesn't know → [Go to Question 4](#)
2. While you were housed, what was your source of income? (Select all that apply)
- Earned Income (i.e., employment income)
 - Supplemental Security Income (SSI)
 - Social Security Disability Insurance (SSDI)
 - VA Service-Connected Disability Compensation

- e. Unemployment insurance
- f. CalWORKs
- g. General Relief (GR)
- h. Social Security Retirement income (SSR)
- i. Pension
- j. Child support
- k. Alimony and other spousal support
- l. Recycling, selling used goods, or other informal work
- m. Other income source: _____
- n. Client refused to answer
- o. Client doesn't know

3. While you were housed, what was your estimated monthly gross income?

- a. Less than \$500
- b. \$501 to \$1,000
- c. \$1,001 to \$1,500
- d. \$1,501 to \$2,000
- e. \$2,001 to \$2,500
- f. \$2,501 to \$3,000
- g. \$3,001 to \$4,000
- h. \$4,001 to \$5,000
- i. \$5,001 or more
- j. Other: _____
- k. Client refused to answer
- l. Client doesn't know

4. While you were housed, did you have any savings?

- a. Yes → [Go to Question 7](#)
- b. No → [Go to Question 8](#)
- c. Client doesn't know → [Go to Question 8](#)
- d. Client refused to answer → [Go to Question 8](#)

5. If 'Yes': approximately how much did you typically have saved?

- a. Less than \$500
- b. \$501 to \$1,000
- c. \$1,001 to \$5,000
- d. More than \$5,000
- e. Other: _____
- f. Client doesn't know
- g. Client refused to answer

6. Currently, do you have a source of income?

- a. Yes → [Go to Question 5](#)
- b. No → [Go to Next Section](#)

- c. Client doesn't know → [Go to Next Section](#)
- d. Client prefers not to answer → [Go to Next Section](#)

7. Currently, what is your income source? (Select all that apply)

- a. Earned Income (i.e., employment income)
- b. Unemployment Insurance
- c. Supplemental Security Income (SSI)
- d. Social Security Disability Insurance (SSDI)
- e. VA Service-Connected Disability Compensation
- f. CalWORKs
- g. General Relief (GR)
- h. Retirement Income
- i. Child Support
- j. Alimony and other spousal support
- k. Recycling, selling used goods, or other informal work
- l. Panhandling or asking people for money
- m. Other income source: _____
- n. Client doesn't know
- o. Client prefers not to answer

8. Currently, what is your current estimated monthly gross income?

- a. Less than \$500
- b. \$501 to \$1,000
- c. \$1,001 to \$1,500
- d. \$1,501 to \$2,000
- e. \$2,001 to \$2,500
- f. \$2,501 to \$3,000
- g. \$3,001 to \$4,000
- h. \$4,001 to \$5,000
- i. \$5,001 or more
- j. Other:
- k. Client refused to answer
- l. Client doesn't know

Community Supports and Services / Navigating the System of Care

1. When you were at risk of homelessness, did you look for services and/or programs that could assist you in remaining housed?

- a. Yes → [Go to Question 2](#)
- b. No → [Go to Question 8](#)
- c. Client doesn't know → [Go to Question 8](#)
- d. Client refused to answer → [Go to Question 8](#)

2. If 'Yes': What agencies did you contact?

- a. Agency Names: _____

- b. None
 - c. Client doesn't know
 - d. Client refused to answer
3. If 'Yes': Did you access any of the following mainstream programs? (Select all that apply)
- a. CalFresh
 - b. Medi-Cal
 - c. General Relief
 - d. CalAim Community Supports
 - e. None of the above
 - f. Client doesn't know
 - g. Client refused to answer
4. If 'Yes': Did you access any of the following services/programs? (Select all that apply)
- a. Homelessness Prevention
 - b. Street outreach
 - c. Emergency shelter
 - d. Transitional housing
 - e. Coordinated entry system
 - f. Housing navigation (housing search assistance)
 - g. Rapid rehousing
 - h. Permanent supportive housing
 - i. Affordable housing
 - j. Other program: _____
 - k. Client doesn't know → [Go to Question 8](#)
 - l. Client refused to answer → [Go to Question 8](#)
5. If 'Yes': Were you able to receive assistance from any services or programs to assist your housing stability?
- a. Yes → [Go to Question 6](#)
 - b. No → [Go to Question 8](#)
 - c. Client doesn't know
 - d. Client refused to answer
6. If 'Yes': Did that extend the time you could remain housed/delay your episode of homelessness?
- a. Yes
 - b. No
 - c. Client doesn't know
 - d. Client refused to answer
7. If 'Yes': How could the assistance you received have been improved and/or lengthened to help you maintain housing as opposed to delaying homelessness? (Select all that apply)
- a. Increase the amount of financial assistance provided

- b. Provide assistance for a longer duration
 - c. Expand eligibility criteria for the program
 - d. Improve accessibility or ease of application process
 - e. Offer additional case management or housing navigation support
 - f. Increase availability of affordable housing units
 - g. Better coordination between service providers
 - h. Provide services tailored to specific needs (e.g., disabilities, family size, etc.)
 - i. Address underlying issues (e.g., mental health, substance use, domestic violence)
 - j. Other (please specify): _____
 - k. Client doesn't know
 - l. Client refused to answer
8. Have you heard of 2-1-1, a helpline that provides information and referrals to community support programs and organizations that offer health and human services?
- a. Yes
 - b. No
 - c. Client doesn't know
 - d. Client refused to answer
9. When you were at risk of homelessness, did you receive support from any of the following non-governmental or informal sources of support to remain housed?
- a. Family → [Go to Question 10](#)
 - b. Friends → [Go to Question 10](#)
 - c. Faith Based Organizations → [Go to Question 10](#)
 - d. [Community-Based Organizations](#) → [Go to Question 10](#)
 - e. Community-Based Cultural Groups → [Go to Question 10](#)
 - f. Other Supportive Networks: _____ → [Go to Question 10](#)
 - g. No → [Go to Question 11](#)
 - h. Client doesn't know → [Go to Question 11](#)
 - i. Client refused to answer → [Go to Question 11](#)
10. If so, how long did that support last?
- a. Less than 1 month
 - b. 1-3 months
 - c. 4-6 months
 - d. 7-12 months
 - e. More than 1 year
 - f. Support is ongoing
 - g. Client doesn't know
 - h. Client refused to answer
11. Now that you are experiencing homelessness, have you looked for services and/or programs that could assist you?
- a. Yes → [Go to Question 12](#)

- b. No → [Go to Question 16](#)
- c. Client doesn't know → [Go to Question 16](#)
- d. Client refused to answer → [Go to Question 16](#)

12. If 'Yes': What agencies did you contact?

- a. Agency Names: _____
- b. None
- c. Client doesn't know
- d. Client refused to answer

13. If 'Yes': Have you accessed any of the following mainstream programs? (Select all that apply)

- a. CalFresh
- b. Medi-Cal
- c. General Relief
- d. CalAim Community Supports
- e. None of the above
- f. Client doesn't know
- g. Client refused to answer

14. If 'Yes': Have you accessed any of the following services/programs? (Select all that apply)

- a. Street outreach
- b. Emergency shelter
- c. Transitional housing
- d. Coordinated entry system
- e. Housing navigation (housing search assistance)
- f. Rapid rehousing
- g. Permanent supportive housing
- h. Affordable housing
- i. None of the above
- j. Client doesn't know
- k. Client refused to answer

15. If 'Yes': Have you been able to receive assistance?

- a. Yes
- b. No
- c. Client doesn't know
- d. Client refused to answer

16. Are you aware of the Coordinated Entry System?

- a. Yes
- b. No
- c. Client refused to answer
- d. Client doesn't know

17. Which of the following resources would help improve your chances to secure housing? (Select all that apply)

- a. Rental deposit → [Go to Question 19](#)
- b. Temporary rental assistance → [Go to Question 18](#)
- c. Housing choice voucher (Section 8) → [Go to Question 19](#)
- d. Affordable housing → [Go to Question 19](#)
- e. Permanent supportive housing → [Go to Question 19](#)
- f. Housing navigation → [Go to Question 19](#)
- g. Addressing/Expunging Prior Eviction → [Go to Question 19](#)
- h. Job placement → [Go to Question 19](#)
- i. Financial assistance for moving costs → [Go to Question 19](#)
- j. Access to transportation → [Go to Question 19](#)
- k. Credit repair assistance → [Go to Question 19](#)
- l. Assistance with applying for and maximizing fixed-income benefits (e.g., Social Security, SSI, disability) → [Go to Question 19](#)
- m. Other: _____ → [Go to Question 19](#)
- n. None of the above → [Go to Question 19](#)
- o. Client refused to answer → [Go to Question 19](#)
- p. Client doesn't know → [Go to Question 19](#)

18. If 'Temporary rental assistance': How many months of rental assistance do you think you would need to feel stabilized and ready to take on rent independently?

- a. 0–3 months
- b. 4–6 months
- c. 7–9 months
- d. 10–12 months
- e. 13–15 months
- f. 16–18 months
- g. 19–24 months
- h. Client doesn't know
- i. Client declined to answer

19. Are there family and/or friends that you could reach out to who can provide support to help you secure stable housing?

- a. Yes
- b. No
- c. Client refused to answer
- d. Client doesn't know

20. If 'Yes': What resources and/or services do you think could help you with reconnecting with family and/or friends who could help you secure stable housing? (Select all that apply)

- a. Mediation or conflict resolution support (e.g., family counseling or facilitated discussions)
- b. Financial assistance (e.g., help with transportation costs, temporary housing, or rent)

- c. Case management or advocacy (e.g., a social worker or advocate to assist with navigating the process)
- d. Support groups or peer counseling (e.g., connecting with others who have been through similar experiences)
- e. Legal assistance (e.g., help with custody, guardianship, or family-related legal issues)
- f. Improved communication tools (e.g., access to phones, email, or messaging apps to reconnect)
- g. Cultural or faith-based resources (e.g., religious or community organizations providing support)
- h. Other: _____
- i. Client doesn't know
- j. Client refused to answer

Newly Homeless Experience

1. Since becoming homeless, have you lost important personal identifying documents (ie., identification card, driver's license, social security card, proof of income)
 - a. Yes
 - b. No
 - c. Client refused to answer
 - d. Client doesn't know

2. Are you interested in getting housed?
 - a. Yes
 - b. No
 - c. Doesn't Know
 - d. Refused

3. Currently, what are your reasons for not utilizing an emergency shelter or transitional housing program? (Select all that apply)
 - a. Lack of available spots in shelters
 - b. Safety and/or safe environment
 - c. Concerns about privacy
 - d. Pet acceptance policy
 - e. Unable to stay at the shelter with your partner/spouse/friend/household member
 - f. Previously exited from the program and cannot regain access
 - g. Loss of shelter due to time limit at the shelter
 - h. General program rules and policies
 - i. Shelter is not accommodating to needs (i.e., accessible facilities, specific dietary needs, or other needs)
 - j. Lack of special population shelter (i.e. Women only, family only)
 - k. Lack of sensitivity to sexual orientation and/or gender identity services
 - l. Lacking information on how to access emergency shelter or transitional housing programs
 - m. Shelters are not located in my community, near my support network and/or employment
 - n. Currently enrolled in a shelter or transitional housing program

