Yolo County Homeless Count 2017



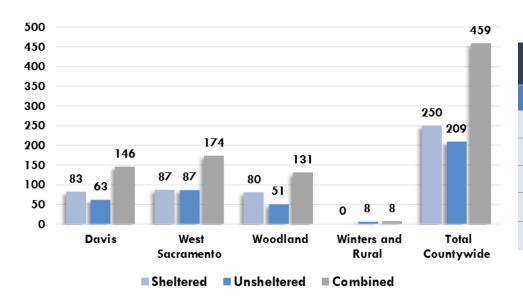
Homeless Count Overview

JANUARY 23, 2017

The Yolo County Homeless and Poverty Action Coalition conducted its 2017 Homeless Count on January 23, 2017. The Homeless Count (also known as the Point-in-Time (PIT) Count) is a survey of individuals and families identified as experiencing sheltered or unsheltered homelessness within the boundaries of Yolo County on a single night in January. The 2017 count identified a total of 459 people experiencing homelessness on January 23.

When considering the numbers in this report it is important to recognize that they reflect only those persons identified as homeless within the county on a single day. Many individuals and families move in and out of homelessness during the course of a year, meaning that the actual number of people experiencing homeless in 2017 will be much higher than the numbers included in this report.

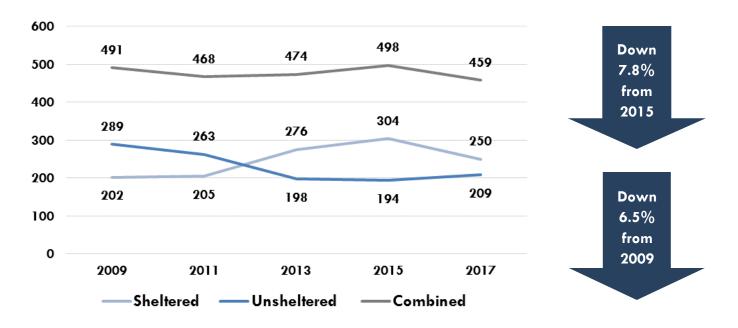
HOMELESSNESS ON A SINGLE NIGHT (JANUARY 23, 2017)



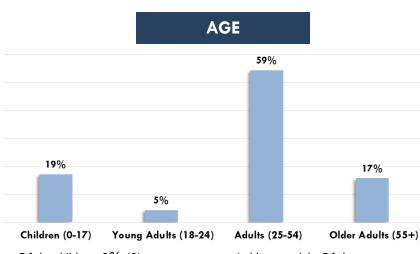
NUMBER OF HOMELESS PER 10,000 RESIDENTS							
JURISDICTION 2015 2017							
Davis	19.2	21.4					
West Sacramento	32.1	32.8					
Woodland	33.5	22.8					
Winters and Rural	2.3	2.3					
Total Countywide	23.5	21.4					

Used population estimates from the California Department of Finance.

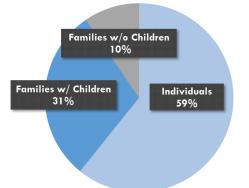
HOMELESSNESS OVER TIME (2009-2017)



Demographics

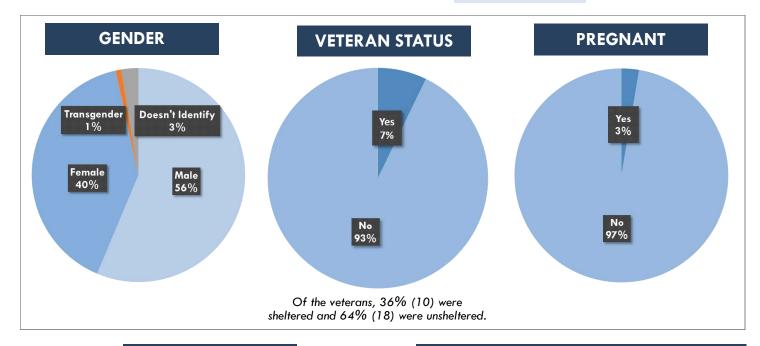


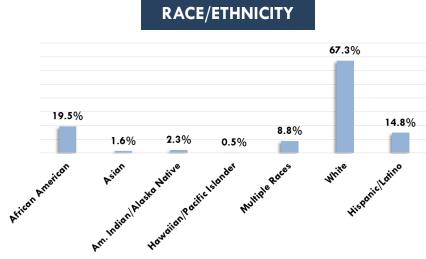
HOUSEHOLD STATUS



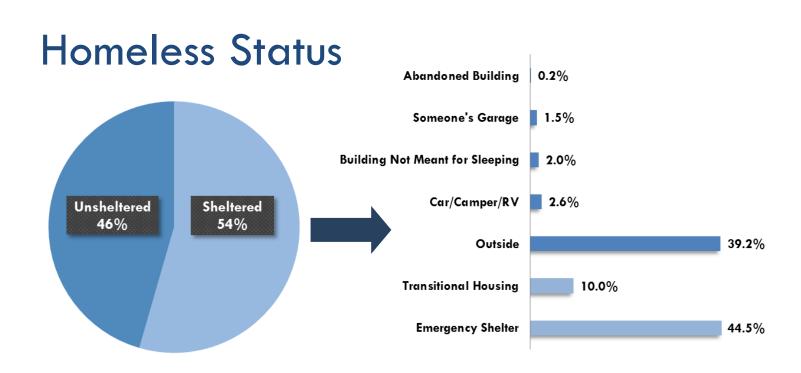
SHELTERED VS. UNSHELTERED						
SHELTERED UNSHELTERED						
Individuals	40.7%	59.3%				
Families w/o Children	4.3%	95.7%				
Families w/ Children	96.5%	3.5%				

Of the children, 2% (2) were unaccompanied by an adult. Of the young adults, 67% (18) were unaccompanied by an adult over age 25.

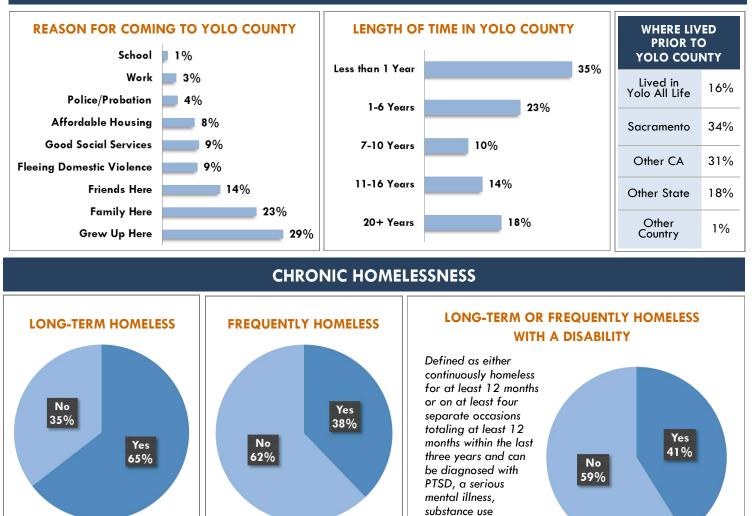




YOLO COUNTY VS. YOLO HOMELESS							
	CENSUS	HOMELESS COUNT	DIFFERENCE				
African American	2.6%	19.5%	+16.9%				
Asian	13.7%	1.6%	-12.1%				
American Indian Alaska Native	0.9%	2.3%	+1.4%				
Hawaiian Pacific Islander	0.5%	0.5%	-				
Multiple Races	5.4%	8.8%	+3.4%				
White	66.1%	67.3%	+1.2%				
Hispanic/Latino	31%	14.8%	-16.2%				



HISTORY OF HOMELESSNESS IN YOLO COUNTY



disorder, a

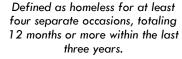
disability.

developmental

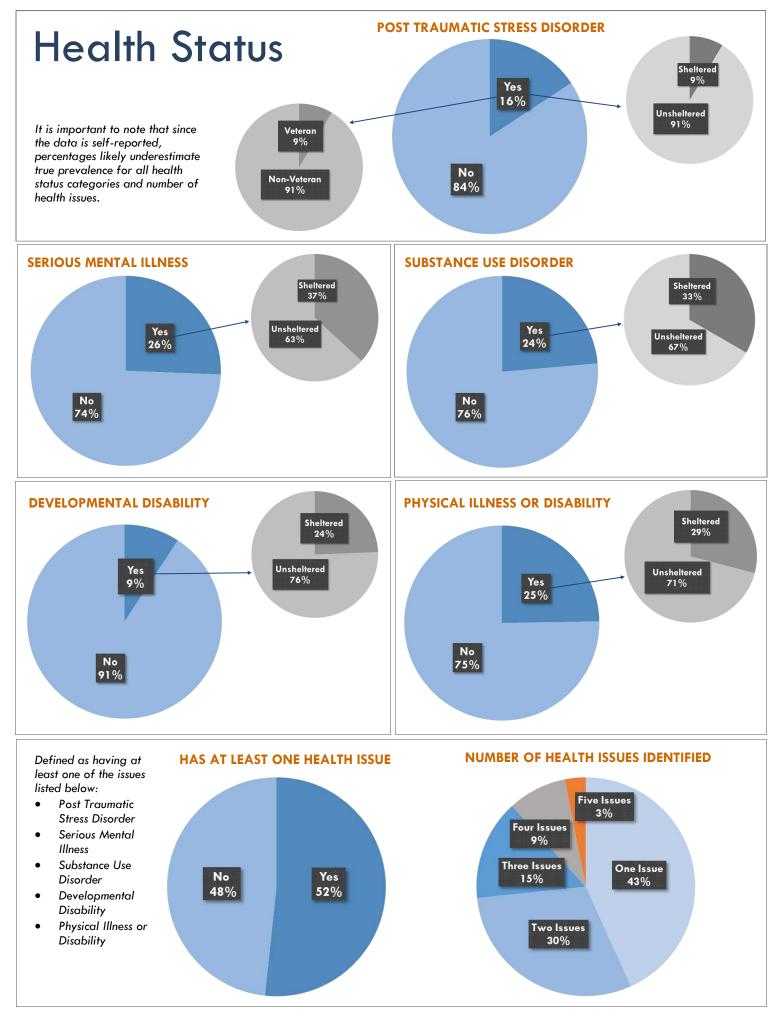
physical illness or

disability, or a chronic

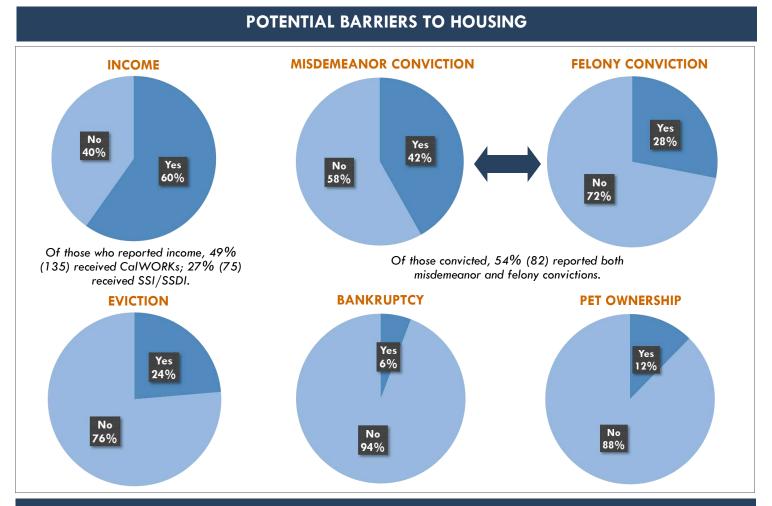
Defined as continuously homeless for 12 months or longer.



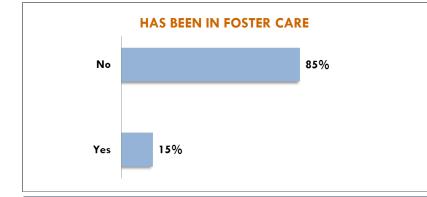




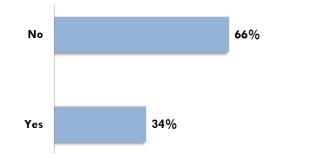
Personal Information



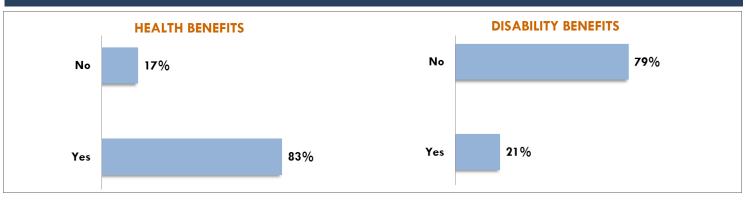
BACKGROUND







BENEFITS



Appendices

Appendix A

BACKGROUND AND AFTER-ACTION REPORT

BACKGROUND

The Yolo County Homeless and Poverty Action Coalition conducted its 2017 Homeless Count on January 23, 2017. The Homeless Count, also known as the Point-in-Time Count, is a survey of individuals and families identified as experiencing sheltered or unsheltered homelessness within the boundaries of Yolo County on a single night in January.

