



# SURVEY TRAINING TOOL

This document provides training information on the sample survey provided in the youth count toolkit. Staff/volunteers can use this sheet as a reference to help participants answer the survey questions accurately and understand the usefulness of the information. The questions are structured in a way to enable the HUD required data points to be determined to determine which surveys are qualified under the PIT definitions and which aren't, for more information about this please refer to the FAQs section of the Youth Count Toolkit.

The goal of this effort is to gain a clearer understanding of the number of young people without a stable place to live on any given night in a given community. By enhancing the community's knowledge of this issue, we can further our efforts to create a community where no youth or young adult is left without a place to call home.

## 1. HAVE YOU ALREADY TAKEN THIS SURVEY TODAY?

This question is very important because it is one of the questions used to de-duplicate the survey. As you ask the question, show the young person the form so they can identify if they have taken the survey that day. If the young person answers "Yes" they completed the survey already that day, do not have them complete another survey.

## 2. ZIP CODE:

The phrasing on the survey "Zip code of last permanent address" is consistent with how this information is collected in HMIS. A more youth-friendly way to ask this may be "What is your family's home zip code or your last permanent zip code?" \*\* You can also use this information along with the young person's initials to create a deduplication code for deduplication purposes.

## 3. DO YOU HAVE A STABLE PLACE WHERE YOU CAN LEGALLY SLEEP INSIDE ON A REGULAR BASIS?

If the young person is unsure of where they will sleep from night to night, check no.

## 4. SEX:

The young person may specify the sex assigned to them on their birth certificate. Staff/Volunteers should keep in mind that sex and gender identity are separate and the answer to this question may or may not be different than the gender the young person currently identifies with or expresses.

## 5. GENDER IDENTITY:

Staff/Volunteers should keep in mind that gender identity is fluid and the answer to this question may or may not be different than the sex assigned to them on their birth certificate and may or may not also align with the traditional social norms of expression that are associated with each gender designation.

\*\* It is important to note that there are more options in this sample survey than what will be asked in the HMIS system. However, this list includes common identities with which youth may identify and can be modified to fit the HMIS database in terms of male, female, and transgender status (the options most frequently included in HMIS). If your community decides not to ask the gender identity question in this manner HUD does require data collection regarding gender in the following manner:

Check all that apply:

Female     Male     Transgender



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\*\* If a young person questions why the staff/volunteer is asking this question the staff/volunteer can explain that this is simply part of the data that is being collected and encourage the young person to choose which one best describes them. The Staff/Volunteer should also reiterate that the information being collected is confidential and no identifiers are being collected on this survey. The young person also has the option of “prefer not to answer.” The surveyor can also choose to preface these questions with an explanation such as, “Now I am going to ask you a question about your birth sex and your gender identity.” This provides context and purpose of the question while also demonstrating that staff and volunteers are knowledgeable and sensitive to LGBT youth.

## 6. SEXUAL ORIENTATION (WHICH OF THE FOLLOWING BEST DESCRIBES HOW YOU THINK OF YOURSELF?)

Sexual Orientation is separate from sex and gender identity although they are typically grouped together under the LGBT umbrella which is why we separated this question from the sex and gender questions above.

Adolescence is also the time when sexual orientation-based harassment is the most prevalent, so the stigma associated with specific identity labels may reduce response rates or increase false responses, unless care is taken to ensure privacy and anonymity during survey administration.

The wording of the question – “how do you think of yourself” differs from asking “how do you identify?” This is an important difference, as young people may not be identifying as gay, per se, however they may consider themselves to be so. It is a subtle difference, but one of importance, especially as many young people reject labels altogether. The staff or volunteer can also preface the questions with a statement such as, “Now I have a few questions about sexual orientation and gender identity. We would like to know these things because it will help us figure out how to improve services for all youth, including lesbian, gay, bisexual, transgender and questioning youth.” This provides context and purpose of the question while also demonstrating that staff and volunteers are knowledgeable and sensitive to LGBT youth.

## 7. RACE:

The young person may choose as many Race options as they identify with.

## 8. WHERE DID YOU STAY LAST NIGHT? (CHECK ONE)

This asks the young person where they stayed last night – check one option only.

Location explanations are as follows:

**Parents’ home** – includes living with parents on a permanent basis (no plans to leave within 90 days) or temporary basis (night-to-night sleeping, can’t stay for extended period of time). Does not include staying with parents in a car, abandoned building, shelter or outdoors.

**Foster home** – includes youth currently under the care of DSHS (under 18) who are wards of the state, or young adults who have signed a Voluntary Placement Agreement (VPA) with the state (if over 18) and live in foster homes or a temporary foster care facility.



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**Relative's home** – includes living with relatives on a permanent basis (no plans to leave within 90 days) or temporary basis (night-to-night sleeping can't stay for extended period of time). Does not include staying with relatives in a car, abandoned building, shelter or outdoors.

**Friend's home** – includes living with friends on a permanent basis (no plans to leave within 90 days) or temporary basis (night-to-night sleeping can't stay for extended period of time). Does not include staying with friends in a car, abandoned building, shelter or outdoors.

**Home of my boyfriend/girlfriend** – self-explanatory

**Someone I'm having sexing with in exchange for a place to sleep** – self-explanatory

**Group home** – A home where a small number of unrelated youth in need of care, support, or supervision can live together, this may or may not be related to foster care.

**Shelter (emergency/temporary)** – includes emergency shelter for youth, young adults, single adult men or women, and families (for young parents). Also includes young people who are staying in a shelter with parents, friends, and/or relatives.

**Hotel/Motel (paid for by you, housing voucher, or an agency)** – includes young people that are staying in a hotel or motel week-to-week or day-to-day due to a lack of money for long term housing. This situation is temporary and cannot be sustained. Some agencies provide motel/hotel vouchers, or an agency subsidy for this service. Young people receiving vouchers or subsidies are included in this category as well.

**Drug/Alcohol Treatment Center** – includes a substance abuse inpatient treatment facility/rehab or a detox facility.

**Hospital** – includes young people who were admitted into the hospital for any reason including, but not limited to, mental health conditions, medical conditions, or chemical dependency.

**Juvenile detention center/jail** – includes any young person who was in jail or prison. This also includes youth who stayed in county juvenile detention facilities, in a crisis residential center, or in a residential program that supports youth serving time in their program.

**Transitional living program (not associated with foster care)** – includes most Transitional Living Programs in which age and/or time-limits are a factor. This does not include juvenile detention facilities or foster care temporary placement homes.

**Own apartment** – includes private apartment or home, renting a room, or subsidized rental units (section 8, other Housing Authority vouchers, permanent supportive housing, or other subsidized non-time limited housing apartments).

**Street, park, bench, or outside** – includes young people who are living outside, under bridges, in the park, in doorways, in alleyways, in tents, etc.



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**Abandoned building or squat** – includes young people who are squatting or illegally living in foreclosed or empty homes.

**Car or bus** – car or bus includes the young person finding shelter in an automobile or camper, or sleeping at night on public transportation.

**Other** – this category is meant to capture all other options that may not fit into any of the above categories. Do not check this if the young person is unsure, please look over the options with them and help them decide if their situation fits into one of the above categories before checking this box.

## 9. CAN YOU LIVE WHERE YOU STAYED LAST NIGHT FOR THE NEXT MONTH?

This question determines whether a young person is permanently housed versus unstably housed or homeless. If the young person is moving from place to place during the month, mark “No” for this question. If the young person is at-risk of eviction from their current housing within the next month, mark “No” for this question. If the young person is unsure where they will stay for the entire month, mark “I don’t know” for this question.

## 10. WHERE DID YOU LIVE IN THE LAST 3 MONTHS?

The young person can check all that apply if they have stayed at more than one of the locations over the past three months.

*Location explanations are defined in question 8.*

## 11. EDUCATION STATUS (WHAT IS THE LAST GRADE YOU COMPLETED? ARE YOU CURRENTLY ENROLLED IN SCHOOL?)

Write in the last grade completed and if the young person is currently enrolled in school, which can include college, technical school, high school, or GED programs. These questions are designed to tell us more about the young person’s education history and goals.

## 12. HAVE YOU EVER BEEN IN FOSTER CARE? HAVE YOU EVER BEEN TO DETENTION OR JAIL? ARE YOU PREGNANT OR PARENTING?

These are yes/no questions designed to tell us more about the young person’s circumstances.

### SURVEY INSTRUCTIONS:

PLEASE make sure that youth or young adults have filled out the entire survey before accepting it. Please have staff available to review submitted surveys and work with youth to answer any missed questions.



# SAMPLE SURVEY

1. HAVE YOU FILLED OUT THIS SURVEY BEFORE?  Yes  No

2. ZIP CODE OF LAST PERMANENT ADDRESS: \_\_\_\_\_

3. AGE: \_\_\_\_\_

4. DO YOU HAVE A STABLE PLACE WHERE YOU CAN LEGALLY SLEEP INSIDE ON A REGULAR BASIS?

Yes  No  I don't know

5. SEX IS WHAT A PERSON IS BORN. GENDER IS HOW A PERSON FEELS AND THESE AREN'T ALWAYS THE SAME. WHICH ONE RESPONSE BEST DESCRIBES YOUR GENDER IDENTITY?