- o. Other: _____
- p. Client doesn't know
- q. Client declined to answer

Disabling Conditions

1. While you were housed, were you ever diagnosed with any of the following disabling conditions that are ongoing and impact your ability to live independently? (Select all that apply)
 - a. Cognitive impairments resulting from brain injury (Hint: Cognitive and sensory changes, memory loss, difficulties communicating due to a violent blow or jolt to the head or body, etc.)
 - b. Post-traumatic stress disorder (PTSD)
 - c. Serious mental illness **other than PTSD** (Hint: Anxiety, Depression, Bipolar, OCD, Schizophrenia, etc.)
 - d. Chronic physical illness (Hint: Arthritis, Asthma, Cancer, Diabetes, Heart Disease, etc.)
 - e. Physical disability (Hint: Amputation, Loss of Vision, Loss of Hearing, Cerebral Palsy, Spinal Cord Injuries, etc.)
 - f. Developmental disability (Hint: Impairments in physical, learning, language, or behavior areas that begin in **childhood and last a lifetime**. Ex. Autism, ADHD, Cerebral Palsy, Intellectual Disability, Learning Disorder, etc)
 - g. Substance Use Disorder (SUD) (Hint: 'SUD' is a medical condition diagnosed by a healthcare provider, where alcohol or drug use affects your daily life, making it hard to stop even if it causes problems)
 - h. HIV/AIDS
 - i. None of the Above
 - j. Client refused to answer
 - k. Client doesn't know

2. Since experiencing homelessness, have you been diagnosed with any of the following disabling conditions that are ongoing and impact your ability to live independently? (Select all that apply.)
 - a. Cognitive impairments resulting from brain injury (Hint: Cognitive and sensory changes, memory loss, difficulties communicating due to a violent blow or jolt to the head or body, etc.) → [Go to Question 4](#)
 - b. Post-traumatic stress disorder (PTSD) → [If 'b' or 'c' and 'g' selected, go to Question 3; Otherwise go to Question 4](#)
 - c. Serious mental illness **other than PTSD** (Hint: Anxiety, Depression, Bipolar, OCD, Schizophrenia, etc.) → [If 'b' or 'c' and 'g' selected, go to Question 3; Otherwise go to Question 4](#)
 - d. Chronic physical illness (Hint: Arthritis, Asthma, Cancer, Diabetes, Heart Disease, etc.) → [Go to Question 4](#)
 - e. Physical disability (Hint: Amputation, Loss of Vision, Loss of Hearing, Cerebral Palsy, Spinal Cord Injuries, etc.) → [Go to Question 4](#)
 - f. Developmental disability (Hint: Impairments in physical, learning, language, or behavior areas that begin in **childhood and last a lifetime**. Ex. Autism, ADHD, Cerebral Palsy, Intellectual Disability, Learning Disorder, etc.) → [Go to Question 4](#)

- g. Substance Use Disorder (SUD) (Hint: 'SUD' is a medical condition diagnosed by a healthcare provider, where alcohol or drug use affects your daily life, making it hard to stop even if it causes problems) → If 'b' or 'c' and 'g' selected, go to Question 3; Otherwise go to Question 4
 - h. HIV/AIDS → Go to Question 4
 - i. None of the Above → End Survey
 - j. Client refused to answer → End Survey
 - k. Client doesn't know → End Survey
3. If both 'substance use disorder' and 'mental illness': which one do you believe occurred first?
- a. Substance Use Disorder
 - b. Mental illness
 - c. Same time
 - d. Client doesn't know
 - e. Client refused to answer
4. If '[Selected Option]': At what age did this disabling condition begin?
- a. Before 18 Years Old
 - b. 18 – 34
 - c. 35 – 44
 - d. 44 – 54
 - e. 55 – 64
 - f. 65+
 - g. Client refused to answer
 - h. Client doesn't know
5. If '[Selected]': Have you ever accessed or attended a treatment program or facility to address your disabling condition?
- a. Yes
 - b. No
 - c. Client refused to answer
 - d. Client doesn't know