Reason for Conducting the Count

The U.S Department of Housing and Urban Development (HUD) requires all communities that receive grant funding from HUD for addressing homelessness to conduct an annual count of people experiencing sheltered homelessness and a biannual count of people experiencing unsheltered homelessness. 2017 was a year in which HUD requires both a sheltered and unsheltered count.

In addition to allowing the community to secure grant funding from HUD, the count data can be used when applying for funding from other funders, provides detailed information on the demographics and needs of people experiencing homelessness in Yolo, and allows homeless service providers in Yolo to target their services to meet the specific needs of those they serve.

Scheduling the Count

HUD requires that all communities conduct the count on a single night during the last ten days of January, to allow for consistency in comparing count data across communities. Each community may select the date of the count, within the tenday timeframe.

Definition of Homelessness

HUD has developed a definition of homelessness that guides our count activities, as follows:

A person is considered homeless only when he or she is:

- living in places not meant for human habitation
- living in an emergency shelter
- living in transitional housing for the homeless but originally came from the streets or an emergency shelter
- staying in a motel paid for by a public or private agency because the person or family is homeless

Anyone who does not meet this definition cannot be included in the count data that is reported to HUD.

Limitations of the Count

When considering the numbers in the count it is important to recognize that they reflect only those persons identified as homeless within the county on a single day. Many people move in and out of homelessness during the course of a year, meaning that the actual number of people experiencing homeless in 2017 will be much higher than the numbers included in this report.

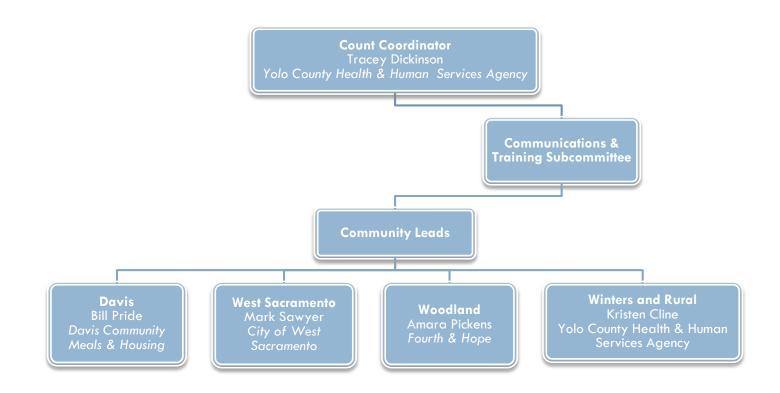
Additionally, the count does not include people who are doubled up in conventional housing; people who are couch surfing; adults living in a mental health facility, chemical dependency facility, criminal justice facility, or permanent supportive housing; or youth living in residential treatment facilities, emergency foster care, or detention facilities. People living in these circumstances do not meet the HUD definition of homelessness, and therefore, cannot be included in the count.

AFTER-ACTION REPORT

Homeless Count Planning Group and Organizational Structure

The 2017 Homeless Count Planning Group convened for the first time in October 2016 to begin preparing for the count. In total, the Planning Group met four times before the count and once after the count to review the collected data. The group included representatives from all four major Cities, several County programs, and numerous local homeless service providers. The flow chart below features this year's count organizational structure.

The Lead in each community was responsible for local volunteer recruitment and training, coordinating activities on the day of the count, and distributing any incentives that were available to count participants. Each Lead developed a plan for implementation of the count in their community, and shared with the larger Planning Group at their final meeting before the count.



Successes

- Planning process was inclusionary and collaborative.
- The thorough group review of the survey resulted in the elimination and/or simplification of questions. Also resulted in the collection of more relevant and meaningful data.
- Appointing Community Leads allowed the local experts to develop a count plan that made sense for the unique needs of each area.
- Several communities relied on local resources and donations to offer incentives. For example, one community
 offered hygiene kits to encourage participants to complete the survey.

Challenges

- Some key stakeholders did not participate in the count planning process, including some homeless service providers, rural area representatives, school district representatives, library staff, and current and/or formerly homeless persons.
- Despite convening the Planning Group two months earlier than in 2015, the process still seemed rushed.
- Lack of dedicated and/or communitywide funding for count activities.

Recommended Improvements

- Ensure broad participation from the beginning by reaching out to key stakeholders in advance of the first meeting with a focused effort on ensuring that all agencies who offer homeless service projects are included.
- If continue to use Community Lead organizational structure, consider earlier recruitment and identification of a Winters and rural Community Lead.
- If continue to use Community Lead organizational structure, collect plans from Community Leads at least one month in advance of the count.
 - Include discussion for starting count activities earlier in the morning as many persons seemed to have already left their encampments for the day by the time enumerators arrived.
- Finalize and release survey at least one month in advance of the count.
- Advocate for local funding and/or apply for grants to provide financial support for count activities including money for purchasing count incentives.

Count Date and Methodology

Since HUD requires that the count occur on one night within the last ten calendar days in January, Yolo County selected the count date of Monday, January 23, 2017.

Despite designating that day, HPAC actually conducted the count over the seven days following the night of Monday, January 23, 2017. This approach, known as a post-night count, allows enumerators several days to ensure a complete canvassing of the community. The one potential drawback is that this approach increases the chances of double counting. In an effort to avoid double counting, enumerators collected the initials as well as birth month and year of each participant. While not personally identifying, the information helps to flag any potential duplicates post-count.

In terms of methodology, HPAC used a mixed-methods approach consisting of the following:

- Complete census count
 - In this approach, teams of enumerators canvassed Yolo County's entire geography and searched for persons experiencing unsheltered homelessness.
- Known location count
 - This approach identified locations where there were known encampments and sent enumerators there.
- Service-based count
 - This approach placed enumerators at social service centers and other locations where persons experiencing homelessness may access assistance.

Successes

• Usage of the "post-night count" methodology, proved effective in identifying additional persons experiencing homelessness on the count date.

Challenges

• Since did not set one specific day for each community as had been done in 2015, most communities conducted their major activities on the same day. This decreased the pool of trained staff that could have assisted in multiple communities.

 County elected officials and department heads could not participate since major activities coincided with a Board of Supervisors meeting.

Recommended Improvements

- Continue with usage of "post-night count" methodology.
- Discuss the benefits and drawbacks of staggering the major activities within communities by designating set days.

Survey Forms and Data

Similar to 2015, HPAC utilized three different survey forms:

- 1. For those experiencing sheltered homelessness
- 2. For those experiencing unsheltered homelessness
- 3. For those that were visually counted, but not surveyed

Enumerators had the option of using paper surveys or electronic surveys on a tablet to conduct the count.

Once all surveying was complete, County staff entered all paper surveys into an excel file and combined the data from the electronic and paper surveys. Staff also completed all data clean up and coding. Next, County staff analyzed the data, created the count report, and reported the required numbers to HUD.

Successes

- Survey forms worked well and included easy-to-follow directions and relevant questions.
- Collecting the initials as well as birth month and year served as an important cross reference for deduplication purposes.

Challenges

- Data collation and coding was tedious and cumbersome.
- Not many enumerators utilized the electronic survey form.
- Many of the survey questions repeated questions on the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) assessment.

Recommended Improvements

- Continue collecting the initials as well as birth month and year to assist with de-duplication efforts.
- Consider adding the question: "How long have you been in the community where you spent the night of the count?"
- Explore more technologically advanced options for collecting survey data to minimize administrative burden.
- Reevaluate the overlap in questions included in the survey and the community's coordinated entry assessment to assist with deciding how much more data the community should collect beyond the data elements required by HUD.

Communications and Training

Given the recommendations from the 2015 count, HPAC decided to create a Communications and Training Subcommittee. The Subcommittee's primary charges were to:

• Ensure consistent messaging among providers and enumerators about the count purpose and needs for assistance

• Create a resource that assists in training volunteers, while still allowing individual communities the autonomy to design and implement training based on unique needs of the region.

Successes

• Created a useful instructional guide that can be used in future counts.

Challenges

• Level of training differed among communities, which may have affected the quality of data collection. For example, one community offered a structured training in advance of its count day, while others conducted a training the morning of the count day.

Recommended Improvements

- Continue to have early discussions about communication and training needs.
 - As opposed to other communities who publicize their counts and seek community involvement, Yolo has
 historically chosen not to advertise its count and relied more on trained staff than volunteers. This is
 largely because Yolo's geographic area is small enough to be thoroughly canvassed by already
 existing staff, but also because Yolo's lacks the bandwidth to provide sufficient volunteer training and
 management. Despite this, it is important to revisit this discussion for every count and understand the
 tradeoffs involved with these decisions.
- Consider convening at least one "train the trainer" session to ensure better data quality and consistency among communities.

Appendix B

DATA TABLES

Homelessness on a Single Night (January 23, 2017)						
	Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide	
Sheltered	83	87	80	0	250	
Unsheltered	63	87	51	8	209	
Combined	146	174	131	8	459	
Homelessness Over Time (2009-2017)					
	2009	2011	2013	2015	2017	
Davis	80	69	91	79	83	
West Sacramento	29	19	39	87	87	
Woodland	93	117	146	138	80	
Winters and Rural	0	0	0	0	0	
Sheltered	202	205	276	304	250	
Davis	34	48	23	52	63	
West Sacramento	201	173	126	80	87	
Woodland	52	34	40	54	51	
Winters and Rural	2	8	9	8	8	
Unsheltered	289	263	198	194	209	
Davis	114	117	114	131	146	
West Sacramento	230	192	165	167	174	
Woodland	145	151	186	192	131	
Winters and Rural	2	8	9	8	8	
Combined	491	468	474	498	459	
Demographics						
Age						
Age						
- Aye	Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide	
Children (0-17)	Davis 25	West Sacramento 42	Woodland 15	Winters and Rural O	Total Countywide 82	
					-	
Children (0-17)	25	42	15	0	82	
Children (0-17) Young Adults (18-24)	25 4	42 7	15 3	0 0	82 14	
Children (0-17) Young Adults (18-24) Adults (25-54)	25 4 44	42 7 36	15 3 49	0 0 0	82 14 129	
Children (0-17) Young Adults (18-24) Adults (25-54) Older Adults (54+)	25 4 44 10	42 7 36 2	15 3 49 13	0 0 0 0	82 14 129 25	
Children (0-17) Young Adults (18-24) Adults (25-54) Older Adults (54+) Unknown	25 4 44 10 0	42 7 36 2 0	15 3 49 13 0	0 0 0 0	82 14 129 25 0	
Children (0-17) Young Adults (18-24) Adults (25-54) Older Adults (54+) Unknown Sheltered	25 4 44 10 0 83	42 7 36 2 0 87	15 3 49 13 0 80	0 0 0 0 0 0	82 14 129 25 0 250	
Children (0-17) Young Adults (18-24) Adults (25-54) Older Adults (54+) Unknown Sheltered Children (0-17)	25 4 44 10 0 83 0	42 7 36 2 0 87 0	15 3 49 13 0 80 4	0 0 0 0 0 0 0	82 14 129 25 0 250 4	
Children (0-17) Young Adults (18-24) Adults (25-54) Older Adults (54+) Unknown Sheltered Children (0-17) Young Adults (18-24)	25 4 44 10 0 83 0 2	42 7 36 2 0 87 0 3	15 3 49 13 0 80 4 3	0 0 0 0 0 0 0	82 14 129 25 0 250 4 8	
Children (0-17) Young Adults (18-24) Adults (25-54) Older Adults (54+) Unknown Sheltered Children (0-17) Young Adults (18-24) Adults (25-54)	25 4 44 10 0 83 0 2 39	42 7 36 2 0 87 0 3 64	15 3 49 13 0 80 4 3 34	0 0 0 0 0 0 0 0 0 0 0	82 14 129 25 0 250 4 8 143	
Children (0-17) Young Adults (18-24) Adults (25-54) Older Adults (54+) Unknown Sheltered Children (0-17) Young Adults (18-24) Adults (25-54) Older Adults (54+)	25 4 44 10 0 83 0 2 39 22	42 7 36 2 0 87 0 3 64 20	15 3 49 13 0 80 4 3 34 10 0 51	0 0 0 0 0 0 0 0 6 2	82 14 129 25 0 250 4 8 143 54	
Children (0-17) Young Adults (18-24) Adults (25-54) Older Adults (54+) Unknown Sheltered Children (0-17) Young Adults (18-24) Adults (25-54) Older Adults (54+) Unknown	25 4 44 10 0 83 0 2 39 22 0	42 7 36 2 0 87 0 3 64 20 0	15 3 49 13 0 80 4 3 34 10 0	0 0 0 0 0 0 0 6 2 0	82 14 129 25 0 250 4 8 143 54 0	
Children (0-17) Young Adults (18-24) Adults (25-54) Older Adults (54+) Unknown Sheltered Children (0-17) Young Adults (18-24) Adults (25-54) Older Adults (54+) Unknown Unsheltered	25 4 44 10 0 83 0 2 39 22 0 0 63	42 7 36 2 0 87 0 3 64 20 0 0 87	15 3 49 13 0 80 4 3 34 10 0 51	0 0 0 0 0 0 0 0 6 2 0 8	82 14 129 25 0 250 250 4 8 143 54 0 209	
Children (0-17) Young Adults (18-24) Adults (25-54) Older Adults (54+) Unknown Sheltered Children (0-17) Young Adults (18-24) Adults (25-54) Older Adults (54+) Unknown Unsheltered Children (0-17)	25 4 44 10 0 83 0 2 39 22 0 4 63 25	42 7 36 2 0 87 0 3 64 20 0 87 42	15 3 49 13 0 80 4 3 34 10 0 51 19	0 0 0 0 0 0 0 0 6 2 0 6 2 0 8 8 0	82 14 129 25 0 250 4 8 143 54 0 209 86	
Children (0-17) Young Adults (18-24) Adults (25-54) Older Adults (54+) Unknown Sheltered Children (0-17) Young Adults (18-24) Adults (25-54) Older Adults (54+) Unknown Jong Adults (18-24) Adults (25-54) Older Adults (54+) Unknown Unsheltered Children (0-17) Young Adults (18-24)	25 4 44 10 0 83 0 2 39 22 0 4 6 3 9 22 0 6	42 7 36 2 0 87 0 3 64 20 0 87 87 42 10	15 3 49 13 0 80 4 3 4 34 10 0 51 19 6	0 0 0 0 0 0 0 0 0 6 2 0 0 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	82 14 129 25 0 250 4 8 143 54 0 209 86 22	
Children (0-17) Young Adults (18-24) Adults (25-54) Older Adults (54+) Unknown Sheltered Children (0-17) Young Adults (18-24) Adults (25-54) Older Adults (54+) Unknown Unsheltered Children (0-17) Young Adults (18-24) Adults (25-54)	25 4 44 10 0 83 0 2 39 22 0 0 63 25 6 83	42 7 36 2 0 87 0 3 64 20 0 87 42 10 100	15 3 49 13 0 80 4 3 4 34 10 0 51 19 6 83	0 0 0 0 0 0 0 0 6 2 0 0 8 0 8 0 0 0 6 3 8 0 0 0 6 6	82 14 129 25 0 250 250 250 4 4 8 143 54 0 209 86 22 272	

Household Status					
	Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide
Individuals	38	17	55	0	110
Households with Children	11	21	6	0	38
Persons in Households with Children	45	68	25	0	138
Households without Children	0	1	0	0	1
Persons in Households w/o Children	0	2	0	0	2
Sheltered	83	87	80	0	250
Individuals	51	75	32	2	160
Households with Children	0	0	1	0	1
Persons in Households with Children	0	0	5	0	5
Households without Children	6	6	7	3	22
Persons in Households w/o Children	12	12	14	6	44
Unsheltered	63	87	51	8	209
Individuals	89	92	87	2	270
Households with Children	11	21	7	0	39
Persons in Households with Children	45	68	30	0	143
Households without Children	6	7	7	3	23
Persons in Households w/o Children	12	14	14	6	46
Combined	146	174	131	8	459
Gender					
	Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide
Male	42	42	39	0	123
Female	41	41	41	0	123
Transgender: Male to Female	0	0	0	0	0
Transgender: Female to Male	0	0	0	0	0
Doesn't Identify	0	0	0	0	0
Unknown	0	4	0	0	4
Sheltered	83	87	80	0	250
Male	48	56	19	3	126
Female	13	29	9	3	54
Transgender: Male to Female	0	0	3	0	3
Transgender: Female to Male	0	1	0	0	1
Doesn't Identify	0	0	12	0	12
Unknown	2	1	8	2	13
Unsheltered	63	87	51	8	209
Male	90	98	58	3	249
Female	54	70	50	3	177
Transgender: Male to Female	0	0	3	0	3
Transgender: Female to Male	0	1	0	0	1
Doesn't Identify	0	0	12	0	12
Unknown	2	5	8	2	17
Combined	146	174	131	8	459

Veteran Status					
	Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide
Yes	5	2	3	0	10
No	77	49	70	0	196
Unknown	1	36	7	0	44
Sheltered	83	87	80	0	250
Yes	4	10	2	2	18
No	46	74	43	3	166
Unknown	13	3	6	3	25
Unsheltered	63	87	51	8	209
Yes	9	12	5	2	28
No	123	123	113	3	362
Unknown	14	39	13	3	69
Combined	146	174	131	8	459

Pregnant

	Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide
Yes	0	1	1	0	2
No	41	41	40	0	122
Unknown	42	45	39	0	126
Sheltered	83	87	80	0	250
Yes	0	2	1	0	3
No	13	37	8	3	61
Unknown	50	48	42	5	145
Unsheltered	63	87	51	8	209
Yes	0	3	2	0	5
No	54	78	48	3	183
Unknown	92	93	81	5	271
Combined	146	174	131	8	459

Race					
	Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide
African American	22	16	17	0	55
Asian	4	2	0	0	6
American Indian/Alaska Native	0	0	1	0	1
Hawaiian/Pacific Islander	0	0	0	0	0
Multiple Races	6	4	5	0	15
White	45	29	50	0	124
Unknown	6	36	7	0	49
Sheltered	83	87	80	0	250
African American	5	14	1	0	20
Asian	0	0	0	0	0
American Indian/Alaska Native	2	5	1	0	8
Hawaiian/Pacific Islander	1	1	0	0	2
Multiple Races	6	6	7	0	19
White	35	59	35	6	135
Unknown	14	2	7	2	25
Unsheltered	63	87	51	8	209
African American	27	30	18	0	75
Asian	4	2	0	0	6
American Indian/Alaska Native	2	5	2	0	9
Hawaiian/Pacific Islander	1	1	0	0	2
Multiple Races	12	10	12	0	34
White	80	88	85	6	259
Unknown	20	38	14	2	74
Combined	146	174	131	8	459
Ethnicity					
	Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide
Hispanic/Latino	10	14	7	0	31
Non-Hispanic/Non-Latino	73	37	66	0	176
Unknown	0	36	7	0	43
Sheltered	83	87	80	0	250
Hispanic/Latino	11	8	8	0	27
Non-Hispanic/Non-Latino	38	77	36	6	157
Unknown	14	2	7	2	25
Unsheltered	63	87	51	8	209
Hispanic/Latino	21	22	15	0	58
Non-Hispanic/Non-Latino	111	114	102	6	333
Unknown	14	38	14	2	68
Combined	146	174	131	8	459

Homeless Status

Sleeping	Location
Jieepilig	Locunon

Sieeping Location					
	Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide
Emergency Shelter	60	68	76	0	204
Transitional Housing	23	19	4	0	46
Sheltered	83	87	80	0	250
Abandoned Building	0	1	0	0	1
Building not meant for Sleeping	1	0	8	0	9
Outside	58	75	39	8	180
Car, Camper, RV with no hookups	3	6	3	0	12
Someone Else's Home (Garage)	1	5	1	0	7
Unsheltered	63	87	51	8	209

History of Homelessness in Yolo County

Length of Stay in Yolo County

	Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide
Less than 1 Year	47	28	13	0	88
1-6 Years	17	0	7	0	24
7-10 Years	4	2	1	0	7
11-19 Years	2	13	4	0	19
20+ Years	10	2	4	0	16
Unknown	3	42	51	0	96
Sheltered	83	87	80	0	250
Less than 1 Year	7	15	7	0	29
1-6 Years	10	26	14	2	52
7-10 Years	14	13	1	0	28
11-19 Years	7	12	4	4	27
20+ Years	12	15	18	0	45
Unknown	13	6	7	2	28
Unsheltered	63	87	51	8	209
Less than 1 Year	54	43	20	0	117
1-6 Years	27	26	21	2	76
7-10 Years	18	15	2	0	35
11-19 Years	9	25	8	4	46
20+ Years	22	17	22	0	61
Unknown	16	48	58	2	124
Combined	146	174	131	8	459

Reason for Coming to Yolo County					
	Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide
Grew up Here	6	40	3	0	49
Family Here	9	9	10	0	28
Fleeing Domestic Violence	21	2	0	0	23
Friends Here	18	0	4	0	22
Good Social Services	11	8	2	0	21
Affordable Housing	7	5	2	0	14
Work	1	0	0	0	1
School	0	0	1	0	1
Police/Probation	0	0	4	0	4
Other/Unknown	10	23	54	0	87
Sheltered	83	87	80	0	250
Grew up Here	4	20	12	1	37
Family Here	5	23	10	1	39
Fleeing Domestic Violence	0	2	0	0	2
Friends Here	8	5	5	1	19
Good Social Services	4	0	1	0	5
Affordable Housing	2	5	2	0	9
Work	4	2	3	0	9
School	3	0	0	0	3
Police/Probation	0	4	3	0	7
Other/Unknown	33	26	15	5	79
Unsheltered	63	87	51	8	209
Grew up Here	10	60	15	1	86
Family Here	14	32	20	1	67
Fleeing Domestic Violence	21	4	0	0	25
Friends Here	26	5	9	1	41
Good Social Services	15	8	3	0	26
Affordable Housing	9	10	4	0	23
Work	5	2	3	0	10
School	3	0	1	0	4
Police/Probation	0	4	7	0	11
Other/Unknown	43	49	69	5	166
Combined	146	174	131	8	459

Where Lived Immediately Prior to Yolo County							
	Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide		
N/A: Lived in Yolo County All Life	9	13	4	0	26		
Sacramento	8	25	22	0	55		
Other CA	21	5	21	0	47		
Other State	15	6	4	0	25		
Other Country	0	1	0	0	1		
Unknown	30	37	29	0	96		
Sheltered	83	87	80	0	250		
N/A: Lived in Yolo County All Life	2	8	14	0	24		
Sacramento	12	34	6	2	54		
Other CA	19	14	16	2	51		
Other State	11	16	4	2	33		
Other Country	2	0	0	0	2		
Unknown	17	15	11	2	45		
Unsheltered	63	87	51	8	209		
N/A: Lived in Yolo County All Life	11	21	18	0	50		
Sacramento	20	59	28	2	109		
Other CA	40	19	37	2	98		
Other State	26	22	8	2	58		
Other Country	2	1	0	0	3		
Unknown	47	52	40	2	141		
Combined	146	174	131	8	459		

Chronic Homelessness Long-Term Homeless

	Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide
Yes	38	23	14	0	75
No	18	36	59	0	113
Unknown	27	28	7	0	62
Sheltered	83	87	80	0	250
Yes	45	73	45	4	167
No	6	9	4	1	20
Unknown	12	5	2	3	22
Unsheltered	63	87	51	8	209
Yes	83	96	59	4	242
No	24	45	63	1	133
Unknown	39	33	9	3	84
Combined	146	174	131	8	459

Frequently Homeless Davis West Sacramento Woodland Winters and Rural **Total Countywide** Yes No Unknown Sheltered Yes No Unknown Unsheltered Yes No Unknown Combined

Long-Term and/or Frequently Homeless w/ a Disability

	, Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide
					-
Yes	23	8	19	0	50
No	60	79	61	0	200
Unknown	0	0	0	0	0
Sheltered	83	87	80	0	250
Yes	36	59	33	4	132
No	15	26	17	3	61
Unknown	12	2	1	1	16
Unsheltered	63	87	51	8	209
Yes	59	67	52	4	182
No	75	105	78	3	261
Unknown	12	2	1	1	16
Combined	146	174	131	8	459
Linutsh Cantura					

Health Status

Post Traumatic Stress Disorder

	Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide
Yes	0	5	1	0	6
No	83	82	79	0	244
Unknown	0	0	0	0	0
Sheltered	83	87	80	0	250
Yes	17	30	16	1	64
No	34	57	34	6	131
Unknown	12	0	1	1	14
Unsheltered	63	87	51	8	209
Yes	17	35	17	1	70
No	117	139	113	6	375
Unknown	12	0	1	1	14
Combined	146	174	131	8	459

Serious Mental Illness					
	Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide
Yes	6	8	28	0	42
No	77	79	52	0	208
Unknown	0	0	0	0	0
Sheltered	83	87	80	0	250
Yes	20	35	15	2	72
No	31	52	35	5	123
Unknown	12	0	1	1	14
Unsheltered	63	87	51	8	209
Yes	26	43	43	2	114
No	108	131	87	5	331
Unknown	12	0	1	1	14
Combined	146	174	131	8	459

