2025 CHALENG Survey Veteran	OMB Control
2023 CHALLING Survey Veteran	Number: 2900-0843 Estimated Burden
	Avg: 6 minutes
	Expiration Date: XX/XX/20XX
	4. What is your age?
Identification: 1. In which branch of the armed services did you serve?	o Less than 25 o 55-64
o Army o Air Force	o 25-34
o Navy o Coast Guard	0 45-54 0 85+
o Marine Corps o National Guard/Reserve	0 43-34 0 031
o Space Force	
2. Where are you living now? O Homeless - sheltered (in shelter) O Homeless - unsheltered (on streets, public encampment, in car) O Emergency Housing O Transitional Housing (Grant and Per Diem housing, VA Domiciliary, or community contract housing O Permanent subsidized housing (including HUD-VASH and Section 8) O Unsubsidized housing (private apartment/house/condominium) Please only answer these questions if you answered question #2 with "Homeless." All other Veterans should skip questions 2(a) and 2(b). 2(a) Which of the following options best describes how long you have been homeless? O O-3 months O 13-24 months O 4-6 months O More than 24 months O 7-12 months 2(b) Have you had four or more episodes of homelessness in the past three years? O Yes O No	 5. What is your race and/or ethnicity? Select all that apply. American Indian or Alaska Native (For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.) Asian (For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.) Black or African American (For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.) Hispanic or Latino (For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.) Middle Eastern or North African (For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.) Native Hawaiian or Pacific Islander (For example, Native Hawaiian, Samoan, Chamorro, Tongan, Figian, Marshallese, etc.) White (For example, English, German, Irish, Italian, Polish, Scottish, etc.) 6. How many dependents under the age of 18 are residing with you? 0 0
o Female	7. Are you currently enrolled in the VA?
o Male	o Yes o No o Unsure
o Transgender, non-binary, or another gender	 Is your housing in any way at risk (do you have trouble making mortgage payments, or are your housing plans uncertain)? Yes No
	9. Do you live in a rural or frontier community?o Yeso No

Please tell us in your own words: What is the most important resource/service that could help end your homelessness now, or if you are formerly homeless, what is the most important resource that will prevent you from being homeless in the future?

Based on your experience as a Veteran experiencing homelessness or former homelessness, please help us understand how well your needs are being met. Within the past 3 months (or 90 days) how well are your needs being met in the following:

Never Met	Always Met	N/A	lousing
O	O O O	0 1	
Ö	0 0 0	0 2	
Ŏ	0 0 0	0 3	
Ō	0 0 0	0 4	
Ō	0 0 0	0 5	
O	0 0 0		Eviction Prevention Services
			. Preparation for Natural Disaster/ Extreme Emergency
		0 8	Assistance with safe firearms storage
Never Met	Always Met	N/A T	reatment Services
0	0 0 0	0 1	. Medical Services
0	0 0 0	O 2	. Services for Emotional or Psychiatric Problems
0	0 0 0		Substance Abuse Treatment
0	0 0 0	0 4	HIV/AIDS Testing and Treatment
0	0 0 0		Eye Care and Glasses
0	0 0 0		5. Personal Hygiene (shower, haircut, etc.)
0	0 0 0	O 7	
0	0 0 0	O 8	Complementary and Alternative Medicine (acupuncture, herbal medicine, meditation)
О	0 0 0		. Case Management
0	0 0 0	0 1	0. Military Sexual Trauma
0	0 0 0		1. Gender Specific Health Care Provider Availability
			2. Dental Care:
		H	low would you describe the health of your teeth and gums?
			O Excellent
			O Very good
			O Good
			O Fair
Never	Always	N/A	O Poor
Met	Met	- 11	ncome/Benefits Services
0	0 0 0		VA Disability/Pension
0	0 0 0		Supplemental Security Income (SSI) and Social Security Disability (SSD)
0	0 0 0		s. Money Management and Budgeting s. Food
0	0 0 0		5. Clothing
0	0 0 0		5. Family Reconciliation Assistance/Family Counseling
0	0 0 0		'. Move-In Assistance
ő	0 0 0	_	B. Utility Assistance
ő	0 0 0		Transportation
ő	0 0 0		0. Child Care

Never Met	←	→ Al	ways N	^ Legal Assistance				
0	0	0 0) (1. Legal Assistance to Help Restore a Driver's License				
0	0	0 () (· · · · · · · · · · · · · · · · · · ·				
0	O	0 () (O 3. Re-Entry Services for Incarcerated Veterans				
0	0	0 0) (4. Legal Assistance for Child Support Issues				
Ō	Ō	0 0		5. Legal Assistance for Outstanding Warrants and Fines				
Ō	Ö	0 0		6. Legal Assistance to Expunge a Criminal Record				
Ō	Ö	0 0		7. Legal Assistance for Credit Issues/Debt Collection/Bankruptcy				
o	Ö	o c		8. ADA issues with rental housing (i.e. ramps for wheelchair access, accommodation of service animals)				
Ō	Ö	0 0		9. Domestic Violence/Protection Orders				
Ō	Ō	0 0) 10. Tax Issues				
Ō	Ō	o d		11. Discharge Upgrade Appeals				
O	O	0 0		12. Family Law (i.e. divorce, child custody)				
Never Met	←		ways N					
О	0	0 0) (D 1. Education				
0	O	0 0		2. Job Training				
О	0	0 0		3. Finding a Job or Getting Employment				
0	0	0 (4. Vocational Rehabilitation (a process that enables people with functional, psychological, developmental, cognitive, or emotional impairments or				
				health conditions to overcome barriers to accessing, maintaining, or returning to employment)				
Yes	No	Do	n't C	igital Access				
		Kn						
0	0	Kn O		o you use the internet, at least occasionally?				
0	0			ow often do you access the Internet?				
0	0			ow often do you access the Internet? Never				
О	0			ow often do you access the Internet? Never At least once a day				
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VA Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0843, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 6 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov. Please refer to OMB Control No. 2900-0843 in any correspondence. Do not send your completed VA Form 10-10161 to this email address.

Privacy Notice: This information is collected under the authority of Title 38 U.S.C. 527. Although VA will not collect direct personally identifiable information about individuals and will not use a name or any other personal identifier to routinely retrieve records from the information collected, VA is collecting indirect personal information. The information collected will be stored on the VA Informatics and Computing Infrastructure (VINCI) platform, a secure data environment behind the VA firewall. All data collected will be kept private and confidential to the extent provided by law. The results of this survey will be used to assess and plan services that meet the needs of homeless Veterans. Participation in this survey is voluntary, and your failure to respond will have no impact on any benefits to which you are entitled.

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

Thank you for your participation in the CHALENG survey! If you would like more information or if you have any concerns, please contact the Call Center for Homeless