- |   |   |
|---|---|
| <input type="checkbox"/> Girl/woman                         | <input type="checkbox"/> Transgender and identify in some other way |
| <input type="checkbox"/> Boy/man                            | <input type="checkbox"/> Genderqueer, Gender non-conforming         |
| <input type="checkbox"/> Transgender, identify as boy/man   | <input type="checkbox"/> Questioning/I don't know                   |
| <input type="checkbox"/> Transgender identify as girl/woman | <input type="checkbox"/> Prefer not to answer                       |

5A. WHAT SEX WERE YOU ASSIGNED AT BIRTH (I.E. WHAT DID THE DOCTOR PUT ON YOUR BIRTH CERTIFICATE)?

- |                                 |   |
|---------------------------------|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> I don't know         |
| <input type="checkbox"/> Male   | <input type="checkbox"/> Prefer not to answer |

6. WHICH OF THE FOLLOWING BEST DESCRIBES HOW YOU THINK OF YOURSELF?

- |  |  |
|--|--|
| <input type="checkbox"/> Gay or Lesbian                | <input type="checkbox"/> Something else            |
| <input type="checkbox"/> Straight (not gay or lesbian) | <input type="checkbox"/> Questioning/ I don't know |
| <input type="checkbox"/> Bisexual                      | <input type="checkbox"/> Prefer not to answer      |

7A. RACE (CHECK ALL THAT APPLY):

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian/Alaskan Native      | <input type="checkbox"/> White                |
| <input type="checkbox"/> Asian                               | <input type="checkbox"/> Mixed Race           |
| <input type="checkbox"/> Black or African-American           | <input type="checkbox"/> I don't know         |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Prefer not to answer |

7B. ARE YOU HISPANIC OR LATINO/A?

Yes  No  Prefer not to answer



# SAMPLE SURVEY

## 8. WHERE DID YOU STAY LAST NIGHT? (CHECK ONE)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Family Home  | <input type="checkbox"/> Group Home                    | <input type="checkbox"/> Juvenile Detention Center, Jail |
| <input type="checkbox"/> Foster Family Home   | <input type="checkbox"/> Shelter (emergency/temporary) | <input type="checkbox"/> Transitional Living Program     |
| <input type="checkbox"/> Relative's Home  | <input type="checkbox"/> Hotel, Motel                  | <input type="checkbox"/> Own Apartment                   |
| <input type="checkbox"/> Friend's Home  | <input type="checkbox"/> Drug/alcohol treatment center | <input type="checkbox"/> Street, Park, Bench, or Outside |
| <input type="checkbox"/> Home of my boyfriend/girlfriend                              | <input type="checkbox"/> Hospital                      | <input type="checkbox"/> Car or Bus                      |
| <input type="checkbox"/> Someone I'm having sex with in exchange for a place to sleep |  | <input type="checkbox"/> Abandoned Building or Squat     |
|   |  | <input type="checkbox"/> Other                           |

## 9. CAN YOU LIVE WHERE YOU STAYED LAST NIGHT FOR THE NEXT MONTH?

- Yes    No    I don't know

## 10. WHERE DID YOU LIVE IN THE LAST THREE MONTHS? (CHECK ALL THAT APPLY)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Family Home  | <input type="checkbox"/> Group Home                    | <input type="checkbox"/> Juvenile Detention Center, Jail |
| <input type="checkbox"/> Foster Family Home   | <input type="checkbox"/> Shelter (emergency/temporary) | <input type="checkbox"/> Transitional Living Program     |
| <input type="checkbox"/> Relative's Home  | <input type="checkbox"/> Hotel, Motel                  | <input type="checkbox"/> Own Apartment                   |
| <input type="checkbox"/> Friend's Home  | <input type="checkbox"/> Drug/alcohol treatment center | <input type="checkbox"/> Street, Park, Bench, or Outside |
| <input type="checkbox"/> Home of my boyfriend/girlfriend                              | <input type="checkbox"/> Hospital                      | <input type="checkbox"/> Car or Bus                      |
| <input type="checkbox"/> Someone I'm having sex with in exchange for a place to sleep |  | <input type="checkbox"/> Abandoned Building or Squat     |
|   |  | <input type="checkbox"/> Other                           |

## 11A. ARE YOU NOW ATTENDING OR ARE YOU CURRENTLY ENROLLED IN SCHOOL?

- Yes    No    I don't know

## 11B. WHAT IS THE LAST GRADE YOU COMPLETED? \_\_\_\_\_

## 12A. ARE YOU CURRENTLY PREGNANT OR PARENTING?

- Yes    I don't know  
 No    Prefer not to answer

## 12B. HAVE YOU EVER BEEN OR ARE YOU CURRENTLY IN FOSTER CARE?

- Yes    I don't know  
 No    Prefer not to answer

## 12C. HAVE YOU EVER BEEN TO JUVENILE DETENTION OR JAIL?

- Yes    I don't know  
 No    Prefer not to answer