Substance Use Disorder

	Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide
Yes	12	6	17	0	35
No	71	81	63	0	215
Unknown	0	0	0	0	0
Sheltered	83	87	80	0	250
Yes	16	32	21	1	70
No	35	55	29	6	125
Unknown	12	0	1	1	14
Unsheltered	63	87	51	8	209
Yes	28	38	38	1	105
No	106	136	92	6	340
Unknown	12	0	1	1	14
Combined	146	174	131	8	459

Developmental Disability

	Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide
Yes	1	4	5	0	10
No	82	83	75	0	240
Unknown	0	0	0	0	0
Sheltered	83	87	80	0	250
Yes	8	15	8	0	31
No	43	72	42	7	164
Unknown	12	0	1	1	14
Unsheltered	63	87	51	8	209
Yes	9	19	13	0	41
No	125	155	117	7	404
Unknown	12	0	1	1	14
Combined	146	174	131	8	459

Physical Illness or Disability Davis West Sacramento Woodland Winters and Rural **Total Countywide** Yes No Unknown Sheltered Yes No Unknown Unsheltered Yes No Unknown Combined

Co-Occurring Health Issues

	Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide
1	16	5	24	0	45
2	8	6	15	0	29
3	0	2	3	0	5
4	1	3	1	0	5
5	0	0	1	0	1
6	0	0	0	0	0
No	58	71	36	0	165
Unknown	0	0	0	0	0
Sheltered	83	87	80	0	250
1	15	23	14	2	54
2	14	21	5	0	40
3	5	15	8	1	29
4	4	6	5	0	15
5	1	3	2	0	6
6	1	0	0	0	1
No	11	19	16	4	50
Unknown	12	0	1	1	14
Unsheltered	63	87	51	8	209
1	31	28	38	2	99
2	22	27	20	0	69
3	5	17	11	1	34
4	5	9	6	0	20
5	1	3	3	0	7
6	1	0	0	0	1
No	69	90	52	4	215
Unknown	12	0	1	1	14
Combined	146	174	131	8	459

Personal Information

Income					
	Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide
Yes	40	78	48	0	166
No	22	7	32	0	61
Unknown	21	2	0	0	23
Sheltered	83	87	80	0	250
Yes	26	36	15	3	80
No	23	49	29	3	104
Unknown	14	2	7	2	25
Unsheltered	63	87	51	8	209
Yes	66	114	63	3	246
No	45	56	61	3	165
Unknown	35	4	7	2	48
Combined	146	174	131	8	459

Misdemeanor Conviction

	Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide
Yes	18	5	7	0	30
No	60	39	25	0	124
Unknown	5	43	48	0	96
Sheltered	83	87	80	0	250
Yes	29	54	23	5	111
No	21	30	20	1	72
Unknown	13	3	8	2	26
Unsheltered	63	87	51	8	209
Yes	47	59	30	5	141
No	81	69	45	1	196
Unknown	18	46	56	2	122
Combined	146	174	131	8	459

Felony Conviction

	Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide
Yes	3	6	6	0	15
No	74	38	25	0	137
Unknown	6	43	49	0	98
Sheltered	83	87	80	0	250
Yes	19	40	17	3	79
No	30	44	27	3	104
Unknown	14	3	7	2	26
Unsheltered	63	87	51	8	209
Yes	22	46	23	3	94
No	104	82	52	3	241
Unknown	20	46	56	2	124
Combined	146	174	131	8	459

Eviction					
	Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide
Yes	12	12	4	0	28
No	61	35	29	0	125
Unknown	10	40	47	0	97
Sheltered	83	87	80	0	250
Yes	14	23	11	3	51
No	34	60	33	3	130
Unknown	15	4	7	2	28
Unsheltered	63	87	51	8	209
Yes	26	35	15	3	79
No	95	95	62	3	255
Unknown	25	44	54	2	125
Combined	146	174	131	8	459

Bankruptcy

	Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide
Yes	2	0	2	0	4
No	71	36	21	0	128
Unknown	10	51	57	0	118
Sheltered	83	87	80	0	250
Yes	6	6	2	0	14
No	39	77	42	6	164
Unknown	18	4	7	2	31
Unsheltered	63	87	51	8	209
Yes	8	6	4	0	18
No	110	113	63	6	292
Unknown	28	55	64	2	149
Combined	146	174	131	8	459

Pet Ownership

	Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide
Yes	2	10	0	0	12
No	81	77	80	0	238
Unknown	0	0	0	0	0
Sheltered	83	87	80	0	250
Yes	7	30	1	5	43
No	44	57	49	2	152
Unknown	12	0	1	1	14
Unsheltered	63	87	51	8	209
Yes	9	40	1	5	55
No	125	134	129	2	390
Unknown	12	0	1	1	14
Combined	146	174	131	8	459

Foster Care					
	Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide
Yes	2	10	0	0	12
No	81	32	32	0	145
Unknown	0	45	48	0	93
Sheltered	83	87	80	0	250
Yes	5	23	9	2	39
No	43	60	35	4	142
Unknown	15	4	7	2	28
Unsheltered	63	87	51	8	209
Yes	7	33	9	2	51
No	124	92	67	4	287
Unknown	15	49	55	2	121
Combined	146	174	131	8	459

Victim of Domestic Violence

	Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide
Yes	34	33	6	0	73
No	49	17	27	0	93
Unknown	0	37	47	0	84
Sheltered	83	87	80	0	250
Yes	13	26	7	2	48
No	36	57	40	4	137
Unknown	14	4	4	2	24
Unsheltered	63	87	51	8	209
Yes	47	59	13	2	121
No	85	74	67	4	230
Unknown	14	41	51	2	108
Combined	146	174	131	8	459
Donofilo					

Benefits

Health Benefits

	Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide
Yes	72	82	67	0	221
No	5	3	9	0	17
Unknown	6	2	4	0	12
Sheltered	83	87	80	0	250
Yes	32	62	28	4	126
No	16	21	14	2	53
Unknown	15	4	9	2	30
Unsheltered	63	87	51	8	209
Yes	104	144	95	4	347
No	21	24	23	2	70
Unknown	21	6	13	2	42
Combined	146	174	131	8	459

Disability Benefits					
	Davis	West Sacramento	Woodland	Winters and Rural	Total Countywide
Yes	10	8	15	0	33
No	70	59	57	0	186
Unknown	3	20	8	0	31
Sheltered	83	87	80	0	250
Yes	12	23	13	1	49
No	35	61	28	5	129
Unknown	16	3	10	2	31
Unsheltered	63	87	51	8	209
Yes	22	31	28	1	82
No	105	120	85	5	315
Unknown	19	23	18	2	62
Combined	146	174	131	8	459

017	Yolo Homeless Count		UN	SHELTERE	D COUNT			J	lanuary 23, 20.
ocati Date:		West Sacramentc 1/25 🗌 1/26		ers 🗌 Wo	odland	Rural/Uninco	rporated Yold) 🗌 Other:	·
few	TRODUCE YOURSELF]: Hello, w moments, is confidential, a vice needs?			-	ources. Ma	/ I ask you a	few question	ons about y	-
1. 2.	Have you already taken thi Where did you sleep on the	•		•	Yes [v night?	No [IF YES	S, STOP SUR	VEY]	
	[CON	TINUE SURVEY]			[S	TOP SURVE	Y]	
	 Outside (such as tents, particular in the second sec	tside or in a gara because homeles er midnight to ho ge, shed, storage eeping (such as a l	ge) ss) melessness) library)	,	Someor	l ent program		ogram	
4.	Davis West Sacramen	County? [MAR	K ONE; MO	ST APPLICA	BLE ANSWE	R ONLY]			
6.	Grew Up Here Family How long have you lived in Less than 1 Year 1-3 N Where did you live immedi City/Region:	Years 4-6 Years 4-75 Yea	ears 7. coming to N	-10 Years] 11-13 Years	5 🗌 Other:			E LIFE]
6. 7. 8.	How long have you lived in Less than 1 Year 1-3 Y Where did you live immedi City/Region: What are your initials, birth Initials: Are you and everyone in you How many people live with	h Yolo County? Years 4-6 Ye iately prior to c h month, and b th: Bir our household o h you (including	ears 7. coming to Y irth year? rth Year: under age g you)? [TH	-10 Years [/olo County 25? IE ANSWERS] 11-13 Year: ? [WRITE N/ 	S Other: A IF LIVED I State: No LD TOTAL T	N YOLO COU	JNTY ENTIR	IS IN A]
6. 7. 8.	How long have you lived in Less than 1 Year 1-3 Y Where did you live immedi City/Region: What are your initials, birth Initials: Birth Mont Are you and everyone in you	h Yolo County? Years 4-6 Ye iately prior to c h month, and b th: Bir our household o h you (including	ears 7. coming to N wirth year? th Year: under age g you)? [TH Age 25 or C	-10 Years [/olo County 25? IE ANSWERS] 11-13 Year: ? [WRITE N/ 	S Other: A IF LIVED I State: No LD TOTAL TI Age 18-24:	N YOLO COU HE NUMBER	JNTY ENTIR OF PERSON B3. Under	IS IN A] 18:
6. 7. 8.	How long have you lived in Less than 1 Year 1-3 Y Where did you live immedi City/Region: What are your initials, birth Initials: Are you and everyone in you How many people live with	h Yolo County? Years 4-6 Ye iately prior to c h month, and b th: Bir our household o h you (including	ears 7. coming to Y irth year? rth Year: under age g you)? [TH	-10 Years [/olo County 25? IE ANSWERS] 11-13 Year: ? [WRITE N/ 	S Other: A IF LIVED I State: No LD TOTAL T	N YOLO COU	JNTY ENTIR	IS IN A]
6. 7. 8.	How long have you lived in Less than 1 Year 1-3 Y Where did you live immedi City/Region: What are your initials, birth Initials: Birth Mont Are you and everyone in yo How many people live with A. Total Number of Persons:	h Yolo County? Years 4-6 Ye iately prior to c h month, and b th: Bir our household o h you (including	ears 7. coming to N wirth year? th Year: under age g you)? [TH Age 25 or C	-10 Years [/olo County 25? IE ANSWERS] 11-13 Year: ? [WRITE N/ 	S Other: A IF LIVED I State: No LD TOTAL TI Age 18-24:	N YOLO COU HE NUMBER	JNTY ENTIR OF PERSON B3. Under	IS IN A] 18:
6. 7. 8.	How long have you lived in Less than 1 Year 1-3 Y Where did you live immedi City/Region:	h Yolo County? Years 4-6 Ye iately prior to c h month, and b th: Bir our household u h you (including B1.	ears 7. coming to N wirth year? th Year: under age g you)? [TH Age 25 or C	-10 Years [/olo County 25? IE ANSWERS] 11-13 Year: ? [WRITE N/ 	S Other: A IF LIVED I State: No LD TOTAL TI Age 18-24:	N YOLO COU HE NUMBER	JNTY ENTIR OF PERSON B3. Under	IS IN A] 18:
6. 7. 8.	How long have you lived in Less than 1 Year 1-3 Y Where did you live immedi City/Region:	A Yolo County? Years 4-6 Ye iately prior to c h month, and b th: Bir our household u h you (including B1.	ears 7. coming to N wirth year? th Year: under age g you)? [TH Age 25 or C	-10 Years [/olo County 25? IE ANSWERS] 11-13 Year: ? [WRITE N/ 	S Other: A IF LIVED I State: No LD TOTAL TI Age 18-24:	N YOLO COU HE NUMBER	JNTY ENTIR OF PERSON B3. Under	IS IN A] 18:
6. 7. 8.	How long have you lived in Less than 1 Year 1-3 Y Where did you live immedi City/Region:	Years 4-6 Years iately prior to c iately prior to c h month, and b th:	ears 7. coming to N wirth year? th Year: under age g you)? [TH Age 25 or C	-10 Years [/olo County 25? IE ANSWERS] 11-13 Year: ? [WRITE N/ 	S Other: A IF LIVED I State: No LD TOTAL TI Age 18-24:	N YOLO COU HE NUMBER	JNTY ENTIR OF PERSON B3. Under	IS IN A] 18:
6. 7. 8.	How long have you lived in Less than 1 Year 1-3 Y Where did you live immedi City/Region: What are your initials, birth Initials: Birth Mont Are you and everyone in you How many people live with A. Total Number of Persons: 10. Initials 11. Age 12. Gender Female Male Transgender: Male to For Transgender: Female to Doesn't Identify 13. Race [CHECK ALL THAT White Black or African America Asian American Indian/Alaska	A Yolo County? Years 4-6 Ye iately prior to c h month, and b th: Bir our household u h you (including B1. B1. B1. B1. Can T APPLY] can a Native c Islander	ears 7. coming to N wirth year? th Year: under age g you)? [TH Age 25 or C	-10 Years [/olo County 25? IE ANSWERS] 11-13 Year: ? [WRITE N/ 	S Other: A IF LIVED I State: No LD TOTAL TI Age 18-24:	N YOLO COU HE NUMBER	JNTY ENTIR OF PERSON B3. Under	IS IN A] 18:

2017 Yolo Homeless Count

UNSHELTERED COUNT

				Ini	ials:	_	h: Birth Ye	ar:		
JEST	IONS FOR ADULT 1]									
1.	Have you been continuously hom	neless for at le	east 1 vear	?	Yes	No	Unknown			
2.	Have you been homeless at least		-		_					
3.	[IF YES] Was the combined length			-						
-	Do you receive any disability ben				_	=	<u> </u>			
4.		-		-	Yes	∐ No	Unknown			
5.	Do you consider yourself to have, or has someone else told you that [IF YES] Does this severely interfere									
	you have any of the following: with your life?									
		Yes	No	Observatio	n Yes	No	Observation			
	Developmental Disability									
	HIV/AIDS									
	Post-Traumatic Stress Disorder									
	Physical Illness or Disability				J		<u>Γ</u> Υ ΓΝ			
	Serious Mental Illness				J		Y N			
	Substance Use Disorder				J		Y N			
6.	Have you ever served in the U.S.	Armed Forces	s?		Tes Yes	□ No	Unknown			
7.	Have you ever been activated int			Reserve?	T Yes	□ No	Unknown			
8.	Have you ever been a victim of d				☐ Yes					
9.	Did you ever live in foster care or				Yes					
	Have you ever been convicted of				☐ Yes					
	Have you ever been convicted of				☐ Yes					
	Have you ever been evicted?	u reiony.			☐ Yes					
	Have you ever been bankrupt?									
	Do you have health insurance? [I									
	Do you have income? Yes			S Source and			_	. .		
	-			S] Type and h						
					Jww many: typ	е.		•		
	Do you dociro any of the followin	a convicor?								
17.	Do you desire any of the followin			THAT APPLY]						
17.	Behavioral Health Services	Employment Sei	rvices 🗌 F	THAT APPLY]		al Health Se	ervices			
		Employment Sei	rvices 🗌 F	[HAT APPLY] Permanent Hous	ng 🗌 Physic			ar:		
EST 1. 2. 3.	Behavioral Health Services E Substance Use Disorder Treatmen IONS FOR ADULT 2] Have you been continuously hom Have you been homeless at least [IF YES] Was the combined length	Employment Sen nt Other: neless for at le : 4 separate oc h of time hom	east 1 year ccasions in neless at lea	THAT APPLY] Permanent Hous Ini ? the last 3 year ast 12 months	ng Physic	al Health Se				
EST 1. 2. 3. 4.	Behavioral Health Services E Substance Use Disorder Treatmen IONS FOR ADULT 2] Have you been continuously hom Have you been homeless at least [IF YES] Was the combined length Do you receive any disability ben	Employment Sent the Other: neless for at less the separate of h of time hom hefits? [SUCH /	rvices east 1 year ccasions in neless at lea AS SSI OR S	Permanent Hous Ini ? the last 3 year ast 12 months SSDI]	ng Physic	Birth Montl	h: Birth Ye Unknown Unknown Unknown Unknown			
EST 1. 2. 3. 4.	Behavioral Health Services E Substance Use Disorder Treatmen IONS FOR ADULT 2] Have you been continuously hom Have you been homeless at least [IF YES] Was the combined length Do you receive any disability ben Do you consider yourself to hav	Employment Sent the Other: neless for at less the separate of h of time hom hefits? [SUCH /	rvices east 1 year ccasions in neless at lea AS SSI OR S	Permanent Hous Ini ? the last 3 year ast 12 months SSDI]	ng Physic ials: Yes S? Yes Yes Yes Yes Yes [IF YES] Do	Birth Montl Birth No No No No No Sos this set	h: Birth Ye Unknown Unknown Unknown			
ST 1. 2. 3. 4.	Behavioral Health Services E Substance Use Disorder Treatmen IONS FOR ADULT 2] Have you been continuously hom Have you been homeless at least [IF YES] Was the combined length Do you receive any disability ben	Employment Sent nt Other: neless for at le 4 separate of h of time hom nefits? [SUCH / ve, or has som	rvices east 1 year ccasions in neless at lea AS SSI OR S neone else	THAT APPLY] Permanent Hous Ini ? the last 3 year ast 12 months isDI] told you that	ng Physic iials: Yes s? Yes Yes Yes [IF YES] Do with your	al Health Se Birth Montl No No No Does this sev life?	h: Birth Ye			
ST 1. 2. 3. 4.	Behavioral Health Services E Substance Use Disorder Treatmen IONS FOR ADULT 2] Have you been continuously hom Have you been homeless at least [IF YES] Was the combined length Do you receive any disability ben Do you consider yourself to hav you have any of the following:	Employment Sent the Other: neless for at less the separate of h of time hom hefits? [SUCH /	rvices east 1 year ccasions in neless at lea AS SSI OR S	Permanent Hous Ini ? the last 3 year ast 12 months SSDI]	ng Physic iials: Yes s? Yes Yes Yes [IF YES] Do with your	Birth Montl Birth No No No No No Sos this set	h: Birth Ye Unknown Unknown Unknown Unknown			
EST 1. 2. 3. 4.	Behavioral Health Services E Substance Use Disorder Treatmen IONS FOR ADULT 2] Have you been continuously hom Have you been homeless at least [IF YES] Was the combined length Do you receive any disability ben Do you consider yourself to hav you have any of the following: Developmental Disability	Employment Sent nt Other: neless for at le 4 separate of h of time hom nefits? [SUCH / ve, or has som	rvices east 1 year ccasions in neless at lea AS SSI OR S neone else	THAT APPLY] Permanent Hous Ini ? the last 3 year ast 12 months isDI] told you that	ng Physic iials: Yes s? Yes Yes Yes [IF YES] Do with your	al Health Se Birth Montl No No No Does this sev life?	h: Birth Ye			
EST 1. 2. 3. 4.	Behavioral Health Services E Substance Use Disorder Treatment IONS FOR ADULT 2] Have you been continuously hom Have you been homeless at least [IF YES] Was the combined length Do you receive any disability ben Do you consider yourself to hav you have any of the following: Developmental Disability HIV/AIDS	Employment Sent nt Other: neless for at le 4 separate of h of time hom nefits? [SUCH / ve, or has som	rvices east 1 year ccasions in neless at lea AS SSI OR S neone else	THAT APPLY] Permanent Hous Ini ? the last 3 year ast 12 months isDI] told you that	ng Physic iials: Yes s? Yes Yes Yes [IF YES] Do with your	al Health Se Birth Montl No No No Does this sev life?	h: Birth Ye			
ST 1. 2. 3. 4.	Behavioral Health Services E Substance Use Disorder Treatment IONS FOR ADULT 2] Have you been continuously hom Have you been homeless at least [IF YES] Was the combined length Do you receive any disability ben Do you consider yourself to hav you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder	Employment Sent nt Other: neless for at le 4 separate of h of time hom nefits? [SUCH / ve, or has som	rvices east 1 year ccasions in neless at lea AS SSI OR S neone else	THAT APPLY] Permanent Hous Ini ? the last 3 year ast 12 months SDI] told you that Observation	ng Physic	al Health Se Birth Montl No No No Does this sev life?	h: Birth Ye			
ST 1. 2. 3. 4.	Behavioral Health Services E Substance Use Disorder Treatment IONS FOR ADULT 2] Have you been continuously hom Have you been homeless at least [IF YES] Was the combined length Do you receive any disability ben Do you consider yourself to hav you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability	Employment Sent nt Other: neless for at le 4 separate of h of time hom nefits? [SUCH / ve, or has som	rvices east 1 year ccasions in neless at lea AS SSI OR S neone else	THAT APPLY] Permanent Hous Ini the last 3 year ast 12 months SDI] told you that Observation	ng Physic	al Health Se Birth Montl No No No Does this sev life?	h: Birth Ye			
ST 1. 2. 3. 4.	 Behavioral Health Services Bubstance Use Disorder Treatment IONS FOR ADULT 2] Have you been continuously hom Have you been homeless at least [IF YES] Was the combined length Do you receive any disability ben Do you consider yourself to have you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Serious Mental Illness 	Employment Sent nt Other: neless for at le 4 separate of h of time hom nefits? [SUCH / ve, or has som	rvices east 1 year ccasions in neless at lea AS SSI OR S neone else	THAT APPLY] Permanent Hous Ini the last 3 year ast 12 months SDI] told you that Observation U Y U	ng Physic iials: Yes Yes Yes Yes Yes IF YES] Do with your Yes Yes	al Health Se Birth Montl No No No Does this sev life?	h: Birth Ye			
EST 1. 2. 3. 4. 5.	Behavioral Health Services E Substance Use Disorder Treatment IONS FOR ADULT 2] Have you been continuously hom Have you been homeless at least [IF YES] Was the combined length Do you receive any disability ben Do you consider yourself to hav you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Serious Mental Illness Substance Use Disorder	Employment Sent and Other: neless for at left a separate of h of time hom hefits? [SUCH // ve, or has som Yes	rvices east 1 year ccasions in heless at lea AS SSI OR S heone else No	THAT APPLY] Permanent Hous Ini the last 3 year ast 12 months SDI] told you that Observation U Y U	ng Physic iials: Yes S? Yes Yes Yes [IF YES] Do with your N Yes	Birth Montl Birth Montl No No No No Bife? No Bife? No Bife?	h: Birth Ye			
EST 1. 2. 3. 4. 5.	Behavioral Health Services E Substance Use Disorder Treatment IONS FOR ADULT 2] Have you been continuously hom Have you been homeless at least [IF YES] Was the combined length Do you receive any disability ben Do you consider yourself to hav you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Serious Mental Illness Substance Use Disorder Have you ever served in the U.S.	Armed Forces	rvices F east 1 year ccasions in neless at lea AS SSI OR S neone else No	Image: Constraint of the second se	ng Physic iials: Yes S? Yes Yes Yes [IF YES] Do with your Yes UF YES Yes Yes Yes	Birth Montl Birth Montl No No No No Bife? No	h: Birth Ye Unknown Unknown Unknown Unknown verely interfere Observation Unknown N UNKNOWN UNKNOWN			
5.	Behavioral Health Services E Substance Use Disorder Treatmen IONS FOR ADULT 2] Have you been continuously horr Have you been homeless at least [IF YES] Was the combined length Do you receive any disability ben Do you consider yourself to hav you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Serious Mental Illness Substance Use Disorder Have you ever served in the U.S. Have you ever been activated int	Armed Forces	rvices F east 1 year ccasions in neless at lea AS SSI OR S neone else No No s? al Guard or	Image: Constraint of the second se	ng Physic iials: Yes Yes Yes Yes Yes Yes (IF YES) Do with your Yes Yes Yes Yes	Birth Montl Birth Montl No No No No Sees this see Hife? No	h: Birth Ye Unknown Unknown Unknown Unknown verely interfere Observation Y N Y N Y N N Unknown Unknown			
EST 1. 2. 3. 4. 5. 6. 7. 8.	 Behavioral Health Services Bubstance Use Disorder Treatment IONS FOR ADULT 2] Have you been continuously hom Have you been homeless at least [IF YES] Was the combined length Do you receive any disability ben Do you consider yourself to hav you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Substance Use Disorder Have you ever served in the U.S. Have you ever been a victim of d 	Armed Forces to the Nationa omestic violed	rvices F east 1 year ccasions in neless at lea AS SSI OR S neone else No No s? al Guard or nce?	Image: Constraint of the second se	ng Physic iials: Yes Yes Yes Yes Yes [IF YES] Do with your Yes J Yes Yes Yes Yes Yes Yes	Birth Montil Birth Montil No No No No Sees this see Hife? No	h: Birth Yes Unknown Unknown Unknown Unknown verely interfere Observation Y N Y N Y N Unknown Unknown Unknown	 Par:		
EST 1. 2. 3. 4. 5. 6. 7. 8. 9.	 Behavioral Health Services Bubstance Use Disorder Treatment IONS FOR ADULT 2] Have you been continuously hom Have you been homeless at least [IF YES] Was the combined length Do you receive any disability ben Do you consider yourself to have you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Serious Mental Illness Substance Use Disorder Have you ever served in the U.S. Have you ever been activated int Have you ever live in foster care or 	Armed Forces to the National omestic violer	rvices F east 1 year ccasions in neless at lea AS SSI OR S neone else No No s? al Guard or nce? ne?	Image: Constraint of the second se	ng Physic iials: Yes S? Yes Yes Yes Yes [IF YES] Do with your Yes U Yes Yes Yes Yes Yes Yes Yes	Birth Montl Birth Montl No No No No Bife? No Bife? No	h: Birth Ye	 Par:		
EST 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	 Behavioral Health Services Bubstance Use Disorder Treatment IONS FOR ADULT 2] Have you been continuously hom Have you been homeless at least [IF YES] Was the combined length Do you receive any disability ben Do you consider yourself to have you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Serious Mental Illness Substance Use Disorder Have you ever served in the U.S. Have you ever been a victim of d Did you ever live in foster care on Have you ever been convicted of 	Armed Forces to the National omestic violent a misdemean	rvices F east 1 year ccasions in neless at lea AS SSI OR S neone else No No s? al Guard or nce? ne?	Image: Constraint of the second se	ng Physic iials: Yes S? Yes Yes Yes [IF YES] Do with your Yes [IF YES] Do With your Yes Yes Yes Yes Yes Yes Yes Yes	Birth Montl Birth Montl No No No No Sees this see Hife? No	h: Birth Ye			
EST 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.	Behavioral Health Services E Substance Use Disorder Treatment IONS FOR ADULT 2] Have you been continuously hom Have you been homeless at least [IF YES] Was the combined length Do you receive any disability ben Do you consider yourself to hav you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Serious Mental Illness Substance Use Disorder Have you ever served in the U.S. Have you ever been a victim of d Did you ever live in foster care or Have you ever been convicted of Have you ever been convicted of	Armed Forces to the National omestic violent a misdemean	rvices F east 1 year ccasions in neless at lea AS SSI OR S neone else No No s? al Guard or nce? ne?	Image: Constraint of the second se	ng Physic iials: Yes S?Yes Yes Yes [IF YES] Do with your N Yes 	Birth Montl Birth Montl No No No No Bes this set Hife? No	h: Birth Ye			
EST 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	Behavioral Health Services E Substance Use Disorder Treatment IONS FOR ADULT 2] Have you been continuously hom Have you been homeless at least [IF YES] Was the combined length Do you receive any disability ben Do you consider yourself to hav you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Serious Mental Illness Substance Use Disorder Have you ever served in the U.S. Have you ever been a victim of d Did you ever live in foster care on Have you ever been convicted of Have you ever been convicted of Have you ever been evicted?	Armed Forces to the National omestic violent a misdemean	rvices F east 1 year ccasions in neless at lea AS SSI OR S neone else No No s? al Guard or nce? ne?	Image: Constraint of the second se	ng Physic	al Health Se	h: Birth Ye	 ar:		
EST 1. 2. 3. 4. 5. 5. 6. 7. 8. 9. 10. 11. 12. 13.	Behavioral Health Services E Substance Use Disorder Treatment IONS FOR ADULT 2] Have you been continuously horr Have you been homeless at least [IF YES] Was the combined length Do you receive any disability ben Do you consider yourself to have you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Serious Mental Illness Substance Use Disorder Have you ever served in the U.S. Have you ever been a victim of d Did you ever live in foster care or Have you ever been convicted of Have you ever been convicted of Have you ever been evicted? Have you ever been bankrupt?	Armed Forces to the National omestic violer a felony?	rvices F east 1 year ccasions in heless at lea AS SSI OR S heone else No s? al Guard or nce? he? hor?	Image: Constraint of the second se	ng Physic	al Health Se	h: Birth Ye Unknown Unknown Unknown Unknown verely interfere Observation Y N Y N Y N Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown			
EST 1. 2. 3. 4. 5. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.	Behavioral Health Services E Substance Use Disorder Treatment IONS FOR ADULT 2] Have you been continuously horr Have you been homeless at least [IF YES] Was the combined length Do you receive any disability ben Do you consider yourself to have you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Serious Mental Illness Substance Use Disorder Have you ever been a victim of d Did you ever live in foster care on Have you ever been convicted of Have you ever been evicted? Have you ever been bankrupt? Do you have health insurance? [1	Armed Forces to the National omestic violer a misdemean fa felony?	rvices F east 1 year ccasions in neless at lea AS SSI OR S neone else No s? al Guard or nce? ne? nor? DI-CAL]	Image: Constraint of the last 3 year ast 12 months is solid you that Observation Observation Y	ng Physic	al Health Se	h: Birth Yes Unknown Unknown Unknown Unknown verely interfere Observation Y N Y N Y N Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown			
EST 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	Behavioral Health Services E Substance Use Disorder Treatment IONS FOR ADULT 2] Have you been continuously hom Have you been homeless at least [IF YES] Was the combined length Do you receive any disability ben Do you consider yourself to have you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Substance Use Disorder Have you ever served in the U.S. Have you ever been a victim of d Did you ever live in foster care or Have you ever been convicted of Have you ever been served? Have you ever been bankrupt? Do you have health insurance? [I Do you have income? Yes	Armed Forces to the Nationa omestic viole a misdemean a felony?	rvices F east 1 year ccasions in neless at lea AS SSI OR S neone else No s? al Guard or nce? ne? nor? DI-CAL] nown [IF YE	Image: Constraint of the second se	ng Physic iials: Yes Yes Yes Yes Yes [IF YES] Do with your Yes Ves Yes Yes Yes Yes Yes Yes Yes Y	al Health Se	h: Birth Yes Unknown Unknown Unknown Unknown verely interfere Observation Verely interfere Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Mnhown	t:		
EST 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16.	Behavioral Health Services E Substance Use Disorder Treatment IONS FOR ADULT 2] Have you been continuously hom Have you been homeless at least [IF YES] Was the combined length Do you receive any disability ben Do you consider yourself to have you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Substance Use Disorder Have you ever served in the U.S. Have you ever been a victim of d Did you ever live in foster care or Have you ever been convicted of Have you ever been convicted of Have you ever been bankrupt? Do you have health insurance? [I Do you have pets? Yes	Armed Forces to the National omestic violent a felony?	rvices F east 1 year ccasions in heless at lea AS SSI OR S heone else No s? al Guard or nce? he? hor? DI-CAL] mown [IF YE	Image: Constraint of the second se	ng Physic iials: Yes Yes Yes Yes Yes [IF YES] Do with your Yes Ves Yes Yes Yes Yes Yes Yes Yes Y	al Health Se	h: Birth Yes Unknown Unknown Unknown Unknown verely interfere Observation Y N Y N Y N Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown	t:		
EST 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16.	Behavioral Health Services E Substance Use Disorder Treatment IONS FOR ADULT 2] Have you been continuously horn Have you been homeless at least [IF YES] Was the combined length Do you consider yourself to have you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Substance Use Disorder Have you ever served in the U.S. Have you ever been a victim of d Did you ever live in foster care or Have you ever been convicted of Have you ever been evicted? Have you ever been bankrupt? Do you have health insurance? [I Do you have pets? Yes Do you desire any of the following	Armed Forces to the National omestic violer a misdemean a felony?	rvices F east 1 year ccasions in heless at lea AS SSI OR S heone else No s? al Guard or nce? he? hor? DI-CAL] nown [IF YE known [IF YE	Image: Constraint of the second se	ng Physic iials: Yes S? Yes Yes Yes [IF YES] Do with your Yes Ves Yes Yes Yes Yes Yes Yes Yes Y	al Health Se	h: Birth Ye	t:		
EST 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16.	Behavioral Health Services E Substance Use Disorder Treatment IONS FOR ADULT 2] Have you been continuously hom Have you been homeless at least [IF YES] Was the combined length Do you receive any disability ben Do you consider yourself to have you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Substance Use Disorder Have you ever served in the U.S. Have you ever been a victim of d Did you ever live in foster care or Have you ever been convicted of Have you ever been convicted of Have you ever been bankrupt? Do you have health insurance? [I Do you have pets? Yes	Armed Forces to the National omestic violer a misdemean a felony?	rvices F east 1 year ccasions in heless at lea AS SSI OR S heone else No s? al Guard or nce? he? hor? DI-CAL] nown [IF YE known [IF YE	Image: Constraint of the second se	ng Physic iials: Yes S? Yes Yes Yes [IF YES] Do with your Yes Ves Yes Yes Yes Yes Yes Yes Yes Y	al Health Se	h: Birth Ye	t:		

