CHALENG (Community Homelessness Assessment, Local Education and Networking Groups), Veteran Needs Assessment

OMB No. 2900-xxxx Estimated Burden: 5 minutes per respondent Expiration Date: xx/xx/xxxx

The Paperwork Reduction Act of 1995: This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 585 hours, or 5 minutes per respondent. This includes the time it will take to follow instructions, gather the necessary facts and respond to questions asked. The results of this needs assessment will lead to improvements in the quality of service delivery by helping to identify gaps in Homeless Program services, and designing new services to fill those gaps. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

VA Form 10-APR 2014

2015 CHALENG

Identification

| 1. In which branch of the armed services did you | Please only answer this question if you answered question #2 with | |
|---|---|--|
| serv of Army | "unsubsidized housing." | |
| O Navy | All other Veterans should skip question 2(c). | |
| Marine Corps | | |
| Air Force | (2c) Do you own or rent? | |
| O Coast Guard | Own O Rent | |
| her National Guard/Reserve | | |
| 2. WOre are you living now? | 3. What is your gender? | |
| O Literally Homeless (on streets, in shelter, car, etc.) | O Male O Female | |
| Emergency Housing | 4. What is your age? | |
| Transitional housing (Grant and per Diem housing, VA Domiciliary, or community contract housing) | $ \bigcirc \text{ Less than 25 } \bigcirc 45-60 \\ \bigcirc 25-34 & \bigcirc 61+ $ | |
| Permanent subsidized housing (including VASH and Section 8) | O 35-44 | |
| Unsubsidized housing (private apartment/house/condominium) | 5a. What race do you most strongly identify with? | |
| Please only answer these questions if you answered question #2 with "literally homeless." All other Veterans should skip questions 2(a) and 2(b). | American Indian or Alaskan Asian Black or African American | |
| (2a) Which of the following options best describes how long you have | Native Hawaiian or Other Pacific Islander White | |
| been homeless? | 5b. What ethnicity do you most strongly identify with? | |
| \bigcirc 0-3 months \bigcirc 4-6 months \bigcirc 7-12 months \bigcirc 13-24 months | O Non-Hispanic/Non-Latino O Don't Know | |
| O More than 24 months | O Hispanic/Latino | |
| (2b) Have you had four or more episodes of homelessness in the past three years? | 6. How many dependents under the age of 18 are residing with you? | |
| OYes ONo | $\bigcirc 0 \bigcirc 1 \bigcirc 2 \bigcirc 3 \bigcirc 4 \text{ or more}$ | |
| | 7. Are you currently enrolled in the VA? | |
| | | |
| | 8. Is your housing in any way at risk (do you have trouble making mortgage payments or are your housing plans uncertain?) | |
| | O Yes O No | |
| | 9. Do you live in a rural or frontier community? | |
| | | |

Based on your experience as a homeless or formerly homeless Veteran, please help us understand how well your needs are being met in the following:

Housing

| Mever Alwaye NA* | Male Veterans |
|---|------------------|
| O O O 1. Emergency/immediate Shelter | Never |
| O O O 2. Transitional Living Facility and Halfway House | |
| O O O 3. Long-term Permanent Housing | |
| O O O O 4. Registered Sex Offender Housing | |
| O O O 5. Affordable housing | |
| O O O 6. Emergency Housing for Families | |
| O O O 7. Landlord Relations and Tenancy | |
| O O O 8. Assisted living for the elderly | |
| O O O 9. Goods (Furniture and Housewares) for New Apartment Apartment | hncome/ |
| Trcatment Services | |
| | Never Al |
| Neve: Always Met N/A | |
| 🔘 🔘 🔘 🔘 1. Medical Services | |
| O O O O 2. Services for Emotional or Psychiatric Broblems | |
| O O O O 3. TB Testing and Treatment | |
| ○ ○ ○ ○ 4. Dental Care | |
| ○ ○ ○ ○ ○ 5. Detoxification from Substance | 000 |
| ○ ○ ○ ○ ○ 6. Substance Abuse Treatment | 000 |
| O O O 7. HIV/AIDS Testing and Treatment | 000 |
| ○ ○ ○ ○ 8. Hepatitis C Testing and Treatment | 000 |
| ○ ○ ○ ○ 9. Eye Care and Glasses | 000 |
| ○ ○ ○ ○ ○ 10. Personal Hygiene (shower, haircut, etc.) | 000 |
| ○ ○ ○ ○ 11. Medication Management | |
| ○ ○ ○ ○ ○ 12. Elder Healthcare and Resources | 000 |
| $\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$ 13. Health and Wellness** | 000 |
| ○ ○ ○ ○ 14. Treatment for Dual Diagnosis | 0000 |
| O O O O 15. Case Management | 0000 |
| 0 0 0 0 16. Parent Education | 0000 |
| ○ ○ ○ ○ ○ 17. Military Sexual Trauma | ***Transportatio |
| * N/A: non-applicable | |

(Treatment Services continued)

Women Only Questions: Please only answer these questions if you are a female. Male Veterans should skip questions 18 through 22 and move to the next section.

| Alwaya NA | Always NA |
|------------------|---|
| 000 | 18. Women's Specific Mental Health Providers |
| 000 | 🔿 🔿 19. Ob-Gyn Services |
| 000 | O O 20. Breastfeeding Information And Supplies |
| 000 | O O 21. Women's Specific Healthcare Provider Availability |
| $\sim \sim \sim$ | |

O O O 22. Domestic Violence Support Services

Income/Benefita Services.

| | Never Always N/A |
|---------------------|---|
| | O O 1. VA Disability/Pension |
| | ○ ○ ○ 2. Welfare Payments |
| r Psychiatric | 3. Supplemental Security Income (SSI) and Social Security |
| nt | O O O A. Money Managing |
| | ○ ○ ○ ○ 5. Food |
| tance | ○ ○ ○ ○ 6. Clothing |
| nent | ○ ○ ○ 7. Credit Counseling |
| eatment | O O O 8. Family Reconciliation Assistance |
| Freatment | ○ ○ ○ ○ 9. Social Networking |
| | 🔿 🔿 🔿 🔿 10. Move- In Assistance |
| ver, haircut, etc.) | ○ ○ ○ ○ 11. Utility Assistance |
| t | 🔿 🔿 🔿 🔿 12. Discharge Upgrade |
| esources | ○ ○ ○ ○ 13. Family and Marital Counseling |
| | ○ ○ ○ ○ 14. Transportation*** |
| Inosis | O O O 15. Child Care |
| | ○ ○ ○ ○ ○ 16. Basic Services (phone, voicemail, address) |
| | ○ ○ ○ ○ ○ 17. Financial Assistance to Prevent Eviction or Foreclosure |
| | ***Transportation: includes transportation for disabled Veterans and Veterans with dependent children |

**Health and Wellness: an overall approach to health and well being that emphasizes preventing illness and prolonging life through diet, exercise, exercise, and self care

Legal Assistance:

 Newer
 Awaye
 NA

 O
 O
 O
 1. Legal Assistance to Help Restore a Driver's License

 O
 O
 O
 O
 2. Financial Guardianship

 O
 O
 O
 O
 3. Help Getting Identification and Legal Documents

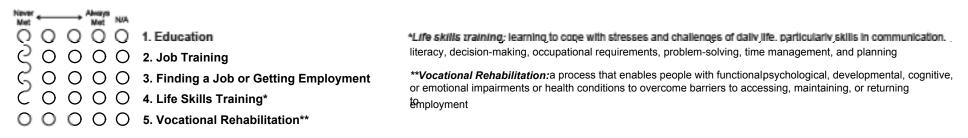
 O
 O
 O
 O
 A. Re-Entry Services for Incarcerated Veterans

 O
 O
 O
 O
 S. Legal Assistance for Child Support Issues

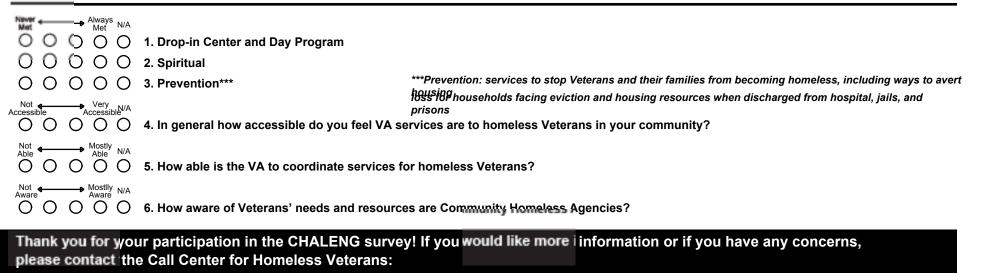
 O
 O
 O
 O
 Assistance for Outstanding Warrants and Fines

 O
 O
 O
 O
 T. Legal Assistance to Prevent Eviction and Foreclosure

Education/Job Services:



Community Partnerships:



http://www.va.gov/homeless/nationalcallcenter.asp | 1-877-4AID VET (1-877-424-3838)