

THE WHITE HOUSE

WASHINGTON

4 May 1995

MEMORANDUM FOR CAROL RASCO

FROM: Molly Brostrom

RE: **Funding of Census Survey of the Homeless**

Following is an update of recent discussions on the funding of the Census Bureau Survey of the Homeless, as well as names of members of the Senior Policy Coordination Group for you to call to discuss the funding issue.

June 1 is the drop-dead date for a decision on funding the survey; after June 1, the Census will be incurring expenses for which they have no authority.

The Interagency Council on the Homeless has held several staff-level meetings to discuss the funding issue, including one yesterday. Participants included representatives from HHS, VA, Education, USDA, and DOJ. According to Marsha Martin, everyone is very supportive of funding the survey, and she believes that all agencies will agree to contribute some level of funding.

The question is, obviously, how much each agency will contribute, and, if HUD remains firm in not contributing, will the others be able to make up the difference. If you recall the funding options laid out at the last meeting, one option was for all members with discretionary research authority to contribute equal shares (about \$300,000 each).

Another option was for agencies with McKinney funding to make a contribution proportional to their McKinney funding, with HUD thus contributing the lion's share (about \$3 million). Unfortunately, agencies such as VA and Education have become comfortable with contributing the amounts specified under this option (\$164,000 and \$102,500) -- unfortunate since it appears highly unlikely that, if HUD can be pushed to contribute at all, they will agree to that option. In your calls tomorrow, you may warn people that the proportional McKinney funding option is unlikely, and get them to start thinking of contributing higher levels.

According to Marsha Martin, the Census Bureau will shortly be sending a memo to the Senior Policy Coordination Group, reminding everyone of past discussions on funding of the survey and the need for a decision.

Finally, Marsha Martin believes that HUD is not opposed to funding the survey, only Andrew Cuomo. She points to a conversation at an early meeting of the Council at which Cisneros expressed interest, and Andrew Cuomo and David Ellwood were asked to set up a workgroup on the survey (transcript attached). I don't know what to make of the assertion, but it may be helpful to keep in mind for later strategy.

If you find people to be as supportive as Marsha says they are, I think we should try and send around additional funding options next week, and perhaps have a vote at the full Council meeting (unless we can work something out, puts HUD on the spot, but do we have an option?).

Calls on Census Survey of Homeless

David Ellwood, HHS (690-7858)

I spoke to Mary Ellen at HHS today (works with Gerry and David); she is going to let David know you will be calling. They are obviously very supportive of funding the survey, and have been floating the \$300,000 figure around -- that amount will probably need to be pushed higher.

Kathy Jurado, VA (273-5750)

I spoke to Peter Dougherty in Kathy's office today. They are supportive of funding, and have focused on the \$164,000 in option b -- would be helpful for them to begin thinking of a higher level as well.

They are also aware of our willingness to have VA host the next meeting; Sec. Brown's scheduler was checking on some final scheduling questions.

Dennis Kwiatkowski, FEMA (646-3487)

FEMA is very supportive of the survey (contributed \$20,000 to the pre-test). They say they are unable to contribute toward completion, but I think can be pushed to contribute something. Kwiatkowski will be available late tomorrow afternoon, and knows you may call.

There are others that you can call, including DOJ, USDA, DoEd, and DOL, but I have not yet made initial contact at these agencies. Let me know if you would like to make more calls.

Attachments

cc: Jeremy Ben-Ami



Interagency Council on the Homeless

M E M O R A N D U M

TO: Policy Group Members and Staff Contacts

FROM: Marsha A. Martin, D.S.W. *MA Martin*
Executive Director

DATE: May 15, 1995

SUBJECT: National Survey Funding Follow-up

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At our May 11, 1995 Policy Group meeting the Census Bureau gave a brief summary of pre-test activities and the next steps for the survey of homeless persons who use services. For your information, following is a summary of the discussion concerning the proposed timetable and funding for the survey.

The Census Bureau is prepared to begin work on various components (list formation, sampling procedures, instrument refinement, etc.) by June 1995 without funding in order to meet the survey schedule. However, funding issues must be resolved by July 1, 1995. The national survey will cost approximately \$4.1 million. (\$70,000 is needed to cover expenses incurred in June.)

After the member agencies discussed the previously recommended funding proposals and their agency's initial response to the funding question, a baseline contribution threshold was suggested. In an attempt identify a more equitable funding methodology, it was suggested that ICH member agencies commit to a threshold contribution of approximately \$150,000 to \$170,000. This amount would be the least an agency would be asked to contribute. Agencies with McKinney funding would be asked to contribute an additional amount. The Council leadership agencies (HUD, HHS, and VA) would be asked to increase their contribution in order to cover the remaining shortfall.

USDA, Commerce, the Corporation for National and Community Service, Defense, Energy, GSA, Interior, Justice, Postal Service, SSA, and Transportation (11 non-McKinney agencies) would each be asked to contribute \$170,000, for a total of \$1.87 million.

Education, Labor, and FEMA (3 McKinney agencies) would each be asked to contribute \$275,000, for a total of \$825,000.

HUD, HHS, and VA (the 3 leadership and McKinney agencies) would each be asked to contribute \$470,000, for a total of \$1.41 million.



Interagency Council on the Homeless

M E M O R A N D U M

TO: Molly Brostrom

FROM: Marsha A. Martin, D.S.W. 
Executive Director

DATE: May 18, 1995

SUBJECT: National Survey Funding Follow-up

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In accordance with your request, following is a summary of the discussions to date concerning funding for the proposed national survey of the characteristics of homeless persons who use services.

Subsequent to the Senior Policy Coordination Group meeting on April 19, I have had a number of conversations with representatives of the member agencies of the Interagency Council. In general, the response to the concept of the survey has been favorable, but several agencies have expressed concern about the amounts of their proposed contributions:

Agriculture. USDA (Rural Economic and Community Development Service) contributed a substantial amount to the pretest that was conducted in April. Although RECD staff have not expressed concern about contributing their fair share for the full survey, we have not heard from the Food and Nutrition Service representative. (RECD: Maureen Kennedy, SPG; John Pentecost, PG); (FNS: Shirley Watkins, SPG; Michael Fishman, PG).

FNS

Commerce. The Census Bureau has agreed to execute the study, but does not have the authority to commit additional resources beyond staff technical assistance. If funding is to come from Commerce, it will have to be from a source other than the Census Bureau. (Commerce: Sally Ericsson; Census: Bill Butz).

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Corporation for National and Community Service. It is not clear that they have money available for this purpose, but they will explore options. (Susan Stroud, SPG; Steven Selby, PG).

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Defense. No response.

Education. There is a possibility that research and evaluation funds can be obtained. (Patricia McNeil, SPG; Joanne Wiggins, staff).

Energy. No response. (Bill Raup, SPG; Patricia Rose, PG).

FEMA. FEMA does not have authority in their Emergency Food and Shelter Program for this type of expenditure, however there may be funds available in other parts of the agency. (Dennis Kwiatkowski, SPG; Carol Coleman, PG).

GSA. No response. (Kenneth Kimbrough, SPG. Marjorie Lomax, PG).

HHS. Very favorable response. Indicates that money is available. (David Ellwood, SPG; Jerry Britten, PG).

HUD. Interested in the findings from the full survey, but no commitment of funding. Concerns expressed about implications of findings. Would oppose any option requiring HUD to fund entire survey. (Andrew Cuomo, SPG; Jacquie Lawing, PG).

Interior. No response. (Ada Deer, SPG; Bernita Joyce, staff).

Justice. Justice has indicated that their resources are better spent protecting the civil rights of homeless people through litigation, and is not now in a position to commit additional resources. (Kerry Scanlon, PG; Christine Ladd, staff).

Labor. No response. (John Robinson, SPG; Lafayette Grisby, staff).

(OMB. Not included in calculations.)

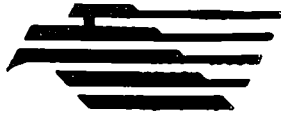
Postal Service. No response.

Social Security Administration. No response.

Transportation. No commitment at this time. (Betty Jackson, staff).

Veterans Affairs. Interested in a fair share allocation. Briefly mentioned a concern about dollar amount. (Kathy Jurado, SPG; Pete Dougherty, staff).

At the Policy Group meeting on May 11, those present agreed in spirit to the principle of a minimum amount for each member agency. However, it was clear that obtaining a firm commitment requires discussions at the most senior level in each agency. It was also suggested that commitments from the leadership of the Council (HUD, HHS, and VA) would serve as a powerful catalyst.



Interagency Council on the Homeless

NATIONAL SURVEY OF HOMELESS PERSONS WHO USE SERVICES

The member agencies of the Interagency Council on the Homeless have taken preliminary steps to conduct a national survey of the characteristics of homeless persons who use services. The 1996 survey, which would include a statistical sample of 76 communities, will provide information that is critical for developing effective public policy responses needed to break the cycle of homelessness, whether through targeted programs or the leveraging of mainstream resources. The last national survey, which was conducted in 1987 by the Urban Institute, used a similar methodology, but relied on a much smaller sample.

The proposed 1996 survey will include a wider variety of locations than the 1987 study--including smaller cities and additional nonmetropolitan and rural areas--in order to more accurately and fully reflect homelessness in the United States. The survey will interview a sufficient number of people using services in the 76 geographic areas sampled to ensure reliability of the national data. Twenty-four of these geographic areas will include small cities, nonmetropolitan areas, and rural areas.

SCOPE

The new survey is intended to provide up-to-date information about the characteristics of today's homeless population who use services and how this population has changed since 1987 in urban areas.

Specifically, the survey will collect:

1. National information on the types of services available to homeless persons in both urban and rural communities.
2. Additional demographic data and information on the characteristics of homeless persons that were not addressed by the last national study in 1987, such as: triggering events that precipitate homelessness; where homeless people were living before they became homeless; prevalence of HIV/AIDS among homeless persons; and the differences between rural, urban and suburban homelessness.

DESIGN

The national survey would be conducted in two stages. The first stage of the survey will involve interviews of service providers in 76 communities. Service providers interviewed will include those with programs specifically targeted to the homeless (e.g., shelters, soup kitchens, and outreach programs), as well as other mainstream service providers with programs from which homeless individuals are eligible to receive services. The purpose of this survey of service providers is to assess the types of services available to homeless persons in the metropolitan,

suburban, and rural areas visited and to "map out" the local continuum of care.

The second stage of the survey will include interviews with a sample of persons at homeless shelters, soup kitchens, and other service locations where homeless people are found. Interviewers will make repeat visits if necessary in order to obtain a representative sample.

The survey will produce data on characteristics at the national level only. The sample design is not large enough to produce estimates of client characteristics at the regional or local levels, nor is it designed to produce a count of homeless people.

The Census Bureau designed the new survey in consultation with all of the member agencies of the Interagency Council and with nationally known experts, including Dr. Martha Burt of the Urban Institute, author of the 1987 national study, Dr. Kim Hopper, and Dr. Dennis Culhane. Representatives of the National Coalition for the Homeless, the National Alliance to End Homelessness, the National Coalition for Homeless Veterans, the Housing Assistance Council, Travelers Aid International, the Council of State Community Development Agencies and other national advocacy organizations and interest groups have been briefed on the survey and have expressed their support.

SCHEDULE

A pretest of the survey is a necessary first step to test survey materials and procedures, eliminate problems, and otherwise prepare for the full survey. Seven agencies--USDA, Education, FEMA, HHS, HUD, Labor, and VA--helped develop the final design. USDA, HHS, and HUD contributed a total of \$350,000 to fund the pretest. This pretest, which was approved by OMB, was conducted in April 1995. The results of the pretest will be available in June 1995 and will be used to prepare for the full national survey. Interviews with service providers are planned for October 1995, and interviews with clients who use services are planned for February 1996.



Interagency Council on the Homeless

FLASH ALERT No. 95-13

August 10, 1995

(2 pages)

Miscellaneous Notices

- The Department of Housing and Urban Development (HUD) has published a notice informing the public that it has submitted to OMB for processing an information collection package related to the **National Survey of Homeless Assistance Providers and Clients** (hereinafter "survey"). The survey will provide estimates of the number and characteristics of service providers and an assessment of the types of programs and services available to people who are homeless. It will also provide detailed characteristics of persons using services. The survey is being co-sponsored by 11 Federal agencies under the auspices of the Interagency Council on the Homeless. It will be conducted in 76 areas, including metropolitan and nonmetropolitan settings. The survey includes two phases: the collection of information on service providers (Phase 1) and the collection of information on service users (clients)(Phase 2). HUD is requesting a review of the information collection related to Phase 1 on or before September 8, 1995. (Information on Phase 2 will be submitted a later date.) **Census Bureau personnel will directly contact the state homeless coordinators designated in accordance with the McKinney Homeless Assistance Act to provide information on the survey.**

-- The due date for comments is **August 23, 1995**. For additional information see the *Federal Register* of August 9, 1995 (60 FR 40640) or call Kay Weaver at (202) 708-0050.

- HUD has published a notice of request for comments on the **Fair Housing Initiatives Program**. It invites the submission of comments from potential applicants, prior grantees and applicants, and any other interested parties, particularly those may not have been able to attend a recent public meeting for this purpose that was sponsored by HUD. HUD will consider the comments received in response to the public meeting and this Notice when formulating plans for the disposition of funds appropriated for Fiscal Year 1996.

--The due date for comments is **August 15, 1995**. For additional information see the *Federal Register* of August 3, 1995 (60 FR 39769) or call Maxine Cunningham at (202) 708-0800.

Regulatory Actions

- The **Department of Defense** has published an interim rule that promulgates policies and procedures, developed by both the Departments of Defense and Housing and Urban Development, for implementing the **Base Closure Community Redevelopment and Homeless Assistance Act of 1994** ("Redevelopment Act"). HUD will publish a similar rule at 24 CFR Part 586 at a later date. The Redevelopment Act exempts base closure and realignment property from Title V of the Stewart B. McKinney Homeless Assistance Act and substitutes a new community-based process wherein representatives of the homeless will work directly with local redevelopment authorities on the reuse of former military installations. The Redevelopment Act provides a process which aims to balance the needs of the homeless with other development interests in the community in the vicinity of the installation.

-- The interim rule is effective August 8, 1995. Comments must be received by **October 10, 1995**. For additional information, see the *Federal Register* of August 8, 1995 (60 FR 40277) or call Robert Hertzfeld of the Department of Defense (703/695-1470) or Thelma Moore or HUD (202/708-2484).

- The **Federal Housing Finance Board** is soliciting comments on a proposal to amend its regulation governing the **Affordable Housing Program**. The proposed rule would add a new provision authorizing a Federal Home Loan Bank to set aside a limited portion of its available AHP subsidies to assist first-time homebuyers pursuant to a program meeting specific requirements set forth in the proposed rule. In addition, the proposed rule would permit a Bank to establish a first-time homebuyer program with requirements different from those specifically set forth, subject to prior approval of the Board.

-- Comments on this proposed rule must be received in writing on or before **August 28, 1995**. For additional information, see the *Federal Register* of July 28, 1995, or call Sharon Like, (202) 408-2930.

- The **Administration for Children and Families (HHS)** has published a final rule that adds a financial data element to the appendices of the regulation for data collection for **foster care and adoption**. This data element will indicate the total monthly amount of foster care benefit paid on behalf of each child in foster care.

-- The effective date of the rule is August 9, 1995. For further information, see the *Federal Register* of August 9, 1995, or call Daniel Lewis at (202) 205-8618.

The information in this Flash Alert is drawn from the Federal Register and from information provided by Federal agencies and others. For detailed, official information on program requirements, applicant eligibility, application deadlines, etc., see the appropriate issue of the Federal Register or call the agency contact person listed above. Please make the information in this Flash Alert available to individuals and organizations in your state who might have an interest in it.



JUL 26 1995

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

JUL 25 1995

MEMORANDUM FOR: CAROL RASCO
Assistant to the President for Domestic Policy

FROM: Robert E. Litan *REL*
Associate Director for General Government
and Finance

SUBJECT: National Survey of Homeless Assistance Providers
and Clients

I understand that you and the 17 member agencies of the Interagency Council on the Homeless (ICH) have been working hard to secure funding for the National Survey of Homeless Assistance Providers and Clients (NSHAPC). I gather that these funding commitments -- including \$2.3 million in contributions from the three lead agencies -- are so far about \$600,000 short of the \$4.1 million needed for the full survey.

My staff tells me that the pretest for this survey has been completed and the initial results and response from providers is extremely promising. The results should be quite helpful to the agencies as they evaluate the effects of their own programs on the needs of the homeless population. They also will be useful in creating a baseline estimate of the scale of homelessness against which to measure the effects of cuts in discretionary and entitlement programs as we move toward a balanced budget.

It seems to me that, before proceeding, we must have assurance of funding sufficient to complete the full survey. One option that has been discussed would be to conduct a scaled-back survey at a cost of \$3.7 million. However, this option may not produce the baseline estimates that are needed to measure the effects of budget cuts. If so, I would recommend not going forward until we have obtained funding for the full survey.

Please let me know if ^{we} you can be useful in any way to help convey to agency leadership the importance of committing funds now to this survey.

THE WHITE HOUSE

WASHINGTON

July 21, 1995

**MEMORANDUM FOR INTERAGENCY COUNCIL ON THE HOMELESS STAFF WORKING
ON THE CENSUS SURVEY OF THE HOMELESS**

FROM: Molly Brostrom
Domestic Policy Council

RE: STATUS REPORT OF FUNDING FOR NATIONAL HOMELESS SURVEY

As you can see in the attached status report, we are very close to reaching full funding for the Census Bureau survey of the homeless. We are also very close to the deadline -- commitments for full funding need to reach the Census Bureau by the end of the month.

Several agencies are in the process of considering whether and how much additional funds can be contributed. **In addition, I urge all agencies to consider whether there are even small additional amounts that can be contributed.** It would be a shame to fall short of funding this important survey after getting so close and after so much work has been put into it.

I will be out of the office from July 24 until August 2. If anyone has questions about the status of funding in the next week, please call George Ferguson at the Interagency Council on the Homeless.

Reminder: All agencies should have faxed to Bill Butz a memo citing their contribution and giving him the contact name for arranging transfer of funds.

I look forward to celebrating full funding with everyone when I return.

7/21

STATUS REPORT OF FUNDING FOR NATIONAL HOMELESS SURVEY

<u>Agency</u>	<u>Original Contribution</u>	<u>Additional Contribution</u>	<u>Total</u>	<u>Requested</u>
HUD	\$470,000 ¹	\$	\$470,000	\$430,000
HHS	470,000	250,000 ¹	720,000	180,000
VA	470,000	250,000	900,000	
USDA	170,000	230,000	400,000	240,000 ²
LABOR	170,000		170,000 ³	
EDUCATION	275,000	5,000	280,000	
ENERGY	100,000		100,000	
SSA	170,000	30,000	200,000	50,000
FEMA	25,000		25,000	
DOT	50,000	?	50,000	?
GSA	0		0	-
COMMERCE	170,000		170,000	
CORP.	0		0	
JUSTICE	?		?	50,000
POSTAL	0	0	0	
DEFENSE	0	0	0	?
INTERIOR	0	0	0	
			\$3,485,000	

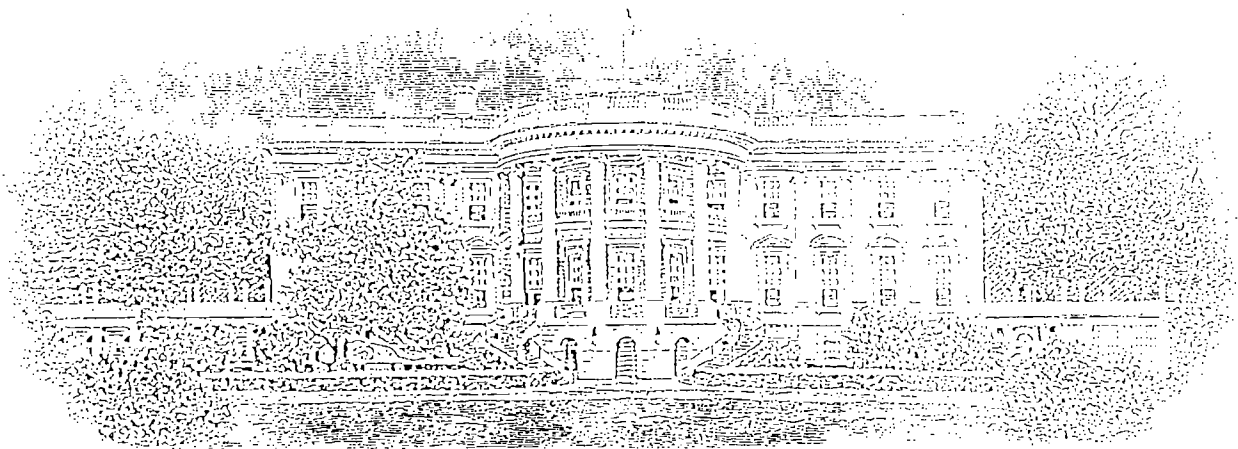
Shortfall: \$215,000 (\$3.7 million design)
 \$615,000 (\$4.1 million design)

¹FY 96 dollars

²USDA dollars remaining in Census Bureau kitty that, if necessary, can be loaned to survey (e.g. to front FY 96 dollars)

³Confirmation pending

THE WHITE HOUSE



FAX COVER SHEET OFFICE OF DOMESTIC POLICY

ICH/CENSUS BUREAU SURVEY OF THE HOMELESS FAX DISTRIBUTION LIST

<u>Name</u>	<u>Fax Number</u>
Bickel, Gary	703 305-2576
Clark, Annetta	301 457-2644
Coleman, Carol	202 646-4557
Donoghue, Amy	703 305-2982
Dougherty, Pete	202 273-5716
Ferguson, George	202 708-3672 - Original # was incorrect. Didn't transmit until 7/2
Fishman, Mike	703 305-2576
Hoben, Jim	- Original # was same as George Ferguson. Never transmitted
Hyman, Liz	202 514-1724
Jackson, Betty	202 366-7116
Johnston, Mark	202 708-3672
Knisley, Bob	202 366-3640
Margill, Mari	202 260-7764 - Busy all day 7/24. Transmitted 7/29 9:30am
Martin, Marsha	202 273-5716
O'Connell, Mary Ellen	202 690-8252
Pentecost, John	202 690-3444
Raup, William	202 586-5145
Rose, Patricia	202 586-1605
Uhalde, Raymond	202 219-6827
Wiggins, JoAnn	202 401-3036
Wilkins, Cassandra	202 482-7105

From:

Molly Brostrom

FAX: 202 456-7028

PHONE: 202 456-2216

Total Number of Pages: 3

Sent: 7/24/95

NSHAPC-103
(2-16-95)U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

PROGRAMS INCLUDED IN THE SURVEY

NATIONAL SURVEY OF HOMELESS ASSISTANCE PROVIDERS AND CLIENTS

A "program" is defined as the provision of services or assistance which: (1) are managed or administered by the agency (i.e., the agency itself provides the staff and funding); (2) are designed to accomplish a particular mission or goal; (3) are offered on an ongoing, regular basis; and (4) focus on homeless persons as an intended target population.

EMERGENCY SHELTER

An emergency shelter program is a program which provides short-term housing on a first-come first-served basis where people must leave in the morning and have no guaranteed bed for the next night OR provides beds for a specified period of time, regardless of whether or not people leave the building. Please include facilities which provide temporary shelter during extremely cold weather (such as churches) and emergency shelters or host homes for runaway or neglected children and youth, and victims of domestic violence.

TRANSITIONAL HOUSING PROGRAM

A transitional housing program, with a maximum stay for clients of up to two years, offers support services to promote self-sufficiency and to help them obtain permanent housing. Transitional housing programs may target any homeless subpopulation such as person with mental illnesses, person with AIDS, runaway youth, victims of domestic violence, homeless veterans, etc.

PERMANENT HOUSING

A permanent housing program for homeless people involves long-term housing assistance with supportive services for which homelessness is a primary requirement for program eligibility. Examples include Shelter Plus Care Program, the Section 8 Moderate Rehabilitation Program for Single-Room Occupancy (SRO) Dwellings, and the Permanent Housing for the Handicapped Homeless Program administered by HUD. Permanent housing for homeless people also includes specific set-asides of assisted housing units or housing vouchers for homeless persons by public housing agencies or others as a matter of policy, or in connection with a specific program (e.g., the HUD-VA Supported Housing Program, "HUD-VASH").

A permanent housing program for homeless people does NOT include public housing, Section 8 or Federal, State or other local housing assistance programs for low-income persons, that do not include a specific set-aside for homeless persons, or for which homelessness is not a basic eligibility requirement.

SOUP KITCHEN

This includes soup kitchens, food lines, and programs distributing prepared breakfasts, lunches, or dinner. These programs may be organized as food service lines, bag or box lunches, or tables where people are seated, then served by program personnel. These programs may or may not have a place to sit and eat the meal.

FOOD PANTRY PROGRAM

A program which distributes uncooked food in boxes or bags directly to low income people, including homeless people.

MOBILE ^{Food} HOME PROGRAM

Programs for homeless persons which visit designated locations for the primary purpose of providing food.

PHYSICAL HEALTH CARE PROGRAM

This includes programs that provide health care to homeless persons, such as health screening, immunizations, treatment for acute health problems and other services that address physical health issues. Services are often provided in shelters, soup kitchens or other programs frequented by homeless persons.

MENTAL HEALTH PROGRAM

This includes programs that provide services for homeless persons to improve the mental or psychological health or the ability to function well on a day-to-day basis. Specific services may include case management, assertive community treatment, intervention or hospitalization during a moment of crisis, counseling, psychotherapy, psychiatric services, and psychiatric medication monitoring.

ALCOHOL OR OTHER DRUG PROGRAM

This includes programs that provide services to assist a homeless individual reduce his/her level of alcohol or other drug addiction, or to prevent substance abuse among homeless persons. This may include services such as detoxification services, sobering facilities, rehabilitation programs, counseling, treatment, and prevention and education services.

HIV/AIDS PROGRAMS

This includes programs that provide services for homeless persons with HIV/AIDS, where the services provided specifically respond to the fact that clients have HIV/AIDS, or are at risk of getting HIV/AIDS. Services may include health assessment, adult day care, nutritional services, medications, intensive medical care when required, health, mental health and substance abuse services, referral to other benefits and services, and HIV/AIDS prevention and education services.

OUTREACH PROGRAM

This includes programs in which homeless persons are contacted in settings such as on the streets, in subways, under bridges, and in parks to offer food, blankets, or other necessities; to assess needs and attempt to engage them in services; to offer medical, mental health and/or substance abuse services; and/or to offer other assistance on a regular basis for the purpose of improving their health, mental health, or social functioning, or increasing their utilization of human services and resources. Services may be provided during the day or at night. "Regular" means at least once a week.

DROP-IN CENTER PROGRAM

Drop-in centers provide daytime services primarily for homeless persons such as television, laundry facilities, showers, support groups and service referrals, but do not provide overnight accommodations. Do not include those centers that only serve meals. If only meals are served, please include them under soup kitchens.

HOUSING FOR MIGRANT WORKERS THAT IS USED TO HOUSE HOMELESS PEOPLE WHEN NOT BEING USED BY MIGRANT PEOPLE

Migrant housing is housing that is seasonally occupied by migrating farm workers. During off-season periods, it may be vacant and available for use by homeless persons.

VOUCHERS FOR SHELTER PROGRAM

This includes places that provide homeless persons with a voucher, certificate, or coupon that can be redeemed to pay for a specific amount of time in a hotel, motel, or other similar facility.

HOUSING FOR HOMELESS PERSONS WHO PAY WITH HOUSING VOUCHERS

This includes hotels, motels, or other facilities that are not shelters, which accept vouchers as payment from homeless persons or which operate under contract to provide temporary housing for homeless people.

OTHER PROGRAMS

These include programs that provide other services for homeless persons, such as education, clothing distribution centers, and/or employment skills training.

NSHAPC-105
(8-19-95)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

TELEPHONE INTERVIEW
NATIONAL SURVEY OF HOMELESS ASSISTANCE PROVIDERS AND CLIENTS

INFORMATION ASKED OF ALL PROVIDERS

1. Verify that direct programs and services are offered at this address.
2. Ask which programs are offered at this address:

Emergency shelters, transitional housing, permanent housing for homeless people, soup kitchen or meal distribution, food pantry, mobile food program, physical health care program, mental health care program, alcohol or other drug program, HIV/AIDS program, drop-in center, migrant housing used in the off season to house homeless people, voucher arrangements, and other programs not listed.