2017 40	olo H	Iomeless Count	SH	ELTERED (J	lanuary 23, 20
Agency	/:			Prog	ram:				
Prograr Locatio		pe: Emergency Shelter T		0	odland	Rural/Uninco	orporated Yold	o 🗌 Other:	
few r		JCE YOURSELF]: Hello, my name is ents, is confidential, and will help reds?	-	-	sources. Ma	y I ask you a	a few questi	ons about y	•
1. ł	Have	you already taken this survey in t	he last few d	ays?	Yes	No [IF YE	S, STOP SUR	VEY]	
2. ۱	What	brought you to Yolo County? [MA	ARK ONE; MC	OST APPLICA	BLE ANSWE	R ONLY]			
[🗌 Gr	ew Up Here 🗌 Family Here 🗌 Fr	riends Here	Good Soci	al Services	Affordable	e Housing	Other:	
		long have you lived in Yolo County	-						
		ss than 1 Year 🔲 1-3 Years 🗌 4-6							
		e did you live immediately prior to	-	-					-
	City/R	egion:				State:			
I	Initials	are your initials, birth month, and s: Birth Month: ou and everyone in your househo	Birth Year:		Yes [No			
6. /	Initials Are yo How I	s: Birth Month:	Birth Year: Id under age ing you)? [Th	25? IE ANSWERS	S IN B SHOU	LD TOTAL T			_
6. /	Initials Are yo How I	s: Birth Month: ou and everyone in your househo many people live with you (includ	Birth Year: Id under age ing you)? [Th	25? IE ANSWERS	S IN B SHOU	LD TOTAL T			_
6. / 7. H	Initials Are y How I A. Tota 8.	s: Birth Month: ou and everyone in your househol many people live with you (includ al Number of Persons: B Initials	Birth Year: Id under age ing you)? [TH B1. Age 25 or (25? 1E ANSWERS Dider:	S IN B SHOU B2.			B3. Under	18:
6. / 7. H	Are y How n A. Tota 8.	s: Birth Month: ou and everyone in your househol many people live with you (includ al Number of Persons: E Initials Age	Birth Year: Id under age ing you)? [TH B1. Age 25 or (25? 1E ANSWERS Dider:	S IN B SHOU B2.			B3. Under	18:
6. / 7. H	Are y How n A. Tota 8.	s: Birth Month: ou and everyone in your househol many people live with you (includ al Number of Persons: B Initials	Birth Year: Id under age ing you)? [TH B1. Age 25 or (25? 1E ANSWERS Dider:	S IN B SHOU B2.			B3. Under	18:
6. / 7. H	Are y How n A. Tota 8.	s: Birth Month: ou and everyone in your househol many people live with you (includ al Number of Persons: E Initials Age Gender Female Male	Birth Year: Id under age ing you)? [TH B1. Age 25 or (25? 1E ANSWERS Dider:	S IN B SHOU B2.			B3. Under	18:
1 6. / 7. H	Are y How n A. Tota 8.	s: Birth Month: ou and everyone in your househol many people live with you (includ al Number of Persons: E Initials Age Gender Female	Birth Year: Id under age ing you)? [TH B1. Age 25 or (25? 1E ANSWERS Dider:	S IN B SHOU B2.			B3. Under	18:
1 6. / 7. H	Are y Are y How n A. Tota 8.	s: Birth Month: ou and everyone in your househol many people live with you (includ al Number of Persons: E Initials Age Gender Female Male Transgender: Male to Female	Birth Year: Id under age ing you)? [TH B1. Age 25 or (25? 1E ANSWERS Dider:	S IN B SHOU B2.			B3. Under	18:
1 6. / 7. H	Initials Are y How I A. Tota 8. 1 9. 4 10. 1	s: Birth Month: ou and everyone in your househol many people live with you (includ al Number of Persons: E Initials Age Gender Female Male Transgender: Male to Female Transgender: Female to Male Doesn't Identify Race [CHECK ALL THAT APPLY]	Birth Year: Id under age ing you)? [TH B1. Age 25 or (25? 1E ANSWERS Dider:	S IN B SHOU B2.			B3. Under	18:
1 6. / 7. H	Initials Are y How I A. Tota 8. 1 9. 4 10. 1	s: Birth Month: ou and everyone in your househol many people live with you (includ al Number of Persons: E Initials Age Gender Female Male Transgender: Male to Female Transgender: Female to Male Doesn't Identify	Birth Year: Id under age ing you)? [TH B1. Age 25 or (25? 1E ANSWERS Dider:	S IN B SHOU B2.			B3. Under	18:
1 6. / 7. H	Initials Are y How I A. Tota 8. 1 9. 4 10. 1	s: Birth Month: ou and everyone in your househol many people live with you (includ al Number of Persons: E Initials Age Gender Female Male Transgender: Male to Female Transgender: Female to Male Doesn't Identify Race [CHECK ALL THAT APPLY] White Black or African American Asian	Birth Year: Id under age ing you)? [TH B1. Age 25 or (25? 1E ANSWERS Dider:	S IN B SHOU B2.			B3. Under	18:
1 6. / 7. H	Initials Are y How I A. Tota 8. 1 9. 4 10. 1	s: Birth Month: ou and everyone in your househol many people live with you (includ al Number of Persons: E Initials Age Gender Female Male Transgender: Male to Female Transgender: Female to Male Doesn't Identify Race [CHECK ALL THAT APPLY] White Black or African American	Birth Year: Id under age ing you)? [TH B1. Age 25 or (25? 1E ANSWERS Dider:	S IN B SHOU B2.			B3. Under	18:
1 6. / 7. H	Initials Are y How i A. Tota 8. 9. 10. 11. 12.	s: Birth Month: ou and everyone in your househol many people live with you (includ al Number of Persons: E Initials Age Gender Female Male Transgender: Male to Female Transgender: Female to Male Doesn't Identify Race [CHECK ALL THAT APPLY] White Black or African American Asian American Indian/Alaska Native Native Hawaiian/Pacific Islander Ethnicity	Birth Year: Id under age ing you)? [TH B1. Age 25 or (25? 1E ANSWERS Dider:	S IN B SHOU B2.			B3. Under	18:
1 6. / 7. H	Initials Are y How i A. Tota 8. 9. 10. 11. 12.	s: Birth Month: ou and everyone in your househol many people live with you (includ al Number of Persons: E Initials Age Gender Female Male Transgender: Male to Female Transgender: Female to Male Doesn't Identify Race [CHECK ALL THAT APPLY] White Black or African American Asian American Indian/Alaska Native Native Hawaiian/Pacific Islander	Birth Year: Id under age ing you)? [TH B1. Age 25 or (25? 1E ANSWERS Dider:	S IN B SHOU B2.			B3. Under	18:

2017 Yolo Homeless Count

SHELTERED COUNT

[QUEST	IONS FOR ADULT 1]			Initia	ls: E	Birth Month	: Birth Yea	ar:		
1.	Have you been continuously home	eless for at le	east 1 year?		🗌 Yes	🗌 No 🛛	Unknown			
2.	Have you been homeless at least 4	4 separate oc	casions in t	he last 3 years?	🗌 Yes	🗌 No 🛛	Unknown			
3.	[IF YES] Was the combined length	of time hom	eless at lea	st 12 months?	🗌 Yes	🗌 No 🛛	Unknown			
4.	Do you receive any disability bene	efits? [SUCH /	AS SSI OR S	SDI]	🗌 Yes	🗌 No 🛛	Unknown			
5.	Do you consider yourself to have	or has som	eone else	told you that		es this sev	erely interfere			
	 Do you consider yourself to have, or has someone else told you that you have any of the following: [IF YES] Does this severely interfere with your life? 									
		Yes	No	Observation	Yes	No	Observation			
	Developmental Disability	105		Observation	105	110	observation			
	HIV/AIDS									
	Post-Traumatic Stress Disorder									
	Physical Illness or Disability									
	Serious Mental Illness			<u> </u>			Y N			
	Substance Use Disorder			□ Y □ N			□ Y □ N			
6.	Have you ever served in the U.S. A	Armed Forces	;?		🗌 Yes	🗌 No 🛛	Unknown			
7.	Have you ever been activated into	the Nationa	I Guard or	Reserve?	🗌 Yes	🗌 No 🛛	Unknown			
8.	Have you ever been a victim of do	mestic viole	nce?		🗌 Yes	🗌 No 🛛	Unknown			
9.	Did you ever live in foster care or	a group hom	e?		🗌 Yes	🗌 No 🛛	Unknown			
10.	Have you ever been convicted of a	a misdemean	or?		🗌 Yes	🗌 No 🛛	Unknown			
11.	Have you ever been convicted of a	a felony?			🗌 Yes	🗌 No 🛛	Unknown			
12.	Have you ever been evicted?				🗌 Yes	🗌 No 🛛	Unknown			
13.	Have you ever been bankrupt?				🗌 Yes	🗌 No 🛛	Unknown			
14.	Do you have health insurance? [IN	ICLUDES MEI	DI-CAL]		🗌 Yes	🗌 No 🛛	Unknown			
15.	Do you have income? 🗌 Yes	No 🗌 Unki	nown [IF YES	Source and an	nount? Source	ce:	_ Monthly Amount:			
16.	Do you have pets?	No 🗌 Unk	nown <mark>[IF YE</mark>	5] Type and how	/ many? Type	2:	Number	:		
17.	Do you desire any of the following	services? [N	/IARK ALL T	HAT APPLY]						
	🗌 Behavioral Health Services 🛛 Er	nployment Ser	vices 🗌 Pe	ermanent Housing	g 🗌 Physica	al Health Ser	rvices			
				-						
-	IONS FOR ADULT 2]						: Birth Yea	ar:		
1.	IONS FOR ADULT 2] Have you been continuously home	eless for at le	east 1 year?		Yes	□ No [Unknown	ar:		
1. 2.	IONS FOR ADULT 2] Have you been continuously home Have you been homeless at least 4	eless for at le 4 separate oc	east 1 year? ccasions in t	he last 3 years?	☐ Yes ☐ Yes	□ No [□ No [Unknown Unknown	ar:		
1. 2. 3.	IONS FOR ADULT 2] Have you been continuously home Have you been homeless at least 4 [IF YES] Was the combined length	eless for at le 4 separate oc of time hom	east 1 year? ccasions in t eless at lea	he last 3 years? st 12 months?	Yes Yes Yes	□ No [□ No [□ No [Unknown Unknown Unknown	ar:		
1. 2. 3. 4.	IONS FOR ADULT 2] Have you been continuously home Have you been homeless at least 4 [IF YES] Was the combined length Do you receive any disability bene	eless for at le 4 separate oc of time hom fits? [SUCH /	east 1 year? ccasions in t eless at lea AS SSI OR SS	he last 3 years? st 12 months? SDI]	Yes Yes Yes Yes	□ No [□ No [□ No [□ No [Unknown Unknown Unknown Unknown	ar:		
1. 2. 3.	IONS FOR ADULT 2] Have you been continuously home Have you been homeless at least 4 [IF YES] Was the combined length Do you receive any disability bene Do you consider yourself to have	eless for at le 4 separate oc of time hom fits? [SUCH / e, or has som	east 1 year? ccasions in t eless at lea AS SSI OR SS	he last 3 years? st 12 months? SDI]	☐ Yes ☐ Yes ☐ Yes ☐ Yes [IF YES] Do	□ No [□ No [□ No [□ No [es this sev	Unknown Unknown Unknown	ar:		
1. 2. 3. 4.	IONS FOR ADULT 2] Have you been continuously home Have you been homeless at least 4 [IF YES] Was the combined length Do you receive any disability bene	eless for at le 4 separate oc of time hom fits? [SUCH / e, or has som	east 1 year? ccasions in t eless at lea AS SSI OR SS	he last 3 years? st 12 months? SDI]	Yes Yes Yes Yes	□ No [□ No [□ No [□ No [es this sev	Unknown Unknown Unknown Unknown	ar:		
1. 2. 3. 4.	IONS FOR ADULT 2] Have you been continuously home Have you been homeless at least 4 [IF YES] Was the combined length Do you receive any disability bene Do you consider yourself to have you have any of the following:	eless for at le 4 separate oc of time hom fits? [SUCH / e, or has som	east 1 year? ccasions in t eless at lea AS SSI OR S	he last 3 years? st 12 months? SDI]	☐ Yes ☐ Yes ☐ Yes ☐ Yes [IF YES] Do	□ No [□ No [□ No [□ No [es this sev	Unknown Unknown Unknown Unknown	ar:		
1. 2. 3. 4.	IONS FOR ADULT 2] Have you been continuously home Have you been homeless at least 4 [IF YES] Was the combined length Do you receive any disability bene Do you consider yourself to have you have any of the following: Developmental Disability	eless for at le 4 separate oc of time hom fits? [SUCH / e, or has som	east 1 year? ccasions in t eless at lea AS SSI OR SS neone else t	he last 3 years? st 12 months? SDI] old you that	Yes Yes Yes Yes [IF YES] Do with your l	□ No [□ No [□ No [□ No [es this sev	Unknown Unknown Unknown Unknown	ar:		
1. 2. 3. 4.	IONS FOR ADULT 2] Have you been continuously home Have you been homeless at least 4 [IF YES] Was the combined length Do you receive any disability bene Do you consider yourself to have you have any of the following: Developmental Disability HIV/AIDS	eless for at le 4 separate oc of time hom fits? [SUCH / e, or has som	east 1 year? ccasions in t eless at lea AS SSI OR SS neone else t	he last 3 years? st 12 months? SDI] old you that	Yes Yes Yes Yes [IF YES] Do with your l	□ No [□ No [□ No [□ No [es this sev	Unknown Unknown Unknown Unknown	ar:		
1. 2. 3. 4.	IONS FOR ADULT 2] Have you been continuously home Have you been homeless at least 4 [IF YES] Was the combined length Do you receive any disability bene Do you consider yourself to have you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder	eless for at le 4 separate oc of time hom fits? [SUCH / e, or has som	east 1 year? ccasions in t eless at lea AS SSI OR SS neone else t	the last 3 years? st 12 months? DI] old you that Observation	Yes Yes Yes Yes [IF YES] Do with your l	□ No [□ No [□ No [□ No [es this sev	Unknown Unknown Unknown Unknown Onknown Cerely interfere Observation			
1. 2. 3. 4.	IONS FOR ADULT 2] Have you been continuously home Have you been homeless at least 4 [IF YES] Was the combined length Do you receive any disability bene Do you consider yourself to have you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability	eless for at le 4 separate oc of time hom fits? [SUCH / e, or has som	east 1 year? ccasions in t eless at lea AS SSI OR SS neone else t	the last 3 years? st 12 months? SDI] old you that Observation	Yes Yes Yes Yes [IF YES] Do with your l	□ No [□ No [□ No [□ No [es this sev	Unknown Unknown Unknown Unknown Observation			
1. 2. 3. 4.	IONS FOR ADULT 2] Have you been continuously home Have you been homeless at least 4 [IF YES] Was the combined length Do you receive any disability bene Do you consider yourself to have you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Serious Mental Illness	eless for at le 4 separate oc of time hom fits? [SUCH / e, or has som	east 1 year? ccasions in t eless at lea AS SSI OR SS neone else t	the last 3 years? st 12 months? SDI] old you that Observation	Yes Yes Yes Yes [IF YES] Do with your l	□ No [□ No [□ No [□ No [es this sev	Unknown Unknown Unknown Unknown Observation			
1. 2. 3. 4. 5.	IONS FOR ADULT 2] Have you been continuously home Have you been homeless at least 4 [IF YES] Was the combined length Do you receive any disability bene Do you consider yourself to have you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Serious Mental Illness Substance Use Disorder	eless for at le 4 separate oc of time hom fits? [SUCH / e, or has som Yes	east 1 year? ccasions in t eless at lea AS SSI OR SS neone else t No	the last 3 years? st 12 months? SDI] old you that Observation	Yes Yes Yes Yes IF YES Do with your I Yes	□ No [□ No [□ No [□ No [es this sev ife? No	Unknown Unknown Unknown Unknown Observation Observation Unknown Unknow			
1. 2. 3. 4. 5.	IONS FOR ADULT 2] Have you been continuously home Have you been homeless at least 4 [IF YES] Was the combined length Do you receive any disability bene Do you consider yourself to have you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Serious Mental Illness Substance Use Disorder Have you ever served in the U.S. A	eless for at le 4 separate oc of time hom fits? [SUCH / e, or has som Yes Yes	east 1 year? ccasions in t eless at lea AS SSI OR SS neone else t No	he last 3 years? st 12 months? SDI] old you that Observation U Y N Y N Y N Y N	Yes Yes Yes Yes Yes Ves Ves Yes Yes	□ No [□ No [□ No [□ No [es this sev ife? No	Unknown Unknown Unknown Unknown Observation			
1. 2. 3. 4. 5. 6. 7.	IONS FOR ADULT 2] Have you been continuously home Have you been homeless at least 4 [IF YES] Was the combined length Do you receive any disability bene Do you consider yourself to have you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Serious Mental Illness Substance Use Disorder Have you ever served in the U.S. A	eless for at le 4 separate or of time hom fits? [SUCH / e, or has som Yes Yes wrmed Forces o the Nationa	east 1 year? ccasions in t eless at lea AS SSI OR SS eone else t No	he last 3 years? st 12 months? SDI] old you that Observation U Y N Y N Y N Y N	☐ Yes ☐ Yes ☐ Yes ☐ Yes [IF YES] Do with your I Yes ☐ Yes ☐ Yes	□ No [□ No [□ No [□ No [es this sev ife? No [□ No [□ No [□ No [Unknown Unknown Unknown Unknown Cobservation			
1. 2. 3. 4. 5. 6. 7. 8.	IONS FOR ADULT 2] Have you been continuously home Have you been homeless at least 4 [IF YES] Was the combined length Do you receive any disability bene Do you consider yourself to have you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Serious Mental Illness Substance Use Disorder Have you ever served in the U.S. A Have you ever been activated into	eless for at le 4 separate oc of time hom efits? [SUCH / e, or has som Yes Yes Yes the Nationa mestic viole	east 1 year? ccasions in t eless at lea AS SSI OR SS eone else t No No	he last 3 years? st 12 months? SDI] old you that Observation U Y N Y N Y N Y N	Yes	□ No [□ No [□ No [□ No [es this sev ife? No [□ No [□ No [□ No [Unknown Unknown Unknown Unknown Cerely interfere Observation UNKNOWN UNKNOWN UNKNOWN UNKNOWN UNKNOWN			
1. 2. 3. 4. 5. 5. 6. 7. 8. 9.	IONS FOR ADULT 2] Have you been continuously home Have you been homeless at least 4 [IF YES] Was the combined length Do you receive any disability bene Do you consider yourself to have you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Serious Mental Illness Substance Use Disorder Have you ever served in the U.S. A Have you ever been activated into Have you ever been a victim of do Did you ever live in foster care or a	eless for at le 4 separate oc of time hom efits? [SUCH / e, or has som Yes Yes Yes the Nationa mestic violer a group hom	east 1 year? ccasions in t eless at lea AS SSI OR SS eone else t No No	he last 3 years? st 12 months? SDI] old you that Observation U Y N Y N Y N Y N	Yes	No [No [No [No [No [es this sev ife? No [Unknown Unknown Unknown Unknown Observation			
1. 2. 3. 4. 5. 5. 6. 7. 8. 9. 10.	IONS FOR ADULT 2] Have you been continuously home Have you been homeless at least 4 [IF YES] Was the combined length Do you receive any disability bene Do you consider yourself to have you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Serious Mental Illness Substance Use Disorder Have you ever served in the U.S. A Have you ever been a victim of do Did you ever live in foster care or a Have you ever been convicted of a	eless for at le 4 separate oc of time hom efits? [SUCH / e, or has som Yes Yes Yes the Nationa mestic violer a group hom a misdemean	east 1 year? ccasions in t eless at lea AS SSI OR SS eone else t No No	he last 3 years? st 12 months? SDI] old you that Observation U Y N Y N Y N Y N	Yes Yes Yes Yes Yes IF YES] Do with your I Yes	□ No [□ No [□ No [□ No [■ No [■ No [□ No [Unknown Unknown Unknown Unknown Unknown			
1. 2. 3. 4. 5. 5. 6. 7. 8. 9. 10. 11.	IONS FOR ADULT 2] Have you been continuously home Have you been homeless at least 4 [IF YES] Was the combined length Do you receive any disability bene Do you consider yourself to have you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Serious Mental Illness Substance Use Disorder Have you ever served in the U.S. A Have you ever been a victim of do Did you ever live in foster care or a Have you ever been convicted of a Have you ever been convicted of a	eless for at le 4 separate oc of time hom efits? [SUCH / e, or has som Yes Yes Yes the Nationa mestic violer a group hom a misdemean	east 1 year? ccasions in t eless at lea AS SSI OR SS eone else t No No	he last 3 years? st 12 months? SDI] old you that Observation U Y N Y N Y N Y N	Yes	No [No [No [No [No [es this sev ife? No [Unknown Unknown Unknown Unknown Unknown Unknown Y N Y N Unknown Unknown Unknown Unknown Unknown Unknown			
1. 2. 3. 4. 5. 5. 6. 7. 8. 9. 10. 11. 12.	IONS FOR ADULT 2] Have you been continuously home Have you been homeless at least 4 [IF YES] Was the combined length Do you receive any disability bene Do you consider yourself to have you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Serious Mental Illness Substance Use Disorder Have you ever served in the U.S. A Have you ever been a victim of do Did you ever live in foster care or Have you ever been convicted of a Have you ever been convicted of a Have you ever been evicted?	eless for at le 4 separate oc of time hom efits? [SUCH / e, or has som Yes Yes Yes the Nationa mestic violer a group hom a misdemean	east 1 year? ccasions in t eless at lea AS SSI OR SS eone else t No No	he last 3 years? st 12 months? SDI] old you that Observation U Y N Y N Y N Y N	Yes	No [No [No [No [No [es this sev ife? No [Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown	ar:		
1. 2. 3. 4. 5. 5. 6. 7. 8. 9. 10. 11. 12. 13.	IONS FOR ADULT 2] Have you been continuously home Have you been homeless at least 4 [IF YES] Was the combined length Do you receive any disability bene Do you consider yourself to have you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Serious Mental Illness Substance Use Disorder Have you ever served in the U.S. A Have you ever been a victim of do Did you ever live in foster care or Have you ever been convicted of a Have you ever been convicted of a Have you ever been evicted? Have you ever been bankrupt?	eless for at le 4 separate of of time hom fits? [SUCH / e, or has som Yes Yes the National mestic violer a group hom a misdemean a felony?	east 1 year? ccasions in t eless at lea AS SSI OR SS eone else t No S? al Guard or I nce? e? e?	he last 3 years? st 12 months? SDI] old you that Observation U Y N Y N Y N Y N	Yes	No [No [No [No [es this sev [ife? No No [Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown			
1. 2. 3. 4. 5. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.	IONS FOR ADULT 2] Have you been continuously home Have you been homeless at least 4 [IF YES] Was the combined length Do you receive any disability bene Do you consider yourself to have you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Serious Mental Illness Substance Use Disorder Have you ever served in the U.S. A Have you ever been a victim of do Did you ever live in foster care or Have you ever been convicted of a Have you ever been convicted of a Have you ever been evicted? Have you ever been bankrupt? Do you have health insurance? [IN	eless for at le 4 separate of of time hom efits? [SUCH / e, or has som Yes Yes Armed Forces o the National mestic violer a group hom a misdemean a felony? ICLUDES MEI	east 1 year? ccasions in t eless at lea AS SSI OR SS eone else t No S? al Guard or I nce? e? hor? DI-CAL]	the last 3 years? st 12 months? SDI] old you that Observation Y N Y N Y N Reserve?	Yes	No [No [No [No [es this sev [ife? No No [Unknown Unknown Unknown Unknown Cerely interfere			
1. 2. 3. 4. 5. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 18.	IONS FOR ADULT 2] Have you been continuously home Have you been homeless at least 4 [IF YES] Was the combined length Do you receive any disability bene Do you consider yourself to have you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Substance Use Disorder Have you ever served in the U.S. A Have you ever been a victim of do Did you ever live in foster care or a Have you ever been convicted of a Have you ever been served? Have you ever been bankrupt? Do you have health insurance? [IN Do you have income? Yes	eless for at le 4 separate oc of time hom efits? [SUCH / e, or has som Yes Yes Yes Armed Forcess the National mestic violer a group hom a misdemean a felony? ICLUDES MEI No Unkt	east 1 year? ccasions in t eless at lea AS SSI OR SS neone else t No S? Al Guard or I nce? e? hor? DI-CAL] nown [IF YES	the last 3 years? st 12 months? SDI] old you that Observation Y N Y N Y N Reserve? Source and an	Yes Yes	No [No [No [No [es this sev [ife? No No [No [Unknown Unknown Unknown Unknown Perely interfere Observation UNKNOWN			
1. 2. 3. 4. 5. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 13. 14. 15.	IONS FOR ADULT 2] Have you been continuously home Have you been homeless at least 4 [IF YES] Was the combined length Do you receive any disability bene Do you consider yourself to have you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Substance Use Disorder Have you ever served in the U.S. A Have you ever been a victim of do Did you ever been convicted of a Have you ever been convicted of a Have you ever been bankrupt? Do you have health insurance? [IN Do you have pets? Yes	eless for at le 4 separate oc of time hom efits? [SUCH / e, or has som Yes Yes Yes Armed Forces the National mestic violer a group hom a misdemean a felony? ICLUDES MEI No Unkr No Unkr	east 1 year? ccasions in t eless at lea AS SSI OR SS eone else t No No S? al Guard or I nce? e? or? DI-CAL] nown [IF YES nown [IF YES	She last 3 years? st 12 months? SDI] old you that Observation Y Y Y Y N Reserve? 6] Source and an and and and and and and and and	Yes Yes	No [No [No [No [es this sev [ife? No No [No [Unknown Unknown Unknown Unknown Perely interfere Observation UNKNOWN			
1. 2. 3. 4. 5. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 13. 14. 15.	IONS FOR ADULT 2] Have you been continuously home Have you been homeless at least 4 [IF YES] Was the combined length Do you receive any disability bene Do you consider yourself to have you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Serious Mental Illness Substance Use Disorder Have you ever served in the U.S. A Have you ever been a victim of do Did you ever live in foster care or Have you ever been convicted of a Have you ever been sonvicted of a Have you ever been bankrupt? Do you have health insurance? [IN Do you have pets? Yes Do you desire any of the following:	eless for at lease for time home fits? [SUCH // e, or has some set is constant of the National mestic violer a group home a misdemean a felony?	east 1 year? ccasions in t eless at lea AS SSI OR SS eone else t No S? al Guard or I nce? e? e? e? or? DI-CAL] nown [IF YES Nown [IF YES	She last 3 years? st 12 months? SDI] old you that Observation Y Y Y Y Y N Y Y N Y Y N Y N Y N	Yes Yes	No [No [No [No [es this sev [ife? No No [See:	Unknown Unknown Unknown Observation Observation Unknown Nunknown Nunknown Unknown Nunknown			
1. 2. 3. 4. 5. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 13. 14. 15.	IONS FOR ADULT 2] Have you been continuously home Have you been homeless at least 4 [IF YES] Was the combined length Do you receive any disability bene Do you consider yourself to have you have any of the following: Developmental Disability HIV/AIDS Post-Traumatic Stress Disorder Physical Illness or Disability Substance Use Disorder Have you ever served in the U.S. A Have you ever been a victim of do Did you ever been convicted of a Have you ever been convicted of a Have you ever been bankrupt? Do you have health insurance? [IN Do you have pets? Yes	eless for at le 4 separate of of time hom efits? [SUCH / e, or has som Yes Yes Yes the National mestic violer a group hom a misdemean a felony? ICLUDES MEI No Unkr No Unkr Services? [N nployment Ser	east 1 year? ccasions in t eless at lea AS SSI OR SS neone else t No S? al Guard or I nce? e? hor? DI-CAL] nown [IF YES NARK ALL T rvices P	She last 3 years? st 12 months? SDI] old you that Observation Y Y Y Y Y N Y Y N Y Y N Y N Y N	Yes Yes	No [No [No [No [es this sev [ife? No No [See:	Unknown Unknown Unknown Observation Observation Unknown Nunknown Nunknown Unknown Nunknown			

29

2017 Yolo Homeless Cour

VISUAL COUNT

[INSTRUCTIONS]: Complete **one form per individual or family** that you believe is homeless. Complete the visual count information based on your observation, **ONLY** for individuals that are unsafe to approach or are unwilling to participate in the survey.

1. Date of Interview:	1/24	1/25 1/26	1/27	1/28] 1/29 🔲 1/30	
2. General Location:	Davis	West Sacramento	U Winters	U Woodland	Rural/Unincorporated Yolo	Unknown
3. Details about Location	:					

	Under 18	18-24	25-55	56+
Male				
Female				
Gender Unknown				

6. Describe if the person(s) has any pets: ______

2017 Yolo Homeless Count		VISUAL COUNT	January 23, 2017

[INSTRUCTIONS]: Complete **one form per individual or family** that you believe is homeless. Complete the visual count information based on your observation, **ONLY** for individuals that are unsafe to approach or are unwilling to participate in the survey.

1. Date of Interview:	1/24	1/25 1/26	1/27	1/28	1/29 🗌 1/30	
2. General Location:	Davis	Uwest Sacramento	Winters	U Woodland	Rural/Unincorporated Yolo	Unknown
3. Details about Location	:					

4.	[RECORD THE NUMBER OF PEOPLE BY AGE AND GENDER]							
		Under 18	18-24	25-55	56+			
	Male							
	Female							
	Gender Unknown							

5. Describe the appearance of the person(s): ______

6. Describe if the person(s) has any pets: _____