

8. Are you currently homeless? Yes No
9. If you are homeless:
- a. How long have you been homeless?
- less than 30 days 30-90 days
 3 to six months Six months to one year
 More than one year
- b. Including this time, how many times have you been homeless in the past three (3) years?
- 0 (Never) 1
 2-3 4-5
 6 or more Don't Know
10. In what county/city did you first become homeless?
- This city/county (location where survey is completed) Neighboring city/county
 Elsewhere in Georgia Neighboring state
 Elsewhere in the U.S. Outside the U.S.
 Don't know/no response
11. Have you ever served in the U.S. military? Yes No
12. Have you experienced any of the following difficulties, either now or in the past? (**Read choices and check all that apply**)
- Severe mental illness Chronic drug abuse
 HIV/AIDS Chronic alcohol abuse
 Chronic medical condition Physical disability
 Felony conviction Decline to Answer
13. Have you been to the hospital emergency room in the past six (6) months? Yes No Declined
14. If yes, how many times have you been to the emergency room in the past six (6) months? _____
15. Did family violence play a part in your current housing difficulties? Yes No Declined
16. In the past 30 days, have you worked for pay: Full-time Part-time Day Labor
 Yes, other _____ No
17. Do you receive any of the following benefits? (**Read choices and check all that apply**)
- Food Stamps Social Security
 SSI SSI Disability
 TANF Workman's Comp
 Unemployment Veterans
 PeachCare Medicaid

Those are all the questions. All the information that you have given will be kept confidential. Thank you for your help.