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| LOCAL COMMISSIONERS MEMORANDUM |
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Transmittal No: 90 LCM-113

Date: July 25, 1990

Division: Income Maintenance

TO: Local District Commissioners

SUBJECT: August 1990 Homeless Survey

ATTACHMENTS: August 1990 Homeless Survey - available on-line.

The August 1990 Homeless Survey will collect updated information on homeless populations serviced by the local social services districts located outside of New York City. It plays an important role in the development of homeless policy and procedure for this Department.

The method of identifying the homeless population for this survey is different from previous surveys in that we have requested a one day count of homeless families and singles, as well as other related data. This method will provide us with an accurate count of the existing homeless population as serviced by each local social services district outside of New York City.

We are currently considering the development of an automated homeless survey system. The project would require the usage of dBase III Plus, and all necessary software and supplemental information would be provided by this Division. A pre-programmed floppy disk would be provided to each local social services district. After the needed information has been entered and stored, the floppy would be returned to this Department. Automation of the survey will provide for enhanced statistical compilation and a more efficient means of information storage. The last question on this survey will enable a local social services district to indicate whether or not it would be interested in participating in the automated homeless survey program.

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Any questions regarding this survey should be directed to Jim Karins at 1-800-342-3715, extension 3-7992. Please complete and return the survey by September 1, 1990 to:

Jim Karins
New York State Department of Social Services
Division of Income Maintenance
Floor 7, Section C
40 North Pearl Street
Albany, New York 12243

As a final note, the results of the October 1989 survey are available upon request. If you would like a copy of our report please contact Mr. Karins.

Thank you for your anticipated cooperation.

Oscar R. Best, Jr.
Deputy Commissioner
Division of Income Maintenance

AUGUST 1990 HOMELESS SURVEY
Division of Income Maintenance

County _____ Agency Contact _____

Survey Date _____ Phone Number _____

For the August 1990 Survey we are requesting a one day survey of homelessness be conducted during the week of August 6-10. Specifically, we want you to select one day during this designated week to survey and count the homeless families and singles whom you are temporarily housing on that day. Please indicate which day was used on the Survey Date line. If you are unable to use this method, please indicate what method you did use in providing homeless statistics. Please use your own discretion as to which day to choose during this week. In all applicable questions, please be specific when referring to the "other" category.

1. Total number of families in temporary housing _____.

- Number of adults _____.
- Number of children under 5 _____; age 5 to 9 _____; 10 and over _____.
- Number of families in hotels/motels _____.
- Number of families in shelters _____.
- Number of families in emergency apartments _____.
- Number of families in temporary room and board situations _____.
- Number of families in other temporary accommodations (specify type) _____
_____.

2. Total number of single individuals in temporary housing _____.

- Number of men _____.
- Number of women _____.
- Number in hotels/motels _____.
- Number in shelters _____.
- Number in emergency apartments _____.
- Number in temporary room and board situations _____.
- Number in other temporary accommodations (specify type) _____

_____.

3. Number of families entering temporary housing during the last month prior to the survey month _____.

Number of families leaving temporary housing during the last month prior to the survey month _____.

4. Number of single individuals entering temporary housing during the last month prior to the survey month _____.

Number of single individuals leaving temporary housing during the last month prior to the survey month _____.

5. For those families and singles leaving temporary housing in numbers 3 and 4 above, please indicate the average length of stay (in days) for the following appropriate categories:

<u>Type of Housing</u>	<u>Families</u>	<u>Individuals</u>
Hotels/Motels	_____	_____
Shelters	_____	_____
Emergency Apartments	_____	_____
Temporary Room and Board	_____	_____
Other (specify)	_____	_____

- 6A. Of the families in temporary housing during the day of the survey how many have previously utilized your temporary housing system in the last 6 months? _____

B. How many singles in the last 6 months? _____

7. Using the totals in questions 1 and 2, please indicate the reason(s) for families and single individuals becoming homeless and entering your temporary housing system. For each appropriate category please provide the corresponding number of families and individuals for that category. The number of families and singles should equal the totals given in questions 1 and 2.