INFORMATION ASKED OF ALL PROVIDERS ABOUT EACH PROGRAM
(estimates for February 1996)

1. Days the program is operated in February
2. Number of single-parent families served; percent of these that are homeless; percent that are female-headed
3. Number of two-parent families served; percent of these that are homeless
4. Number of youth and children in families that are served
5. Number of adults without children served; percent of these that are homeless; percent that are women
6. Number of unaccompanied youths served; percent of these that are homeless; percent that are female
7. Number of unaccompanied children served; percent of these that are homeless; percent that are female
8. Type of program (e.g., private, non-profit, public, private for profit)
9. Source of funding (e.g., private funding, donations, government funding, other)
10. How most clients enter program (e.g., referrals, outreach, walk-ins)
11. Population groups served (e.g., victims of domestic violence, runaway or homeless youth, people with mental health problems, people with drug or alcohol problems, veterans)
12. Contact person for the program

CENSUS BUREAU HOMELESS SURVEY
Agency Contacts

AGRICULTURE:

✓ Michael Fishman, (703)(305-2017) (FNS)
✓ Gary Bickel, (703)(305-2125) (FNS)
✓ John Pentecost, (202)(720-8983) (RECD)
Amy Donaghy Same
COMMERCE (\$170-RBrown memo)

Will Ginsburg, Chief of Staff, (202)(482-4246)
✓ Sally Ericson, (202)(482-2760)

EDUCATION (\$280 from all 3 below)

✓ JoAnn Wiggins, (202)(401-1958)
✓ Mari Margil, (202)(260-0997)
Trish McNeil, Deputy Asst Sec., Voc. & Adult Education,
(202)(205-5451)

ENERGY (\$100K--Asst Secretary for Efficiency & Renewable Energy)

✓ William Raup, (202)(586-2214)
✓ Patricia Rose, (202)(586-9645)

FEMA (\$25K from Board--Carol Coleman)

✓ Carol Coleman, (202)(646-3107)

HEALTH AND HUMAN SERVICES

Keith Lively, (202)(690-8774)
✓ Mary Ellen O'Connell, (202)(260-0391)

HUD

Jacquie Lawing, (202)(708-0270)
✓ Mark Johnston

JUSTICE (\$50K--LHyman)

Nancy McFadden
✓ Liz Hyman, Atty General's Office, (202)(514-4995)

LABOR (\$150-170K RUhalde)

Sally Sachar, Deputy Chief of Staff, (202)(219-8271)
✓ Ray Uhalde, (202)(219-6050)

SSA (\$200K--CWilkins)

Brian Coyne, Chief of Staff, (202)(482-7100)
✓ Cassandra Wilkins, (202)(482-7143)

ICH

George Ferguson

203-1480
3672

TRANSPORTATION (\$50K--BKnisley,BJackson)

Ann Bermilini, Chief of Staff, (202)(366-1103)

✓Bob Knisley, Bureau of Transp. Statistics, (202)(366-3282) - 3-

✓Betty Jackson, (202)(366-1730)

VETERANS' ADMINISTRATION

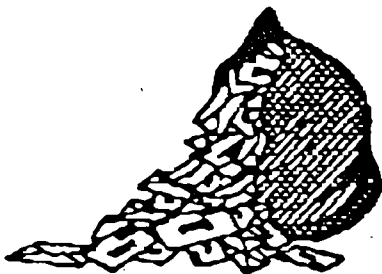
✓Marsha Martin, (202)(273-6284)

✓Pete Dougherty, (202)(273-5774)

CENSUS BUREAU

William P. Butz, (301)(457-2126)

✓Annetta Clark, (301)(457-2378)

**BUREAU OF THE CENSUS****Date:** July 19, 1995**Number of Pages (including cover):** 2**To:**Molly Brostrom**Phone Number:**202-456-5561**Fax Number:**202-456-7028**From:**William P. Butz**Phone Number:**301-457-2126**Fax Number:**301-457-3761**Comments:**

**UNITED STATES DEPARTMENT OF COMMERCE
Bureau of the Census**

Washington, D.C. 20233

OFFICE OF THE DIRECTOR

July 18, 1995

MEMORANDUM FOR Molly Brostrom
White House Domestic Policy Council

From: William P. Butz *WP Butz*
Associate Director for
Demographic Programs

Subject: Funding for July and the National Survey Of Homeless
Persons Who Use Services

This memorandum is to inform you of three critical decisions that must be made immediately if the Census Bureau is to continue working on this survey:

1. By 9:00 a.m. Thursday, July 20, 1995, I must receive confirmation that the Census Bureau is going to be reimbursed for \$135,000 for July expenses. I must receive a call or fax from each agency representative telling me the amount that agency will commit for July expenses. This total must sum to \$135,000.
2. If July funding is in place, I must receive confirmation of the following decisions by 9:00 a.m. Monday, July 24, 1995:
 - a. Designation of a lead agency that has the required number of respondent burden hours. This agency must submit the Office of Management and Budget (OMB) Clearance Package to OMB by August 1, 1995.
 - b. Decision to proceed with Phase 1, the provider portion, of the national survey. This requires that \$1.95 million is authorized to conduct Phase 1. I must receive a call or fax from each agency representative telling me the amount that agency will commit for Phase 1 expenses. This total must sum to \$1.95 million.

HVD

Unfortunately, if any of the decisions and actions are not made by these deadlines, the Census Bureau will be unable to continue working on the national survey this fiscal year. Shutting down this operation has been cleared within the Census Bureau and will occur as early as 9:00 tomorrow morning. I will not recommend restarting once work ceases.

30 June 1995

MEMORANDUM FOR CAROL RASCO

CC: Jeremy Ben-Ami
FROM: Molly Brostrom
RE: Funding of the Census Survey of the Homeless

Your assistance in making six calls to Secretaries and strongly requesting agency contributions to the Census Bureau Survey of the Homeless is very much needed.

I have not had adequate success working on the staff level. As you will see on the attached funding update, more than half of the agencies have agreed to contribute at some level, but we need contributions from the rest and additional funding from others if the survey is to happen. Among the staff who have worked on the survey for a long time, there is a strong hope that the survey can continue after getting this far, and a belief that a call from the White House will free up the funds.

Attached is: a funding scenario showing where we are and the additional commitments needed; a list of calls needed, in order of priority; and a memo that I will send, with your approval and any edits, to each Secretary prior to your calls.

The call to Secretary Brown should go as soon as possible because, in order for Census Bureau to proceed with work, they need a commitment for July funding. We would like Commerce to contribute \$130,000 of their suggested \$170,000 as an in-kind contribution to the Census Bureau for this purpose.

Please let me know what you think of the memo; if you think it's a good idea, I will fax memos to the six on Wednesday. Let me know if there is additional information you need.

OMB, \$'s by 10/1

POTENTIAL FUNDING SCENARIO

Current Definite Commitments:

Jim Hoken *Mark Johnston*
\$720,000 HUD (3 leadership agencies agreed to 470 originally; prepared to put in 250 more towards shortfall)
720,000 HHS
720,000 VA
200,000 USDA (agreed to 170 originally; kicked in 30 more) +100
170,000 SSA
100,000 Energy
50,000 DOT

\$2,730,000

Commitments that need Verification

170,000 Labor
275,000 Education (I was given a commitment for this amount by Deputy Assistant Secretary for Voc & Adult Ed Patricia McNeil; I am now told this commitment is under question)
25,000 FEMA (Carol Coleman said the Board agreed to this amount)
100,000 SSA (this additional amount possible if full survey conducted)

\$570,000

Total Commitments: \$3,300,000

New Commitments Needed

75,000 FEMA (added to 25 committed by staff would be total of 100,000)
120,000 DOT (added to 50 committed by staff would be total of 170,000)
170,000 Commerce
170,000 Interior
170,000 Defense
170,000 Justice

\$875,000

3.300

CALLS ON BEHALF OF CENSUS SURVEY OF THE HOMELESS

1. **Secretary Ron Brown**, Department of Commerce (202/482-2112)

Request: \$170,000. [We would like Commerce to contribute \$130,000 of their suggested \$170,000 as an in-kind contribution to the Census Bureau for July work in order that they can proceed this month.]

Background: I have worked with Sally Ericsson, Associate Undersecretary for Economic Affairs, but have had not received a response.

2. **Secretary Frederico Pena**, Department of Transportation (202/366-1111)

Request: \$170,000 (Staff have given a commitment for \$50,000, but think the Secretary will be able to direct that the full \$170,000 be found)

Background: I have worked with Bob Knisley, Deputy Director of Bureau of Transportation Statistics, and Betty Jackson, Office of Budget and Policy in the Federal Transit Administration.

3. **Secretary Bruce Babbitt**, Department of Interior (202/208-7351)

Request: \$170,000

Background: Ada Deer, Assistant Secretary for Indian Affairs, said no money was available.

4. **Secretary Perry**, Department of Defense (703/695-5261)

Request: \$170,000

Background: Josh Gottbaum, Assistant Secretary for Economic Security, said not possible; staff suggested that call higher up might force a look for hidden pots of money.

5. **Attorney General Janet Reno**, Department of Justice (202/514-2001)

Request: \$170,000

Background: Staff said no; Jeremy placed calls to Nancy McFadden, but no response yet.

6. **Director Lee Witt**, FEMA (202/646-3923)

Request: \$100,000

Background: As you know, the word I had prior to your last attempt to communicate with Director Witt was that he had been briefed to say no. The staff representative to the Interagency Council on the Homeless said at the last meeting that the FEMA "Board" had agreed to \$25,000. We hope that they can contribute at least \$100,000.

DRAFT

June 30, 1995

MEMORANDUM FOR SECRETARY RON BROWN

FROM: Carol Rasco

RE: Funding for Proposed Survey of the Characteristics of Homeless Persons Who Use Services

On May 19, 1993, the President signed Executive Order 12848 directing the member agencies of the Interagency Council on the Homeless to develop a single coordinated Federal plan for breaking the cycle of existing homelessness and for preventing future homelessness. The plan, Priority: Home!, with its bold recommendations, was issued one year later.

Since its release, I am pleased to report that the agencies have been moving forward with the implementation of those recommendations. By early fall, we will issue a report which highlights new initiatives and completed actions in our effort to break the cycle of homelessness in America.

One very important recommendation was for the Council and its member agencies to make mainstream programs more accessible to homeless individuals and families and more effective in preventing homelessness among those who are at risk of becoming homeless. To that end, Council staff and agency representatives have been working with the Census Bureau to design a systematic assessment of programs to assist homeless people (both targeted and mainstream programs) and those who use them.

We have been working on this survey since May 1993, the very first meeting of the Council during the Clinton Administration. At its most recent meeting on May 25, 1995, Council members agreed that this survey would provide important baseline information for determining the impact on homelessness of some of the major program and policy changes currently being discussed in Congress.

The Census Bureau, working with the ICH member agencies, has developed a methodology for conducting a national survey of providers of homeless assistance and the characteristics of persons who use those programs and services. A pretest was conducted in April 1995, and plans are now underway for full execution this fall and winter. The survey is estimated to cost \$4.1 million.

Seven of the seventeen Council agencies -- HUD, HHS, VA, USDA, Energy, DOT, and the Social Security Administration -- different levels of funding, bringing us to a total of approximately \$2.5-2.75 million. The leadership agencies of the Council, HUD, HHS, and VA, agreed initially to contribute \$470,000 each, but are now prepared to fund an additional \$250,000 each (for a total of \$720,000 each) to help cover the shortfall in the needed amount.

In order for us to continue the work this Administration has begun on homeless issues, we need your agency to contribute \$170,000 to the survey. I appreciate your consideration and will be following up on this request with you shortly.

Attachment

PERMANENT HOUSING FOR THE HOMELESS PROGRAMS

This questionnaire contains some detailed questions about your permanent housing for the homeless program. We are interested in information about:

- * services that might be needed by the clients who use this program;
- * the capacity and utilization of your facility, and
- * where your clients go when they leave your facility.

If you operate more than one program from your location, please consider only your permanent housing for the homeless program when answering these questions.

1 a. Is the provision of food and/or clothing needed by the typical client in this program? <i>Answer b and c for each 'Yes'</i> (1) Food ☐ Yes ----> ☐ No (2) Clothing ☐ Yes ----> ☐ No	b. How often are your clients able to get this need met . . . MARK (X) ONE BOX Usually Some- times Seldom	c. Where is this service available . . . MARK ALL THAT APPLY Here, at this address Elsewhere in the community Not at all
2 a. Are the following 'life skills' services needed by the typical client in this program? <i>Answer b and c for each 'Yes'</i> (1) Money management or budgeting ☐ Yes ----> ☐ No (2) Household skills – cooking, cleaning, maintenance ☐ Yes ----> ☐ No (3) Personal relations counseling – conflict resolution ☐ Yes ----> ☐ No (4) Parenting training ☐ Yes ----> ☐ No	b. How often are your clients able to get this need met . . . MARK (X) ONE BOX Usually Some- times Seldom	c. Where is this service available . . . MARK ALL THAT APPLY Here, at this address Elsewhere in the community Not at all
3 a. Are the following 'case management' services needed by the typical client in this program? <i>Answer b and c for each 'Yes'</i> (1) Needs assessment ☐ Yes ----> ☐ No (2) Development of individual goals and service plans ☐ Yes ----> ☐ No (3) Referral or assistance with entitlements ☐ Yes ----> ☐ No (4) Followup after client leaves ☐ Yes ----> ☐ No	b. How often are your clients able to get this need met . . . MARK (X) ONE BOX Usually Some- times Seldom	c. Where is this service available . . . MARK ALL THAT APPLY Here, at this address Elsewhere in the community Not at all
4 a. Are the following 'housing search' services needed by the typical client in this program? <i>Answer b and c for each 'Yes'</i> (1) Housing location and/or applying for subsidies ☐ Yes ----> ☐ No (2) Housing counseling ☐ Yes ----> ☐ No (3) Assistance with utilities and/or rent ☐ Yes ----> ☐ No	b. How often are your clients able to get this need met . . . MARK (X) ONE BOX Usually Some- times Seldom	c. Where is this service available . . . MARK ALL THAT APPLY Here, at this address Elsewhere in the community Not at all

5 a. Are the following 'education' services needed by the typical client in this program? <i>Answer b and c for each 'Yes'</i>		b. How often are your clients able to get this need met . . . <i>MARK (X) ONE BOX</i>			c. Where is this service available . . . <i>MARK ALL THAT APPLY</i>		
		Usually	Some- times	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Basic literacy training	☐ Yes ----> ☐ No						
(2) English as a Second Language courses	☐ Yes ----> ☐ No						
(3) GED courses	☐ Yes ----> ☐ No						
(4) Early childhood education (Head Start)	☐ Yes ----> ☐ No						

6 a. Are the following 'employment' services needed by the typical client in this program? <i>Answer b and c for each 'Yes'</i>		b. How often are your clients able to get this need met . . . <i>MARK (X) ONE BOX</i>			c. Where is this service available . . . <i>MARK ALL THAT APPLY</i>		
		Usually	Some- times	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Assessment of job skills	☐ Yes ----> ☐ No						
(2) Job referral or placement	☐ Yes ----> ☐ No						
(3) Training for specific jobs	☐ Yes ----> ☐ No						
(4) Vocational rehabilitation	☐ Yes ----> ☐ No						
(5) Sheltered workshop	☐ Yes ----> ☐ No						
(6) Volunteer placement	☐ Yes ----> ☐ No						

7 a. Are the following 'general health care' services needed by the typical client in this program? <i>Answer b and c for each 'Yes'</i>		b. How often are your clients able to get this need met . . . <i>MARK (X) ONE BOX</i>			c. Where is this service available . . . <i>MARK ALL THAT APPLY</i>		
		Usually	Some- times	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Health care assessment -- health history	☐ Yes ----> ☐ No						
(2) Primary care -- physical exam, etc.	☐ Yes ----> ☐ No						
(3) Emergency/acute care	☐ Yes ----> ☐ No						
(4) Prenatal care	☐ Yes ----> ☐ No						
(5) Immunizations	☐ Yes ----> ☐ No						
(6) TB testing	☐ Yes ----> ☐ No						
(7) TB treatment	☐ Yes ----> ☐ No						
(8) Dental care	☐ Yes ----> ☐ No						
(9) Hospice care	☐ Yes ----> ☐ No						

8 a. Are the following 'substance abuse' services needed by the typical client in this program? <i>Answer b and c for each 'Yes'</i>		b. How often are your clients able to get this need met . . . <i>MARK (X) ONE BOX</i>			c. Where is this service available . . . <i>MARK ALL THAT APPLY</i>		
		Usually	Some- times	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Alcohol/drug testing -- (saliva, urine or blood)	☐ Yes ----→ ☐ No						
(2) Alcohol/drug dependence assessment	☐ Yes ----→ ☐ No						
(3) Detoxification	☐ Yes ----→ ☐ No						
(4) Outpatient treatment	☐ Yes ----→ ☐ No						
(5) Inpatient treatment	☐ Yes ----→ ☐ No						
(6) Alcoholics/Cocaine/Narcotics Anonymous	☐ Yes ----→ ☐ No						

9 a. Are the following 'mental health' services needed by the typical client in this program? <i>Answer b and c for each 'Yes'</i>		b. How often are your clients able to get this need met . . . <i>MARK (X) ONE BOX</i>			c. Where is this service available . . . <i>MARK ALL THAT APPLY</i>		
		Usually	Some- times	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Mental health assessment	☐ Yes ----→ ☐ No						
(2) Medication administration/monitoring	☐ Yes ----→ ☐ No						
(3) Crisis intervention	☐ Yes ----→ ☐ No						
(4) Outpatient therapy/counseling	☐ Yes ----→ ☐ No						
(5) Inpatient treatment	☐ Yes ----→ ☐ No						
(6) Peer group/self help	☐ Yes ----→ ☐ No						

10 a. Are the following other services needed by the typical client in this program? <i>Answer b and c for each 'Yes'</i>		b. How often are your clients able to get this need met . . . <i>MARK (X) ONE BOX</i>			c. Where is this service available . . . <i>MARK ALL THAT APPLY</i>		
		Usually	Some- times	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) HIV/AIDS services	☐ Yes ----→ ☐ No						
(2) Child care	☐ Yes ----→ ☐ No						
(3) Domestic violence counseling	☐ Yes ----→ ☐ No						
(4) Legal assistance	☐ Yes ----→ ☐ No						
(5) Veteran's special services	☐ Yes ----→ ☐ No						
(6) Other -- What? _____	☐ Yes ----→ ☐ No						

11 Is transporation provided as part of this program?

☐ Yes -- *ANSWER QUESTION 12*

☐ No -- *SKIP TO QUESTION 14, on the next page*

12 For which of the following services is transportation provided to clients?

MARK ALL THAT APPLY

- ☐ Food and/or clothing
- ☐ Life skills counseling, such as money management, household skills, parental training
- ☐ Case management, such as needs assesment, assistance with entitlements, followup
- ☐ Housing search services
- ☐ Education -- classes for adults or children
- ☐ Employment services, such as vocational rehabilitation, sheltered workshop, training
- ☐ Health care
- ☐ Substance abuse services
- ☐ Mental health services
- ☐ HIV/AIDS services
- ☐ Child care
- ☐ Domestic violence counseling
- ☐ Legal assistance
- ☐ Veteran's special services

13 By which of the following methods are the transportation services provided?

MARK ALL THAT APPLY

- ☐ Reimbursement by voucher
- ☐ Program vehicles
- ☐ Volunteers
- ☐ Local government or public transportation
- ☐ Other -- What? _____

14 Does this program serve unaccompanied single persons?

1 ☐ Yes -- CONTINUE WITH QUESTION 15

2 ☐ No -- SKIP TO QUESTION 21

15 What is the maximum number of single persons you can shelter in your facility per day or night?

_____ Persons

16 During each of the months below, at what PERCENT OCCUPANCY do you usually operate?

17 For each month that you usually operate at full capacity (100%), please indicate the NUMBER of eligible persons you had to turn away. In the first column, enter the NUMBER of persons who were turned away on any one day or night. In the second column, enter the TOTAL NUMBER usually turned away during the entire month.

Month	Percent	Number on a typical day/night	Number altogether during the month
January	_____ %	_____	_____
February	_____ %	_____	_____
March	_____ %	_____	_____
April	_____ %	_____	_____
May	_____ %	_____	_____
June	_____ %	_____	_____
July	_____ %	_____	_____
August	_____ %	_____	_____
September	_____ %	_____	_____
October	_____ %	_____	_____
November	_____ %	_____	_____
December	_____ %	_____	_____

If there are NO periods when you are full -- SKIP to Question 19

If there are periods when you are full -- CONTINUE with Question 17 above

18 For the periods that you operated at FULL capacity, or had to turn persons away, what were the reasons?

Never full [] -- SKIP TO 19

MARK ALL THAT APPLY WHEN FULL

- 1 [] Increase in need
- 2 [] Seasonal changes
- 3 [] Change in program participation criteria
- 4 [] Facilities closed elsewhere
- 5 [] Economic/job market changes
- 6 [] Other -- WHAT?
- _____
- _____

19 For the periods that you operated at LESS than full capacity, what were the reasons?

Never less than full [] -- SKIP TO 20

MARK ALL THAT APPLY

- 1 [] Decline in need
- 2 [] Seasonal changes
- 3 [] Change in program participation criteria
- 4 [] New facilities added elsewhere
- 5 [] Economic/job market changes
- 6 [] Other -- WHAT?
- _____
- _____

20 This question asks about where your clients go when they are no longer served by your program.**Of the persons that you served last year, please estimate what PERCENT went to the following destinations:**

Percent

- The streets or other outside locations. %
- Emergency shelter %
- Transitional housing %
- Family or friend's housing %
- Private unsubsidized housing %
- Public subsidized housing (Section 8 or Public)
or Rural Rental Housing %
- Special permanent housing for disabled homeless
(mentally ill, developmentally disadvantaged, HIV) .. %
- Hospital %
- Jail or prison %
- Other -- Where? %
- _____
- Don't Know %

The above should total to ----- 100%

21 Does this program serve couples/families -- two or more persons living as a unit?

1 ☐ Yes -- CONTINUE WITH QUESTION 22

2 ☐ No -- INTERVIEW COMPETED *Thank you!*

22 What is the maximum number of couples/families you can shelter in your facility per day or night?

_____ Persons

23 During each of the months below, at what PERCENT OCCUPANCY do you usually operate for shelter space for couples/families?

24 For each month that you usually operate at full capacity (100%), please indicate the NUMBER of eligible couples/families you had to turn away. In the first column, enter the NUMBER of couples/families who were turned away on any one day or night. In the second column, enter the TOTAL NUMBER usually turned away during the entire month.

Month	Percent	Number on a typical day/night	Number altogether during the month
January	_____ %	_____	_____
February	_____ %	_____	_____
March	_____ %	_____	_____
April	_____ %	_____	_____
May	_____ %	_____	_____
June	_____ %	_____	_____
July	_____ %	_____	_____
August	_____ %	_____	_____
September	_____ %	_____	_____
October	_____ %	_____	_____
November	_____ %	_____	_____
December	_____ %	_____	_____

If there are NO periods when you are full -- SKIP to Question 26

If there are periods when you are full -- CONTINUE with Question 24 above

25 For the periods that you operated at FULL capacity, or had to turn families/couples away, what were the reasons?Never full ☐ -- SKIP TO 26

MARK ALL THAT APPLY WHEN FULL

1 ☐ Increase in need2 ☐ Seasonal changes3 ☐ Change in program participation criteria4 ☐ Facilities closed elsewhere5 ☐ Economic/job market changes6 ☐ Other -- WHAT?

26 For the periods that you operated at LESS than full capacity, what were the reasons?Never less than full ☐ -- SKIP TO 27

MARK ALL THAT APPLY

1 ☐ Decline in need2 ☐ Seasonal changes3 ☐ Change in program participation criteria4 ☐ New facilities added elsewhere5 ☐ Economic/job market changes6 ☐ Other -- WHAT?

27 This question asks about where your clients go when they are no longer served by your program.**Of the families/couples that you served last year, please estimate what PERCENT went to the following destinations:**

Percent

The streets or other outside locations. %

Emergency shelter %

Transitional housing %

Family or friend's housing %

Private unsubsidized housing %

Public subsidized housing (Section 8 or Public)
or Rural Rental Housing %Special permanent housing for disabled homeless
(mentally ill, developmentally disadvantaged, HIV) %

Hospital %

Jail or prison %

Other -- Where? %

Don't Know %
The above should total to ----- 100%

VOUCHER PROGRAMS

This questionnaire contains some detailed questions about your voucher program. We are interested in information about:

- * services that might be needed by the clients who use this program, and
- * the capacity and utilization of your facility.

If you operate more than one program from your location, please consider only your voucher program when answering these questions.

1 a. Is the provision of food and/or clothing needed by the typical client in this program? <i>Answer b and c for each 'Yes'</i> (1) Food ☐ Yes ----> ☐ No (2) Clothing ☐ Yes ----> ☐ No	b. How often are your clients able to get this need met . . . MARK (X) ONE BOX Usually Some- times Seldom	c. Where is this service available . . . MARK ALL THAT APPLY Here, at this address Elsewhere in the community Not at all
2 a. Are the following 'life skills' services needed by the typical client in this program? <i>Answer b and c for each 'Yes'</i> (1) Money management or budgeting ☐ Yes ----> ☐ No (2) Household skills – cooking, cleaning, maintenance ☐ Yes ----> ☐ No (3) Personal relations counseling – conflict resolution ☐ Yes ----> ☐ No (4) Parenting training ☐ Yes ----> ☐ No	b. How often are your clients able to get this need met . . . MARK (X) ONE BOX Usually Some- times Seldom	c. Where is this service available . . . MARK ALL THAT APPLY Here, at this address Elsewhere in the community Not at all
3 a. Are the following 'case management' services needed by the typical client in this program? <i>Answer b and c for each 'Yes'</i> (1) Needs assessment ☐ Yes ----> ☐ No (2) Development of individual goals and service plans ☐ Yes ----> ☐ No (3) Referral or assistance with entitlements ☐ Yes ----> ☐ No (4) Followup after client leaves ☐ Yes ----> ☐ No	b. How often are your clients able to get this need met . . . MARK (X) ONE BOX Usually Some- times Seldom	c. Where is this service available . . . MARK ALL THAT APPLY Here, at this address Elsewhere in the community Not at all
4 a. Are the following 'housing search' services needed by the typical client in this program? <i>Answer b and c for each 'Yes'</i> (1) Housing location and/or applying for subsidies ☐ Yes ----> ☐ No (2) Housing counseling ☐ Yes ----> ☐ No (3) Assistance with utilities and/or rent ☐ Yes ----> ☐ No	b. How often are your clients able to get this need met . . . MARK (X) ONE BOX Usually Some- times Seldom	c. Where is this service available . . . MARK ALL THAT APPLY Here, at this address Elsewhere in the community Not at all

5 a. Are the following 'education' services needed by the typical client in this program? <i>Answer b and c for each 'Yes'</i>		b. How often are your clients able to get this need met . . . <i>MARK (X) ONE BOX</i>			c. Where is this service available . . . <i>MARK ALL THAT APPLY</i>		
		Usually	Some- times	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Basic literacy training	☐ Yes ----→ ☐ No						
(2) English as a Second Language courses	☐ Yes ----→ ☐ No						
(3) GED courses	☐ Yes ----→ ☐ No						
(4) Early childhood education (Head Start)	☐ Yes ----→ ☐ No						
6 a. Are the following 'employment' services needed by the typical client in this program? <i>Answer b and c for each 'Yes'</i>		b. How often are your clients able to get this need met . . . <i>MARK (X) ONE BOX</i>			c. Where is this service available . . . <i>MARK ALL THAT APPLY</i>		
		Usually	Some- times	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Assessment of job skills	☐ Yes ----→ ☐ No						
(2) Job referral or placement	☐ Yes ----→ ☐ No						
(3) Training for specific jobs	☐ Yes ----→ ☐ No						
(4) Vocational rehabilitation	☐ Yes ----→ ☐ No						
(5) Sheltered workshop	☐ Yes ----→ ☐ No						
(6) Volunteer placement	☐ Yes ----→ ☐ No						
7 a. Are the following 'general health care' services needed by the typical client in this program? <i>Answer b and c for each 'Yes'</i>		b. How often are your clients able to get this need met . . . <i>MARK (X) ONE BOX</i>			c. Where is this service available . . . <i>MARK ALL THAT APPLY</i>		
		Usually	Some- times	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Health care assessment -- health history	☐ Yes ----→ ☐ No						
(2) Primary care -- physical exam, etc.	☐ Yes ----→ ☐ No						
(3) Emergency/acute care	☐ Yes ----→ ☐ No						
(4) Prenatal care	☐ Yes ----→ ☐ No						
(5) Immunizations	☐ Yes ----→ ☐ No						
(6) TB testing	☐ Yes ----→ ☐ No						
(7) TB treatment	☐ Yes ----→ ☐ No						
(8) Dental care	☐ Yes ----→ ☐ No						
(9) Hospice care	☐ Yes ----→ ☐ No						

8 a. Are the following 'substance abuse' services needed by the typical client in this program? <i>Answer b and c for each 'Yes'</i>		b. How often are your clients able to get this need met . . . <i>MARK (X) ONE BOX</i>			c. Where is this service available . . . <i>MARK ALL THAT APPLY</i>		
		Usually	Some- times	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Alcohol/drug testing -- (saliva, urine or blood)	☐ Yes ----→ ☐ No						
(2) Alcohol/drug dependence assessment	☐ Yes ----→ ☐ No						
(3) Detoxification	☐ Yes ----→ ☐ No						
(4) Outpatient treatment	☐ Yes ----→ ☐ No						
(5) Inpatient treatment	☐ Yes ----→ ☐ No						
(6) Alcoholics/Cocaine/Narcotics Anonymous	☐ Yes ----→ ☐ No						

9 a. Are the following 'mental health' services needed by the typical client in this program? <i>Answer b and c for each 'Yes'</i>		b. How often are your clients able to get this need met . . . <i>MARK (X) ONE BOX</i>			c. Where is this service available . . . <i>MARK ALL THAT APPLY</i>		
		Usually	Some- times	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Mental health assessment	☐ Yes ----→ ☐ No						
(2) Medication administration/monitoring	☐ Yes ----→ ☐ No						
(3) Crisis intervention	☐ Yes ----→ ☐ No						
(4) Outpatient therapy/counseling	☐ Yes ----→ ☐ No						
(5) Inpatient treatment	☐ Yes ----→ ☐ No						
(6) Peer group/self help	☐ Yes ----→ ☐ No						

10 a. Are the following other services needed by the typical client in this program? <i>Answer b and c for each 'Yes'</i>		b. How often are your clients able to get this need met . . . <i>MARK (X) ONE BOX</i>			c. Where is this service available . . . <i>MARK ALL THAT APPLY</i>		
		Usually	Some- times	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) HIV/AIDS services	☐ Yes ----→ ☐ No						
(2) Child care	☐ Yes ----→ ☐ No						
(3) Domestic violence counseling	☐ Yes ----→ ☐ No						
(4) Legal assistance	☐ Yes ----→ ☐ No						
(5) Veteran's special services	☐ Yes ----→ ☐ No						
(6) Other - What? _____	☐ Yes ----→ ☐ No						

11 Is transportation provided as part of this program?

☐ Yes -- *ANSWER QUESTION 12*

☐ No -- *SKIP TO QUESTION 14, on the next page*

12 For which of the following services is transportation provided to clients?

MARK ALL THAT APPLY

- ☐ Food and/or clothing
- ☐ Life skills counseling, such as money management, household skills, parental training
- ☐ Case management, such as needs assessment, assistance with entitlements, followup
- ☐ Housing search services
- ☐ Education -- classes for adults or children
- ☐ Employment services, such as vocational rehabilitation, sheltered workshop, training
- ☐ Health care
- ☐ Substance abuse services
- ☐ Mental health services
- ☐ HIV/AIDS services
- ☐ Child care
- ☐ Domestic violence counseling
- ☐ Legal assistance
- ☐ Veteran's special services

13 By which of the following methods are the transportation services provided?

MARK ALL THAT APPLY

- ☐ Reimbursement by voucher
- ☐ Program vehicles
- ☐ Volunteers
- ☐ Local government or public transportation
- ☐ Other -- What? _____

14 Does this program serve unaccompanied single persons?

1 [] Yes -- CONTINUE with Question 15

2 [] No -- SKIP to Question 20

15 What is the maximum number of vouchers that you usually have for unaccompanied single persons per day?

_____ Vouchers

16 During each of the months below, what PERCENT of the vouchers that you have for unaccompanied single persons do you usually hand out?

17 For each month that you usually hand out all vouchers (100%), please indicate the NUMBER of eligible persons you had to turn away. In the first column, enter the NUMBER of persons who were turned away on any one day or night. In the second column, enter the TOTAL NUMBER usually turned away during the entire month.

Month	Percent	Number on a typical day/night	Number altogether during the month
January	_____ %	_____	_____
February	_____ %	_____	_____
March	_____ %	_____	_____
April	_____ %	_____	_____
May	_____ %	_____	_____
June	_____ %	_____	_____
July	_____ %	_____	_____
August	_____ %	_____	_____
September	_____ %	_____	_____
October	_____ %	_____	_____
November	_____ %	_____	_____
December	_____ %	_____	_____

If there are NO periods when you hand out all vouchers -- SKIP to Question 19

If there are periods when you do hand out all vouchers -- CONTINUE with Question 17 above

18 For the periods in which you gave out all vouchers, and had to turn persons away, what were the reasons?

Never gave out all vouchers ☐ -- SKIP TO 19

MARK ALL THAT APPLY

- 1 ☐ Increase in need
2 ☐ Seasonal changes
3 ☐ Change in program participation criteria
4 ☐ Facilities closed elsewhere
5 ☐ Economic/job market changes
6 ☐ Other -- WHAT?

19 For the periods that you did not pass out all available vouchers, what were the reasons?

Never had leftover vouchers -- SKIP TO 20

MARK ALL THAT APPLY

- 1 ☐ Decline in need
2 ☐ Seasonal changes
3 ☐ Change in program participation criteria
4 ☐ New facilities added elsewhere
5 ☐ Economic/job market changes
6 ☐ Other -- WHAT?

20 Does this program serve couples/families -- two or more persons living as a unit?

1 [] Yes -- CONTINUE WITH QUESTION 21

2 [] No -- INTERVIEW COMPETED *Thank you!*

21 What is the maximum number of vouchers that you usually have for couples/families per day?

_____ Vouchers

22 During each of the months below, what PERCENT of the vouchers that you have for couples/families do you usually hand out?

23 For each month that you usually hand out all vouchers (100%), please indicate the NUMBER of eligible couples/families you had to turn away. In the first column, enter the NUMBER of couples/families who were turned away on any one day or night. In the second column, enter the TOTAL NUMBER usually turned away during the entire month.

Month	Percent	Number on a typical day/night	Number altogether during the month
January	_____ %	_____	_____
February	_____ %	_____	_____
March	_____ %	_____	_____
April	_____ %	_____	_____
May	_____ %	_____	_____
June	_____ %	_____	_____
July	_____ %	_____	_____
August	_____ %	_____	_____
September	_____ %	_____	_____
October	_____ %	_____	_____
November	_____ %	_____	_____
December	_____ %	_____	_____

If there are NO periods when you hand out all vouchers -- SKIP to Question 25

If there are periods when you do hand out all vouchers -- CONTINUE with Question 23 above

24 For the periods in which you gave out all vouchers, and had to turn families/couples away, what were the reasons?

Never gave out all vouchers ☐ -- SKIP TO 25

MARK ALL THAT APPLY

1 ☐ Increase in need

2 ☐ Seasonal changes

3 ☐ Change in program participation
criteria

4 ☐ Facilities closed elsewhere

5 ☐ Economic/job market changes

6 ☐ Other -- WHAT?

25 For the periods that you did not pass out all available vouchers to families/couples, what were the reasons?

Never had leftover vouchers ☐

MARK ALL THAT APPLY

1 ☐ Decline in need

2 ☐ Seasonal changes

3 ☐ Change in program participation
criteria

4 ☐ New facilities added elsewhere

5 ☐ Economic/job market changes

6 ☐ Other -- WHAT?

children

Form HPWUS 100-A, Service Provider Care Data Questionnaire

-Open- (At this point, we have a knowledgeable respondent on the phone)

We are conducting a survey.....for the council Interagency Council on the Homeless (an agency composed of Federal agencies). We have your facility as [fill provider name] located at [fill address]. Is this correct?

- ☐ Yes
☐ No

1a. Do you offer programs to serve homeless persons at THIS ADDRESS? - By homeless I mean persons without a home as defined by the Stuart B. McKinney Homeless Assistance Act of 1987. (Need to know what this definition is) By THIS ADDRESS I mean that you provide **[bold]** direct programs and services **[n]** to clients from this location.

- ☐ Yes [Goto Q2a]
☐ No [Goto List]

-List-

We will be sending you a list of service providers in your county. We ask that you help us to compile a more complete list of service care providers in your county so that we may better conduct our survey. Please give me the name, address and telephone number of the best person to send our list of service providers to.

@PROVIDER ---> _____

@CONTACT ---> _____

@STREET ---> _____

@CITY ---> _____

@ST ---> _____ @ZIP ---> _____

@PHONE ---> _____

2a. We are collecting information about housing programs, food programs, and health care programs. I would like to ask you about specific programs you provide at this address. Do you offer an emergency shelter program? - [By emergency shelter program I mean a program which operates on a first-come first-served basis where people must leave in the morning and have no guaranteed bed for the next night OR where people know that they have a bed for a specified period of time (even if they leave the building every day). Please

include facilities which provide temporary shelter during extremely cold weather (such as churches) and emergency shelters for runaway or neglected children and youth, and shelters for abused women.]

- ☐ Yes
☐ No

- 2b. Do you offer a transitional housing program? - A transitional housing program, with a maximum stay for clients of up to two years, offers augmented services to promote self-sufficiency and to gain permanent housing. By augmented services I mean.....**

- ☐ Yes
☐ No

- 2c. Do you offer permanent housing for homeless people? - Permanent housing for homeless people includes support services. This may include section 8 vouchers, Public Housing Authority (PHA) units, Single Room Occupancies (SROs), and other long-term housing assistance. This is very important, please ONLY include permanent housing designed to serve persons who are homeless AT THE TIME OF ENTRY INTO the permanent housing. By support services I mean (services to increase the stability and independence of individuals or families (e.g., independent living training).**

PHA - Public Housing Authority

SRO - Single Room Occupancy (consists of private living/sleeping rooms and shared kitchens and bathrooms facilities. An SRO unit does not have a complete and private kitchen and bathroom facilities for each resident. One or two adults may occupy an SRO unit. Each living/sleeping room is considered one dwelling unit.

- ☐ Yes
☐ No

The next questions asks about food programs.

- 2d1. Do you offer soup kitchen or meal distribution programs? - This includes soup kitchens, food lines, and programs distributing prepared breakfasts, lunches, or dinners for homeless or needy people. These programs may be organized as food service lines, bag or box lunches, tables where people are seated, then served by program personnel. These programs may or may not have a place to sit and eat the meal. Needy people are....**

- ☐ Yes ☐ No

2d2. Do you offer any of these meals?

- ☐ Yes [Goto Q2d3]
- ☐ No [Goto Q2e]

2d3. Do you offer breakfast?

- ☐ Yes
- ☐ No

2d4. Do you offer lunch?

- ☐ Yes
- ☐ No

2d5. Do you offer dinner?

- ☐ Yes
- ☐ No

2d6. Within the past 30 days, did you receive any USDA-donated foods, that is food that was donated by the United States Department of Agriculture, for your feeding program?

- ☐ Yes [Goto 2d8]
- ☐ No [Goto 2d7]

2d7. Does your program ever receive USDA-donated foods?

- ☐ Yes [Goto 2d8]
- ☐ No [Goto 2d9]

2d8. On average, how often do you receive USDA foods? Would you say that it is -

- ☐ Every month?
- ☐ Every quarter?
- ☐ Less often than once each quarter?

2d9. About what proportion of the total foods used in your feeding program does the USDA-donated food account for?

- ☐ 5 percent or less
- ☐ 5 - 10 percent
- ☐ 10-25 percent
- ☐ 25-50 percent
- ☐ more than 50 percent

2e. Do you offer a food pantry program? - By food pantry program, I mean a program which distributes uncooked food in boxes or bags.

☐ Yes
☐ No

2f. Do you offer a mobile food program? - This includes programs for homeless persons which visit designated street locations for the primary purpose of providing food.

☐ Yes
☐ No

2g. Do you offer an outreach program? - This includes programs in which homeless persons are contacted in non-traditional settings (for example, on streets, in subways, under bridges, in parks) to offer food, blankets, or other necessities; to assess needs and attempt to engage them in services; to offer medical, mental health and/or substance abuse services; and/or to offer other assistance on a regular basis for the purpose of improving their health, mental health, or social functioning, or increasing their utilization of human services and resources. By regular I mean at least once a week; and services may be during the day or at night.

☐ Yes
☐ No

2h. Do you offer a physical health care program? - This includes programs that provide health care to homeless persons, such as medical, dental, and other health care.

☐ Yes
☐ No

2i. Do you offer a mental health program for homeless persons? - This includes services provided to improve mental or psychological health or the ability to function well in social settings. Specific services include intervention or hospitalization during a moment of crisis, counseling, psychotherapy, psychiatric services, and psychiatric medication monitoring.

☐ Yes
☐ No

- 2j. Do you offer alcohol or other drug programs for homeless persons? - This includes services that are provided in a supervised setting to ensure that an individual safely reduces his/her level of alcohol or other drug intoxication to zero. The supervision may be provided by medically trained staff and may include the use of medication to control withdrawal.

☐ Yes
☐ No

- 2k. Do you offer HIV/AIDS programs for homeless persons?

☐ Yes
☐ No

- 2l. Do you offer a drop-in center program? - Drop-in centers provide daytime services primarily for homeless persons other than facilities serving meals, which are included in SOUP KITCHENS. When thinking about drop-in centers, do not include those centers that only serve meals. If only meals are served, please include them under soup kitchens. (help screen) - If soup kitchen go back to soup kitchen question Q2d1.

☐ Yes
☐ No

- 2m. Do you have migrant housing that is used to house homeless people in the off season? -

☐ Yes
☐ No

- 2n. Do you offer voucher arrangements? - Please include hotels, motels, or other facilities that are not shelters, for which vouchers are given out OR which operate under contract to provide shelter to homeless people.

☐ Yes
☐ No

- 2o. Does your office distribute vouchers for shelter? - Include offices which distribute vouchers for shelter to homeless people.

☐ Yes
☐ No

- 2p. Do you offer other programs which serve homeless clients? - Include those facilities which provide services for homeless persons, such as clothing distribution centers, education, and/or employment skills training.

☐ Yes

☐ No

-2aspec-

Can you specify the other types of programs that you offer?

I'm now going to ask you some questions about your emergency shelter program.

- 3a1. Think ahead to February 1996, on what days will you operate the emergency shelter program in February 1996? When answering these questions, only consider the emergency shelter program. - (MARK "X" EACH DAY THAT APPLIES. If open every day enter "E" for every day.)
@EVERYDAY [if @EVERYDAY EQ E THEN goto Q3WK ELSE goto 3a2.)

__Every day

__Th FEB1	__Fr FEB2	__St FEB3	__Sn FEB4
__Mn FEB5	__Tu FEB6	__Wd FEB7	__Thur FEB8
__Fr FEB9	__St FEB10	__Sn FEB11	__Mn FEB12
__Tu FEB13	__Wd FEB14	__Th FEB15	__Fr FEB16
__St FEB17	__Sn FEB18	__Mn FEB19	__Tu FEB20
__Wd FEB21	__Th FEB22	__Fr FEB23	__St FEB24
__Sn FEB25	__Mn FEB26	__Tu FEB27	__Wd FEB28
__Th FEB29			

- 3WK. I would like to verify that you are open on Saturdays and/or Sunday during the weekend. Is this correct?

☐ Yes [Goto 3a2]

☐ No [Go to 3a1]

- 3a2. How many ADULTS, aged 18 years or older, does this program serve? _____
- 3a3. Of these ADULTS, approximately what percent are homeless now or were homeless prior to participating in this program? _____%
- 3a4. Of the adults, approximately what percentage use the program 10 or more days a month? _____%
- 3a5. How many CHILDREN or YOUTH, up to 17 years old, use the services of this program at this location on an average day in February? _____
- 3a6. Of these CHILDREN or YOUTH, approximately what percent are homeless now or were homeless prior to participating in this program? _____%

Now I am going to ask you some questions about the percentages of different groups of people who use your facility.

- 3a7. On an average day that you are open in February, do you serve -

(a) both unaccompanied persons and couples or families?

- [] Yes [Goto 3a8]
[] No [Goto 3a7b]

(b) Do you have only unaccompanied persons or just couples and families?

- [] Unaccompanied persons [Goto Q3a8]
[] Couples and families [Goto Q3a11]

Now I'm going to ask more about the unaccompanied persons that use your program.

- 3a8. What percentage of your unaccompanied persons are adults and what percentage are children?

_____% adults

_____% children

The next questions ask about unaccompanied ADULTS that use your program.

3a9. Of these unaccompanied adults what percentage are male and what percentage are female?

_____ %

_____ %

Now I am going to be asking about the unaccompanied children that use your program.

3a10. What percentage of your unaccompanied children are male and what percentage are female?

(a) _____ %

(b) _____ %

3a11. Now, let's talk about families. I'm going to ask you to break the people in families into three categories and give me the percentage of adults in each of these categories. The three groups will be (1) single parent families with children, (2) two-parent families with children, (3) adults couples without children. For this question a child is anyone under 18 years of age. What percentage of the couples and families are -

(a) Single-parent families with children? _____ %

(b) Two-parent families with children? _____ %

(c) Adult couples without families? _____ %

3a12. Is this program a -
Mark (X) only one box.

(1) ☐ Private, nonprofit, religious affiliated program?

(2) ☐ Private, non-profit, non-sectarian program?

(3) ☐ Public agency?

(4) ☐ Private, for profit?

3a13a. What percentage of your funding for this program comes from private funding such as donations, foundation grants, United Way, individual's contributions?

_____ %

3a13b. What percentage of your funding for this program comes from Federal, State, or local Government funding?

_____ %

3a13c. What percentage of your funding for this program comes from another source?

_____ %

-3a13csp-

Please specify the source of this other funding.

3a14a. Does this program focus on any of the following population groups - needy or impoverished people?

[] Yes
[] No

3a14b. victims of domestic violence, abused women?

[] Yes
[] No

3a14c. runaway or homeless children or youth?

[] Yes
[] No

3a14d. people with mental health problems?

[] Yes
[] No

3a14e. people with (only) drug or alcohol problems?
(no mental health problems)

[] Yes
[] No

3a14f. people with drug (including every drug except alcohol?)
and mental health problems?

☐ Yes
☐ No

3a14g. people with HIV/AIDS?

☐ Yes
☐ No

3a14h. veterans?

☐ Yes
☐ No

3a14i. Is any one else served by this program?

☐ Yes [Goto 3a14isp]
☐ No [Goto 3a14j]

3a14isp. Please specify who else is served by this program.

3a14j. You told me that you serve fill Q3a14a-Q3a14isp where
entry EQ 1j. Which of these, if any, would you
consider to be the PRIMARY population group that you
serve?

3a15. Of all the clients that you serve in this program, what
percent are veterans?

-conta-

We will be sending a brief questionnaire to a sample of providers which asks some more detailed questions about the programs. If you are selected, who is the best person to contact about the emergency shelter program?

@CONTACTA ----> _____

@ADDRESS ----> _____

@CITY ----> _____

@ST ----> _____ @ZIP ----> _____

@PHONE ----> _____

PROVIDER QUESTIONNAIRE

CORE ITEMS ASKED OF ALL PROVIDERS

1. Verify that direct programs and services are offered at this address.
2. Ask if direct programs and services are offered at another address.
3. Ask which programs are offered at this address:

emergency shelters, transitional housing, permanent housing for homeless people, soup kitchen or meal distribution, food pantry, mobile food program, physical health care program, mental health care program, alcohol or other drug program, HIV/AIDS program, drop-in center, migrant housing used in the off season to house homeless people, voucher arrangements, and other programs not listed.

CORE ITEMS ASKED OF ALL PROVIDERS ABOUT EACH PROGRAM

1. Days the program is operated in February.
2. Number of adults (18 years or older) served on an average day in February.
3. Percentage of adults served who are now homeless.
4. Number of children and youth (17 years and younger) served on an average day in February.
5. Percentage of children and youth served who are now homeless.
6. Population groups served (e.g., unaccompanied youth, single adults, couples or families). - Veterans
7. Type of program (e.g., private, non-profit, public, private for profit).
8. Source of funding (e.g., private funding, donations, government funding, other).
9. Population groups served (e.g., needy, victims of domestic violence, runaway or homeless youth, people with mental health problems, people with drug or alcohol problems, veterans)
10. Contact person for the program.

primarily for what?

**DETAILED ITEMS ABOUT PROGRAMS AND SERVICES
ASKED OF SAMPLE OF PROVIDERS**

1. Services offered by program type (e.g., basic assistance, life skills, case management, housing search, education, employment, general health care, HIV/AIDS services, substance abuse services, mental health care services, child care, domestic violence counselling, legal assistance, veterans special services, and other.
2. Is there a time limit on the number of days a person can stay at this facility, and if yes, what is the limit?
3. Capacity of the program to shelter unaccompanied single persons and couples or families.
4. Estimated level of occupancy by season.
5. Seasons when the program operates at full capacity.
5. Approximate number of people turned away when operating at full capacity.
6. Seasons when the program operates at less than 85 percent capacity and reasons why the program was not operating at full capacity.
7. Seasons when there is excess demand for the program and reasons for why demand for the program increased.
8. Of the people that were served last year, where did they go when they were no longer served by your program?

June 19, 1995

**Various Survey Design Options and Associated
Cost of Each Option**

1. Collect Data on Programs and Services
Offered in 76 areas \$1,950,000
2 parts
2. Collect Client Data in 76 areas (Note: In order
to produce client characteristics, the
Census Bureau must identify programs
offered in each of the areas and collect
core information about each program.) \$3,700,000
*For portion
wouldn't have
detailed ques abt*
3. Collect Detailed Data on Programs and Services
and Client Characteristics in 76 areas \$4,000,000
(Note: With this design, service data
are collected at the provider level only
and not at the program level.)
4. Current Survey Design - Collect Detailed Data
on Programs and Services by Program
and Client Characteristics in \$4,100,000
76 areas.
*\$400K -
add'l info*

Minimum for national - 60

?

June 27, 1995

MILESTONE DATES FOR A 1996 National Survey

June 1, 1995	Census Bureau began work on National Survey Began selecting the 76 Sample Areas
July 3	Commitment to continue working on the National Survey Federal agencies begin preparing Interagency Agreements or Letters of Intent to Fund
July 15	Finalize service provider questionnaires
July 28	Issue final Pretest results
Sept 8	Receive OMB Clearance for the service provider questionnaires
Oct 2	Begin telephone calls to all service providers to collect core data
Oct 9-Dec 15	Conduct Provider List Update process and collect detailed provider and service data
Oct 13	Funding commitment to conduct client interviewing
Nov 1	Receive OMB Clearance for client questionnaire
Dec 1	Select sampled service providers for client interviews
Dec 26	Make arrangements to interview clients
Feb 1, 1996	Conduct client interviews
Fall 1996	Data files and file documentation

June 27, 1995

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STATUS REPORT FOR THE NATIONAL ORGANIZATIONS
CONTACTED FOR THE NATIONAL SURVEY AS OF JUNE 28, 1995

Organization	Providing Lists for Survey	No Available Files
National Resource Center on Homelessness on Mental Illness	Y	
Homeless Families Program		
U.S. Conference of Mayors		
The National Association of Community Action Agencies		
The Salvation Army		
Travelers Aid International	Y	
United Way of America		
Volunteers of America, Inc.		
Better Homes Foundation	Y	
National Low Income Housing Coalition		N
American Red Cross	Y	
Catholic Charities USA	Y	
End Hunger Network		
Goodwill Industries, Inc		N
National American Indian Housing Council		
National Coalition Against Domestic Violence	Y	
National Coalition for Homeless Veterans		
National Coalition for the Homeless	Y	
National Council of Churches of Christ in the U.S.A.		
National Law Center on Homelessness and Poverty	Y	
National Network of Runaway and Youth Services	Y	
National Alliance to End Homelessness	Y	



UNITED STATES DEPARTMENT OF COMMERCE
Bureau of the Census
Washington, DC 20233-0001

OFFICE OF THE DIRECTOR

JUN 22 1995

Mr. Keith Lively
Acting Deputy Assistant Secretary
for Program Systems
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Mr. Lively:

The purpose of this letter is to outline the role of the lead agency for conducting the proposed national survey of programs and services and of clients using services for the homeless population. Work on the national survey continues at an accelerated pace in order to meet the survey deadlines.

Over the next few weeks there are critical activities that need to occur in order to meet the survey schedule. These activities include entering into signed agreements with the various Federal agencies sponsoring the survey, receiving clearance from the Office of Management and Budget (OMB) to conduct the survey, and finalizing the content of the survey instruments. We need a lead agency to work with the Census Bureau and other sponsoring Federal agencies to help ensure these activities take place in time to meet the schedule.

We are enclosing a list of the major activities that we are asking the lead agency to complete. We will work closely with your agency to implement these activities.

We look forward to working with you and your staff to continue planning for the implementation of the national survey. If you have any questions, please telephone Ms. Annetta Clark of my staff on (301) 457-2378.

Sincerely,

A handwritten signature in cursive script, reading "William P. Butz", is written over the typed name.

William P. Butz
Associate Director
for Demographic Programs
Bureau of the Census

Enclosure

Responsibilities of the Lead Agency

Office of Management and Budget (OMB) Clearance

The lead agency will request approval from OMB to conduct the national survey. OMB defines the sponsor of the survey to be the agency or agencies causing the information to be collected. For the national survey, the Census Bureau is acting as the collection agency for the various Federal agencies. Therefore, the Census Bureau cannot be the agency requesting OMB approval for conducting the survey because it is not the agency requesting that the data be collected. The Census Bureau will prepare the OMB package to be submitted by the lead agency.

The lead agency will be the primary point of contact for OMB. Given the sensitivity of collecting information about people without housing, the uncertainty of collecting client characteristics, interviews and the need for expedited OMB clearance, we anticipate meetings with OMB to discuss the survey plans. However, the experience of working with OMB on the pretest was very positive. During the pretest, we were able to work with OMB, the lead agency, and the Interagency Council on the Homeless to resolve similar issues.

The survey burden hours are:

Reviewing the list of providers	6,250 hours
Provider interviews to collect core information	6,250 hours
Interviews to collect detailed service information	4,000 hours
Client interviews	2,850 hours
Total hours	19,350 hours

The lead agency also needs to have the authority to pay a fee or stipend to persons who participate in the survey.

Policy Coordination/General Guidance

The lead agency will resolve policy issues or funding issues among the other Federal sponsors. For example, what happens if an agency is not able to contribute its prorated share of the funding? What if OMB has questions about funding the survey? What if the various agencies cannot agree on the final questionnaire content?

Financial Coordination

The Census Bureau prefers that the lead agency oversee the preparation of the signed interagency agreements with the other Federal agencies transferring the money to the Census Bureau. If the lead agency cannot assume this role, the Census Bureau will agree to coordinate the signing of the required interagency agreements to transfer the money to the Census Bureau. If a funding shortfall should occur, the lead agency would need to intervene to determine the appropriate action. However, the Census Bureau cannot agree to resolve any funding shortfalls if an agency does not contribute its agreed upon share of the funding or if any agency requests its money be returned before the survey is completed.

June 28, 1995

**BUDGET FOR THE SURVEY OF PROVIDERS SERVING
HOMELESS PERSONS AND CLIENTS USING SERVICES**

Month	Monthly Costs	Cumulative Costs
June	70,000	70,000
July	135,000	205,000
August	130,000	335,000
September	97,000	432,000
October	520,000	952,000
November	395,000	1,347,000
December	385,000	1,732,000
TOTAL COSTS		1,732,000

Interagency Council on the Homeless

M E M O R A N D U M

TO: Policy Group Members and Staff Contacts

FROM: Marsha A. Martin, D.S.W. *MA Martin*
Executive Director

DATE: May 15, 1995

SUBJECT: National Survey Funding Follow-up

=====

At our May 11, 1995 Policy Group meeting the Census Bureau gave a brief summary of pre-test activities and the next steps for the survey of homeless persons who use services. For your information, following is a summary of the discussion concerning the proposed timetable and funding for the survey.

The Census Bureau is prepared to begin work on various components (list formation, sampling procedures, instrument refinement, etc.) by June 1995 without funding in order to meet the survey schedule. However, funding issues must be resolved by July 1, 1995. The national survey will cost approximately \$4.1 million. (\$70,000 is needed to cover expenses incurred in June.)

After the member agencies discussed the previously recommended funding proposals and their agency's initial response to the funding question, a baseline contribution threshold was suggested. In an attempt identify a more equitable funding methodology, it was suggested that ICH member agencies commit to a threshold contribution of approximately \$150,000 to \$170,000. This amount would be the least an agency would be asked to contribute. Agencies with McKinney funding would be asked to contribute an additional amount. The Council leadership agencies (HUD, HHS, and VA) would be asked to increase their contribution in order to cover the remaining shortfall.

USDA, Commerce, the Corporation for National and Community Service, Defense, Energy, GSA, Interior, Justice, Postal Service, SSA, and Transportation (11 non-McKinney agencies) would each be asked to contribute \$170,000, for a total of \$1.87 million.

Education, Labor, and FEMA (3 McKinney agencies) would each be asked to contribute \$275,000, for a total of \$825,000.

HUD, HHS, and VA (the 3 leadership and McKinney agencies) would each be asked to contribute \$470,000, for a total of \$1.41 million.



UNITED STATES DEPARTMENT OF COMMERCE
Bureau of the Census
Washington, DC 20233-0001

OFFICE OF THE DIRECTOR

May 8, 1995

MEMORANDUM FOR Members of the Senior Policy Coordination Group of
the Interagency Council on the Homeless

From:

Martha Farnsworth Riche
Director

A handwritten signature in dark ink, appearing to read "Martha Farnsworth Riche".

Subject:

Work and Funding for the Proposed National Survey of
Homeless Persons Who Use Services

The Bureau of the Census and members of the Interagency Council on the Homeless have been working together to design a national survey of the characteristics of homeless persons who use services. Interviews with service providers are planned for October 1995 and interviews with clients using the programs are planned for February 1996. I am writing to emphasize that funding of this work must be arranged quickly if a 1996 national survey is to be conducted.

The Census Bureau looks forward to working with the Council and the Federal agencies to finalize the survey design based on the pretest results, and if funded, to conduct the national survey. As William Butz, Associate Director for Demographic Programs, told you at the April 19th meeting, we must begin work on critical activities in June if a 1996 national survey is to be conducted. If these activities do not begin by June 1, the 1996 national survey cannot be conducted.

If requested, the Census Bureau will begin work on the national survey in June without funding in order to meet the survey schedule. However, we must have full funding for the survey by July 1, 1995. If the national survey is not funded, the Census Bureau will need to be reimbursed for the substantial staff time (approximately \$70,000) spent on the national survey in June. The Census Bureau does not have the resources to absorb this cost.

I have attached to this memorandum a list of activities that must begin by June and a schedule showing survey milestone dates. As the schedule shows, there is an urgent need to begin this work by June.

We hope the funding issues can be resolved in time to meet the critical dates. If you have any questions, please telephone Bill Butz on 301-457-2126.

Attachment 1

CRITICAL SURVEY ACTIVITIES

Six activities must begin in June. These activities are critical for meeting the survey objectives of interviewing service providers in October 1995 and interviewing clients in February 1996. In June 1995, the Census Bureau must:

- carry out formation, stratification, allocation, and selection of 76 geographic areas or primary sampling units (PSUs),
- develop a Computer-Assisted Telephone Interview (CATI) provider questionnaire. This operation replaces the mailed provider questionnaire used in the pretest.
- develop the software to unduplicate service providers listed on multiple sources or identified through the add operation,
- define sampling frame of service providers in terms of sampling units, measures of size, and stratification,
- revise the provider and client questionnaires and begin the Office of Management and Budget (OMB) clearance process, and
- conduct informational meetings explaining the survey with national organizations. These meetings will be co-hosted with Council member agencies.

Attachment 2**MILESTONE DATES FOR A 1996 National Survey**

MAY/JUNE 1995	Acquire and Begin Unduplicating National Files of Service Providers
	Begin Statistical Work to select the 76 Sample Areas
AUG 1	Receive OMB Clearance for the Service Provider and Client Questionnaires
OCT 1	Begin Interviewing Service Providers
DEC 1	Select Sampled Service Providers
DEC 26	Make Arrangements to Interview Clients
FEB 1, 1996	Conduct Client Interviews

5/24/95 Homeless Survey Design Possibilities and Costs				
Design	Cases Needed Per Area	Areas	Total Cases	Approx Cost
Current design				
National profile of clients -- includes urban and rural	NA	NA	3800	\$4.1 M
National profile of facilities, at program level	NA	NA	5000	
Basic facility characteristics	all	76	20000	
Current design, PLUS HUD request of 5/19				
National profile of clients -- includes urban and rural	NA	NA	3800	\$4.1 M
National profile of facilities, at program level			5000	
Area profile of clients, at program level -- urban	800	2	1600	PLUS
Area profile of clients, at program level -- rural	600	1	600	\$1.0 M
Area profile of facilities, at program level -- urban	200	2	400	
Area profile of facilities, at program level -- rural	50	1	50	
				\$5.1 M
Other possibilities -- HHS inquiry				
Area profile of clients (not program level)	350	1	350	\$175,000
We can do one area per regional office	350	12	4200	\$2.1 M
				(plus provider costs)

DRAFT



Federal Emergency Management Agency

Washington, D.C. 20472

5/5/95

TO:

Mdly Brostrom
DPC

FAX #:

456-7028

NUMBER OF PAGES: 2

including cover

FROM:

Carol Coleman

FEMA - Emergency Food and Shelter Program

PHONE #: (202) 646-3107

FAX #: (202) 646-2723

COMMENTS:



Federal Emergency Management Agency

Washington, D.C. 20472

MAY 4 1995

NOTE TO: Marsha Martin, DSW
Executive Director
Interagency Council on the Homeless

FROM: *Dennis H. Kwiatkowski*
Dennis H. Kwiatkowski
Deputy Associate Director
Preparedness, Training and Exercises
Directorate
Emergency Food and Shelter Program

SUBJECT: Contribution to Census Survey

The Federal Emergency Management Agency (FEMA) and the National Board for Emergency Food and Shelter (EFS) program have strongly supported the survey of the characteristics of people who use services for the homeless. In August of 1992, FEMA contributed \$20,000 toward the cost of the pre-test of the survey and provided a comprehensive list of service providers in each of the test sites. Similarly, FEMA will furnish a list of providers in the 76 national survey sample areas that will form the basis of Census' master listing. We will also publicize the survey plans in our national newsletter and encourage providers in the sample areas to fully participate.

While we remain committed to continuing our staff support for the survey and supporting its goals, we are unable to contribute funding toward its completion. One Hundred percent (100%) of FEMA's McKinney Act funding for the EFS Program is awarded to the National Board, which in turn distributes it as grants to local nonprofit and government agencies for direct assistance to homeless and people in need. Funding for the survey therefore would be at the expense of direct assistance to service providers and people in need. In addition, the portion FEMA would be requested to provide under either of the multi-agency cost sharing proposals exceeds FEMA's current salary and expense budget for its four EFS staff members.

We regret that we can not provide a more positive response to this request.

DRAFT**M E M O R A N D U M**

TO: Policy Group Members and Staff Contacts

FROM: Marsha A. Martin, D.S.W.
Executive Director

DATE: May 12, 1995

SUBJECT: National Survey Funding Follow-up

=====

Following a brief discussion at the May 11, 1995 Policy Group meeting of the pre-test activities and the next steps, the Census Bureau outlined the proposed timetable and funding requirements for the survey.

The Census Bureau is prepared to begin work on various components (list formation, sampling procedures, instrument refinement, etc.) by June 1995 without funding in order to meet the survey schedule. However, funding issues must be resolved by July 1, 1995. The national survey will cost approximately \$4.1 million. (\$70,000 will be necessary to cover expenses incurred during June.)

After the member agencies discussed the previously recommended funding proposals and their agency's initial response to the funding question, a baseline contribution threshold was suggested. In an attempt to identify a more equitable funding methodology it was suggested that ICH member agencies commit to a threshold contribution of approximately \$150,000 to \$170,000. This amount would be the least an agency would be asked to contribute. Agencies with McKinney funding would be asked to contribute an additional percentage. The Council leadership agencies would be asked to increase their contribution in order to cover the remaining shortfall.

Agriculture, Commerce, Corporation for National and Community Service, Defense, Energy, GSA, Interior, Justice, Postal Service, SSA, Transportation (11 non McKinney agencies) would each be asked to contribute \$170,000 for a total of \$1.87 million.

Education, Labor, FEMA (3 McKinney agencies) would each be asked to contribute \$275,000 for a total of \$825,000.

HUD, HHS, VA (3 Leadership and McKinney agencies) would each be asked to contribute \$470,000 for a total of \$1.41 million.

Activity	Responsibility	Begin	Finish
INITIAL LIST BUILDING			
Obtain initial provider lists	POP/DSD		done
Initial unduplication	DSD		done
Develop clerical instructions for DPD portion	DSD		done
Determine areas	DSMD/POP		done
Convert zipcodes to county codes	DSD Prog		done
Extract file of providers in 76 PSUs	DSD Prog		done
Contact CAAs in 24 areas for additional cases	DSMD	08/23	09/06
Telephone to resolve duplicates	DPD	08/17	09/01
Unduplicate paper listings of providers	DPD	08/24	09/01
Telephone to resolve 'fiscal agent' situations	DPD	09/08	09/15
Telephone to confirm contacts, provider status	DPD	09/08	09/21
Unduplicated file to DSD	DPD		09/21
Prepare CATI input file from unduplicated facility file	DSD Prog	09/21	09/22
Prepare label file for advance letters; transmit to DPD	DSD Prog	09/21	09/22
OMB PACKAGES			
Modify Provider OMB package and deliver to HUD	POP/DSD		done
OMB Clearance -- Provider			09/08
Modify Client OMB package and deliver to HUD	POP/DSD		done
OMB Clearance -- Client			10/01
HEADQUARTERS MAILOUT			
Prepare file of State Contacts	POP/DSD	09/05	09/22
Finalize advance letter (with Census phone number)	DSD	08/07	08/25
Prepare provider lists (exclude safe houses), update forms	DSD	09/18	09/25
Mailout	DSD	09/26	09/29
Telephone followup	POP/DSD	10/16	11/03
Flow 'adds' to DPD	DSD	10/10	11/09
PROVIDER CORE DATA -- CATI			
Review/modify wording to core -- CATI 'middle'	DSD/POP	started	08/15
Specify front/back information for CATI instrument	DSD	07/17	08/04
Finalize advance letter, incl. list of programs, data items	DSD/POP	08/01	08/25
Author CATI instrument, informal testing	DSD	started	08/31
Prepare test input file, load test instrument	DSD/TMO		
Full systems test	DSD/TMO		09/14
Develop manuals and training for CATI	DSD	08/07	09/14
Label and mail advance letters	DPD	09/25	09/26
Load instrument, input file, etc	TMO		09/27
Conduct training	DSD/TMO	10/02	10/03
CATI interviewing of initial cases	TMO	10/04	11/03
CATI interviewing of adds	TMO	10/23	12/19
LIST UPDATE OPERATIONS			
Finalize advance letter	DSD/POP	08/01	08/18
Revise list update form	DSD	08/07	08/11
List update form -- forms design	APSD	08/14	08/25
Weekly, extract file of completed CATI cases	TMO/DSD	10/11	12/08
- Prepare label file for Xerox 4090	DSD/SRD/DPD		
- Print labeled form, letter, approp list (excl. safe houses)	DPD		
- QC and mail	DPD		
Check in list update forms	DPD	10/16	12/15
Receive calls from providers on 800 number	DPD	10/16	12/20
Telephone followup for non-receipts	DPD	10/18	12/20
Unduplicate 'adds' and enter 'births'	DPD	10/16	12/15
Weekly, extract file of added cases	DPD	10/23	12/15
- Prepare append file for CATI	DPD/DSD/TMO		
- Update provider lists for Xerox 4090	DPD		

Activity	Responsibility	Begin	Finish
PROVIDER SERVICE AND UTILIZATION DATA -- MAIL			
Eleven questionnaires -- forms design	DSD/APSD	08/01	09/08
Continue testing questionnaires	DSD/CSMR?	08/08	08/30
Arrange for cognitive interviews, conduct interviews	DSD/POP	08/08	08/25
Conduct cognitive interviews	CSMR	08/28	08/30
Finalize letter	DSD/POP	08/01	08/18
Cover page instructions to Forms Design	DSD	08/31	09/01
Print questionnaires	APSD	09/11	10/13
Mailout instructions to DPD	DSD	10/02	10/20
Mailout 1: CATI output file to DSMD	TMO/DSD		11/01
Select providers/programs for interviews	DSMD	11/01	11/06
Format label file; transmit to DPD	DSD Prog	11/06	11/09
First mailout -- label and mail ques and letter	DPD	11/13	11/15
Receive calls from providers on 800 number	DPD	11/17	01/15/96
Telephone followup	DPD	11/27	01/15/96
** RO followup?? depends on budget, resp. rate			
Mailout 2 -- same as above for additional providers		Mail out 12/6	
Mailout 3 -- same as above for additional providers		Mail out 12/27	

CLIENT DATA -- PERSONAL INTERVIEW

Revise client questionnaire	DSD/POP		done
Clinet questionnaire -- Forms design	APSD	08/23	10/13
Revise FR manual	DSD	08/14	11/03
Revise FR training	DSD	10/16	11/15
Design 'selected provider' information form	DSD/DSMD	10/16	11/30
Revise advance letter for Selected Providers	DSD/POP	08/07	10/16
Revise MOU, instructions	DSD	10/16	11/15
Revise 'payment' forms, log, procedures	DSD	10/16	11/30
Print/copy questionnaires, forms, manuals	DSD/APSD	10/16	12/01
Develop procedure for selecting providers	DSMD		11/30
Revise sampling procedures	DSMD		11/30
Develop procedures for 'outreach' programs	DSMD/DSD/FLD		10/14
CATI output to DSMD	TMO/DSD		12/20
Select providers and alternates	DSMD	12/20	12/29
Ship all forms and materials to ROs	DSD/OPD	12/08	12/15
**Field supervisor briefing/training	DSD/FLD/DSMD/RO		12/19?
Obtain initial payment checks for providers	DSD/FIN	01/02/96	01/12
Fedex checks to ROs			01/12
Contact selected providers	RO	01/02	01/26
-- Sign MOU	RO	01/02	01/26
-- Complete Information form, FAX to DSMD	RO	01/02	01/26
-- Provide initial payments	RO	01/16	01/26
-- Arrange for client interviewing	RO	01/02	01/26
Determine 'time slots' for interviewing	DSMD	01/08	01/31
Conduct client interviewing	RO	02/01	02/29
Progress reports to HQ	RO	02/01	02/29
Complete payment logs and send to HQ	RO	03/04	03/06
Ship questionnaires to DPD	RO	03/04	03/06
Obtain, send final payment checks for providers	DSD/FIN	03/11	03/29

DPD PROCESSING OF QUESTIONNAIRES

Provider questionnaires			
Keying specifications	DSD	09/18	10/27
Program keying	DPD	10/30	12/15
Check-in, edit procedures	DSD	10/02	10/25
Check in, edit	OPD	11/15	02/02/96
Key questionnaires	OPD	12/18	02/17/96
Transmit file to DSD	DPD		02/17/96
Client questionnaires			
Keying specifications	DSD	10/02	11/17
Program keying	DPD	11/20	02/02/96
Check-in, edit procedures	DSD		
Check in, edit	DPD	03/04	03/13
Goocode non-MSA questionnaires (USDA specs)	DPD	03/04	03/13
Key questionnaires	DPD	03/05	03/29
Transmit file to DSD	DPD		03/29

July 18, 1995

FAX for MOLLY BROSTROM

From: Steven Tourkin
Annetta Clark

Phone 301-457-3791
Phone 301-457-2378

Subject: Detailed Provider Questionnaires

Please review the content of the attached questionnaire.

We have attached one of the ten detailed questionnaires which will be mailed to a sample of providers, for each program that they offer. This mailing will take place after a telephone interview which obtains core data on each program. Each questionnaire will be mailed to a specific 'best' person to answer the questions, whom we will identify during the telephone interview. We will conduct telephone followup for those providers who do not mail back the forms.

The attached questionnaire has 8 pages. The questionnaires for all ten programs include the questions on pages 1-4. The questions on pages 5-8 are asked only for emergency housing, transitional housing, permanent housing, and voucher programs. These is alternate wording for the voucher programs.

The programs covered by the 4 page questionnaire include: mental health, physical health, drop-in centers, HIV/AIDS, alcohol/drugs and outreach.

7/18/95

TRANSITIONAL HOUSING PROGRAMS

This questionnaire contains some detailed questions about your transitional housing program. We are interested in information about:

- * services that might be needed by the clients who use this program;
- * the capacity and utilization of your facility, and
- * where your clients go when they leave your facility.

If you operate more than one program from your location, please consider only your transitional housing program when answering these questions.

1 a. Is the provision of food and/or clothing needed by the typical client in this program?

Answer b and c for each 'Yes'

(1) Food

☐ Yes ---->
☐ No

(2) Clothing

☐ Yes ---->
☐ No

b. How often are your clients able to get this need met . . .

MARK (X) ONE BOX

Usually Some-
times Seldom

c. Where is this service available . . .

MARK ALL THAT APPLY

Here, at this address Elsewhere in the community Not at all

2 a. Are the following 'life skills' services needed by the typical client in this program?

Answer b and c for each 'Yes'

(1) Money management or budgeting

☐ Yes ---->
☐ No

(2) Household skills - cooking, cleaning, maintenance

☐ Yes ---->
☐ No

(3) Personal relations counseling - conflict resolution

☐ Yes ---->
☐ No

(4) Parenting training

☐ Yes ---->
☐ No

b. How often are your clients able to get this need met . . .

MARK (X) ONE BOX

Usually Some-
times Seldom

c. Where is this service available . . .

MARK ALL THAT APPLY

Here, at this address Elsewhere in the community Not at all

3 a. Are the following 'case management' services needed by the typical client in this program?

Answer b and c for each 'Yes'

(1) Needs assessment

☐ Yes ---->
☐ No

(2) Development of individual goals and service plans

☐ Yes ---->
☐ No

(3) Referral or assistance with entitlements

☐ Yes ---->
☐ No

(4) Followup after client leaves

☐ Yes ---->
☐ No

b. How often are your clients able to get this need met . . .

MARK (X) ONE BOX

Usually Some-
times Seldom

c. Where is this service available . . .

MARK ALL THAT APPLY

Here, at this address Elsewhere in the community Not at all

4 a. Are the following 'housing search' services needed by the typical client in this program?

Answer b and c for each 'Yes'

(1) Housing location and/or applying for subsidies

☐ Yes ---->
☐ No

(2) Housing counseling

☐ Yes ---->
☐ No

(3) Assistance with utilities and/or rent

☐ Yes ---->
☐ No

b. How often are your clients able to get this need met . . .

MARK (X) ONE BOX

Usually Some-
times Seldom

c. Where is this service available . . .

MARK ALL THAT APPLY

Here, at this address Elsewhere in the community Not at all

5 a. Are the following 'education' services needed by the typical client in this program?

Answer b and c for each 'Yes'

	Yes	No	b. How often are your clients able to get this need met . . . MARK (X) ONE BOX			c. Where is this service available . . . MARK ALL THAT APPLY		
			Usually	Some times	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Basic literacy training	☐	☐						
(2) English as a Second Language courses	☐	☐						
(3) GED courses	☐	☐						
(4) Early childhood education, including Head Start	☐	☐						
(5) Tutoring for school children	☐	☐						
(6) Family literacy services	☐	☐						
(7) Basic skills training/adult education courses	☐	☐						

6 a. Are the following 'employment' services needed by the typical client in this program?

Answer b and c for each 'Yes'

	Yes	No	b. How often are your clients able to get this need met . . . MARK (X) ONE BOX			c. Where is this service available . . . MARK ALL THAT APPLY		
			Usually	Some times	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Assessment of job skills	☐	☐						
(2) Job referral or placement	☐	☐						
(3) Training for specific jobs	☐	☐						
(4) Vocational rehabilitation	☐	☐						
(5) Sheltered workshop	☐	☐						
(6) Volunteer placement	☐	☐						
(7) Employability skills	☐	☐						

7 a. Are the following 'general health care' services needed by the typical client in this program?

Answer b and c for each 'Yes'

	Yes	No	b. How often are your clients able to get this need met . . . MARK (X) ONE BOX			c. Where is this service available . . . MARK ALL THAT APPLY		
			Usually	Some times	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Health care assessment -- health history	☐	☐						
(2) Primary care -- physical exam, etc.	☐	☐						
(3) Emergency/acute care	☐	☐						
(4) Prenatal care	☐	☐						
(5) Immunizations	☐	☐						
(6) TB testing	☐	☐						
(7) TB treatment	☐	☐						
(8) Dental care	☐	☐						
(9) Hospice care	☐	☐						
(10) Health education/prevention	☐	☐						

8 a. Are the following 'substance abuse' services needed by the typical client in this program?

Answer b and c for each 'Yes'

- | | |
|---|------------------------------------|
| (1) Alcohol/drug testing --
(saliva, urine or blood) | ☐ Yes ----- |
| | ☐ No ----- |
| (2) Alcohol/drug dependence assessment | ☐ Yes ----- |
| | ☐ No ----- |
| (3) Detoxification | ☐ Yes ----- |
| | ☐ No ----- |
| (4) Outpatient treatment | ☐ Yes ----- |
| | ☐ No ----- |
| (5) Inpatient treatment | ☐ Yes ----- |
| | ☐ No ----- |
| (6) Alcoholics/Cocaine/Narcotics
Anonymous | ☐ Yes ----- |
| | ☐ No ----- |

b. How often are your clients able to get this need met . . .

MARK (X) ONE BOX

Usually	Some- times	Seldom
---------	----------------	--------

c. Where is this service available . . .

MARK ALL THAT APPLY

Here, at this address	Elsewhere in the community	Not at all
-----------------------------	----------------------------------	------------

9 a. Are the following 'mental health' services needed by the typical client in this program?

Answer b and c for each 'Yes'

- | | |
|--|------------------------------------|
| (1) Mental health assessment | ☐ Yes ----- |
| | ☐ No ----- |
| (2) Medication administration/monitoring | ☐ Yes ----- |
| | ☐ No ----- |
| (3) Crisis intervention | ☐ Yes ----- |
| | ☐ No ----- |
| (4) Outpatient therapy/counseling | ☐ Yes ----- |
| | ☐ No ----- |
| (5) Inpatient treatment | ☐ Yes ----- |
| | ☐ No ----- |
| (6) Peer group/self help --
(other than AA/NA/CA) | ☐ Yes ----- |
| | ☐ No ----- |

b. How often are your clients able to get this need met . . .

MARK (X) ONE BOX

Usually	Some- times	Seldom
---------	----------------	--------

c. Where is this service available . . .

MARK ALL THAT APPLY

Here, at this address	Elsewhere in the community	Not at all
-----------------------------	----------------------------------	------------

10 a. Are the following other services needed by the typical client in this program?

Answer b and c for each 'Yes'

- | | |
|----------------------------------|------------------------------------|
| (1) HIV/AIDS services | ☐ Yes ----- |
| | ☐ No ----- |
| (2) Child care | ☐ Yes ----- |
| | ☐ No ----- |
| (3) Domestic violence counseling | ☐ Yes ----- |
| | ☐ No ----- |
| (4) Legal assistance | ☐ Yes ----- |
| | ☐ No ----- |
| (5) Veteran's special services | ☐ Yes ----- |
| | ☐ No ----- |
| (6) Other - What? | ☐ Yes ----- |
| | ☐ No ----- |

b. How often are your clients able to get this need met . . .

MARK (X) ONE BOX

Usually	Some- times	Seldom
---------	----------------	--------

c. Where is this service available . . .

MARK ALL THAT APPLY

Here, at this address	Elsewhere in the community	Not at all
-----------------------------	----------------------------------	------------

11 Is transportation provided as part of this program?

☐ Yes -- ANSWER QUESTION 12

☐ No -- SKIP TO QUESTION 14, on the next page

12 For which of the following services is transportation provided to clients?

MARK ALL THAT APPLY

- ☐ Food and/or clothing
- ☐ Life skills counseling, such as money management, household skills, parental training
- ☐ Case management, such as needs assessment, assistance with entitlements, followup
- ☐ Housing search services
- ☐ Education -- classes for adults or children
- ☐ Employment services, such as vocational rehabilitation, sheltered workshop, training
- ☐ Health care
- ☐ Substance abuse services
- ☐ Mental health services
- ☐ HIV/AIDS services
- ☐ Child care
- ☐ Domestic violence counseling
- ☐ Legal assistance
- ☐ Veteran's special services

13 By which of the following methods are the transportation services provided?

MARK ALL THAT APPLY

- ☐ Reimbursement by voucher
- ☐ Program vehicles
- ☐ Volunteers
- ☐ Local government or public transportation
- ☐ Other -- What? _____

14 Does this program serve unaccompanied single persons?

1 ☐ Yes -- CONTINUE WITH QUESTION 15

2 ☐ No -- SKIP TO QUESTION 21

15 What is the maximum number of single persons you can shelter in your facility per day or night?

_____ Persons

16 During each of the months below, at what PERCENT OCCUPANCY do you usually operate?

17 For each month that you usually operate at full capacity (100%), please indicate the NUMBER of eligible persons you had to turn away. In the first column, enter the NUMBER of persons who were turned away on any one day or night. In the second column, enter the TOTAL NUMBER usually turned away during the entire month.

Month	Percent	Number on a typical day/night	Number altogether during the month
January	_____ %	_____	_____
February	_____ %	_____	_____
March	_____ %	_____	_____
April	_____ %	_____	_____
May	_____ %	_____	_____
June	_____ %	_____	_____
July	_____ %	_____	_____
August	_____ %	_____	_____
September	_____ %	_____	_____
October	_____ %	_____	_____
November	_____ %	_____	_____
December	_____ %	_____	_____

If there are NO periods when you are full -- SKIP to Question 19

If there are periods when you are full -- CONTINUE with Question 17 above

18 For the periods that you operated at FULL capacity, or had to turn persons away, what were the reasons?

Never full [] -- SKIP TO 19

MARK ALL THAT APPLY WHEN FULL

1 [] Increase in need

2 [] Seasonal changes

3 [] Change in program participation criteria

4 [] Facilities closed elsewhere

5 [] Economic/job market changes

6 [] Other -- WHAT?

19 For the periods that you operated at LESS than full capacity, what were the reasons?

Never less than full [] -- SKIP TO 20

MARK ALL THAT APPLY

1 [] Decline in need

2 [] Seasonal changes

3 [] Change in program participation criteria

4 [] New facilities added elsewhere

5 [] Economic/job market changes

6 [] Other -- WHAT?

20 This question asks about where your clients go when they are no longer served by your program.

Of the persons that you served last year, please estimate what PERCENT went to the following destinations:

Percent

The streets or other outside locations %

Emergency shelter %

Other transitional housing %

Family or friend's housing %

Private unsubsidized housing %

Public subsidized housing (Section 8 or Public)
or Rural Rental Housing %

Special permanent housing for disabled homeless
(mentally ill, developmentally disadvantaged, HIV) %

Hospital %

Jail or prison %

Other -- Where? %

Don't Know %

The above should total to ----- 100%

21 Does this program serve couples/families -- two or more persons living as a unit? 7

1 ☐ Yes -- CONTINUE WITH QUESTION 22

2 ☐ No -- INTERVIEW COMPETED *Thank you!*

22 What is the maximum number of couples/families you can shelter in your facility per day or night?

_____ Couples/Families

23 During each of the months below, at what PERCENT OCCUPANCY do you usually operate for shelter space for couples/families?

24 For each month that you usually operate at full capacity (100%), please indicate the NUMBER of eligible couples/families you had to turn away. In the first column, enter the NUMBER of couples/families who were turned away on any one day or night. In the second column, enter the TOTAL NUMBER usually turned away during the entire month.

Month	Percent	Number on a typical day/night	Number altogether during the month
January	_____ %	_____	_____
February	_____ %	_____	_____
March	_____ %	_____	_____
April	_____ %	_____	_____
May	_____ %	_____	_____
June	_____ %	_____	_____
July	_____ %	_____	_____
August	_____ %	_____	_____
September	_____ %	_____	_____
October	_____ %	_____	_____
November	_____ %	_____	_____
December	_____ %	_____	_____

If there are NO periods when you are full -- SKIP to Question 26

If there are periods when you are full -- CONTINUE with Question 24 above

25 For the periods that you operated at FULL capacity, or had to turn families/couples away, what were the reasons?

Never full ☐ -- SKIP TO 26

MARK ALL THAT APPLY WHEN FULL

1 ☐ Increase in need

2 ☐ Seasonal changes

3 ☐ Change in program participation criteria

4 ☐ Facilities closed elsewhere

5 ☐ Economic/job market changes

6 ☐ Other -- WHAT?

26 For the periods that you operated at LESS than full capacity, what were the reasons?

Never less than full ☐ -- SKIP TO 27

MARK ALL THAT APPLY

1 ☐ Decline in need

2 ☐ Seasonal changes

3 ☐ Change in program participation criteria

4 ☐ New facilities added elsewhere

5 ☐ Economic/job market changes

6 ☐ Other -- WHAT?

27 This question asks about where your clients go when they are no longer served by your program.

Of the families/couples that you served last year, please estimate what PERCENT went to the following destinations:

Percent

The streets or other outside locations.....	_____ %
Emergency shelter	_____ %
Other transitional housing	_____ %
Family or friend's housing	_____ %
Private unsubsidized housing	_____ %
Public subsidized housing (Section 8 or Public) or Rural Rental Housing	_____ %
Special permanent housing for disabled homeless (mentally ill, developmentally disadvantaged, HIV)	_____ %
Hospital	_____ %
Jail or prison	_____ %
Other -- Where?	_____ %
Don't Know	_____ %

The above should total to ----- 100%

SURVEY MILESTONE DATES

- Select Survey Sample Areas July - Aug '95
- Acquire National Files of Service Providers July - Aug '95
- Unduplicate National files Aug '95
- Create List of Service Providers
in Each Sample Area Sept '95

PHASE 1: Provider Survey Oct - Jan '95

- Conduct Telephone Interviews with Homeless
Assistance Providers in Sample Area Oct - Dec '95
- Homeless Assistance Providers Review
List of Providers Mid-Oct - Dec '95
- Mail Detailed Program Questionnaires
to a Sample of Providers Mid-Nov - Jan '96

PHASE 2: Client Survey Mid-Dec '95

- Select Providers to Participate in Phase 2 Mid-Dec '95
- Contact Providers Selected to Participate Jan '96
- Conduct Personal Visit Interviews with a
Sample of Clients Using Services Feb '96

PROVIDER QUESTIONNAIRE - TELEPHONE INTERVIEW
CORE ITEMS ASKED OF ALL PROVIDERS
Survey Design as of September 12, 1995

1. Verify that direct programs and services are offered at this address.
2. Ask which programs are offered at this address:

Emergency shelters, transitional housing, permanent housing for homeless people, soup kitchen or meal distribution, food pantry, mobile food program, physical health care program, mental health care program, alcohol or other drug program, HIV/AIDS program, drop-in center, migrant housing used in the off season to house homeless people, voucher arrangements, and other programs not listed.

CORE ITEMS ASKED OF ALL PROVIDERS ABOUT EACH PROGRAM
(estimates for February 1996)

1. Days the program is operated in February.
2. Number of single-parent families served; percent of these that are homeless; percent that are female-headed.
3. Number of two-parent families served; percent of these that are homeless.
4. Number of youth and children in families that are served.
5. Number of adults without children served; percent of these that are homeless; percent that are women.
6. Number of unaccompanied youths served; percent of these that are homeless; percent that are female.
7. Number of unaccompanied children served; percent of these that are homeless; percent that are female.
8. Type of program (i.e., private, non-profit, public, private for profit).
9. Source of funding (i.e., private funding, donations, government funding, other).
10. How most clients enter program (e.g., referrals, outreach, walk-ins).
11. Population groups served (e.g., victims of domestic violence, runaway or homeless youth, people with mental health problems, people with drug or alcohol problems, veterans).
12. Contact person for the program.

**DETAILED ITEMS ABOUT PROGRAMS AND SERVICES
ASKED OF SAMPLE OF 5,000 PROVIDERS (Excluding Food Providers)
Survey Design as of September 12, 1995**

1. Services offered by program type (e.g., basic assistance, life skills, case management, housing search, education, employment, general health care, HIV/AIDs services, substance abuse services, mental health care services, child care, domestic violence counseling, legal assistance, veterans special services, transportation services, and other services).

For housing programs only, we ask:

2. Capacity of the program to shelter unaccompanied persons and families.
3. Estimated level of occupancy by season.
4. Approximate number of eligible people turned away when operating at full capacity, by season.
5. Reasons for excess demand for the program when capacity is full.
6. Reasons for lower demand for the program when capacity is less than filled.
7. Destination of persons served when they left the program.

EXAMPLES OF DATA TO BE COLLECTED DURING THE CLIENT SURVEY
Survey Design as of September 12, 1995

- Current Living Condition
- Residential History (Housing type)
- Use of Services
- Childhood Experiences, such as time spent in foster home or group homes as a child
- Demographics
- Information about the respondent's children
- Employment
- Sources of Income and Service Use
- Veteran Status
- Information about the respondent's Physical and Mental Health
- Victimization
- Food intake