<u>Reason</u>	<u>Number of Families</u>	<u>Number of Single Individuals</u>
A. Fire	_____	_____
B. Domestic Violence	_____	_____
C. Code Violations	_____	_____
D. Eviction by Landlord	_____	_____
E. Eviction by Primary Tenant	_____	_____
F. Transiency	_____	_____
G. Relocation from Outside County	_____	_____
H. Release from Institution	_____	_____
I. Other (specify)	_____	_____

8. For those homeless families and singles evicted by the landlord in number 7D above, please provide appropriate totals within the following sub-categories. To avoid duplication, please indicate the one most prominent reason which would be applicable.

<u>Reasons</u>	<u>Families</u>	<u>Individuals</u>
Non-payment of rent	_____	_____
Property sale or conversion	_____	_____
Property damages	_____	_____
Other (specify)	_____	_____
Unknown	_____	_____

9. For those homeless families and singles evicted by the primary tenant in number 7E above, please provide appropriate totals within the following sub-categories:

<u>Reasons</u>	<u>Families</u>	<u>Individuals</u>
Overcrowded conditions	_____	_____
Lack of contributions	_____	_____
Primary tenant's landlord	_____	_____
Other (specify)	_____	_____
Unknown	_____	_____

10. What is the vacancy rate in your county for permanent housing? Please indicate from what period of time this information is derived.

Owner occupied _____ Rental _____ Time Period _____

11. Using the total homeless families and singles from questions 1 and 2, please indicate the number of families, total family members, and singles which your agency has identified as possessing one or more of the characteristics below. For example, how many families had at least one member who was employed, or was identified as having drug/alcohol abuse problems, or both? If the answer to any category is zero, as in no families or singles have AIDS or are HIV positive, then please indicate zero. If you do not know or are not sure, then please indicate information not available (N/A).

	<u># of Families</u>	<u>Total Family Members</u>	<u># of Singles</u>
a. Currently Employed	_____	_____	_____
b. Have AIDS or Are HIV Positive	_____	_____	_____
c. Drug/Alcohol Abuse Problems	_____	_____	_____
d. Mental Health Problems	_____	_____	_____

- 12A. How many homeless families for the survey period have had at least one family member sanctioned in the:

last 6 months _____

How many total members of those families have been sanctioned in the:

last 6 months _____

B. How many of your homeless singles counted for the survey period have been sanctioned in the:

last 6 months _____

13A. Some counties are encountering problems with a segment of their homeless population who refuse to search for or accept permanent housing. For those total families and singles in questions 1 and 2 to whom this would apply, please indicate the types of problems you encounter and their frequency. For example, 15 problem families have not conducted a housing search. If possible, please differentiate between problem homeless families and singles, and provide numbers for each. To avoid duplication, please indicate the one most prominent problem which would be applicable.

1. no permanent housing search ___ family ___ single
2. permanent housing refusal ___ family ___ single
3. termination of temporary placement by the housing provider due to client induced problems ___ family ___ single
4. refusal to accept or transfer to a more appropriate temporary housing placement ___ family ___ single
5. other reasons: _____

B. What steps has your agency taken to address these problems?

C. What steps should NYSDSS take to address these problems?

14. What is the estimated average monthly rental cost in your county for the following:

	<u>Heated</u>	<u>Heat Not Included</u>
a. 1 bedroom apt.	_____	_____
b. 2 bedroom apt.	_____	_____
c. 3 bedroom apt.	_____	_____
d. 4 bedroom apt.	_____	_____

15. Using the totals from questions 1 and 2, please list the major geographical areas (city/town) of homeless population concentration within your district. Present location refers to where the homeless are temporarily housed now. Area of origin refers to any concentrated areas (city/town) from which the homeless came. If areas differ for families and singles, please indicate on a separate sheet of paper.

<u>Present Location</u>	<u>Area of Origin</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

16. Please list any initiatives being developed or currently underway in your county with regard to homelessness prevention, the provision of temporary housing and the creation of permanent housing. Please include any sources of funding which have been applied for or received in your county.

17. Would your agency be interested in participating in the future automated homeless survey program? Please provide any comments you may have regarding this program.

Yes _____ No _____ Undecided _____

Comments:
