

2025 CHALENG Survey -- Veteran

Number: 2900-0843

OMB Control

Avg: 6 minutes

Estimated Burden

11/30/2027

Expiration Date:

Identification:

1. In which branch of the armed services did you serve?

- | | |
|------------------------------------|--|
| <input type="radio"/> Army | <input type="radio"/> Air Force |
| <input type="radio"/> Navy | <input type="radio"/> Coast Guard |
| <input type="radio"/> Marine Corps | <input type="radio"/> National Guard/Reserve |
| <input type="radio"/> Space Force | |

2. Where are you living now?

- ☐ Homeless - sheltered (in shelter)
- ☐ Homeless - unsheltered (on streets, public encampment, in car)
- ☐ Emergency Housing
- ☐ Transitional Housing (Grant and Per Diem housing, VA Domiciliary, or community contract housing)
- ☐ Permanent subsidized housing (including HUD-VASH and Section 8)
- ☐ 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?

- | | |
|-----------------------------------|---|
| <input type="radio"/> 0-3 months | <input type="radio"/> 13-24 months |
| <input type="radio"/> 4-6 months | <input type="radio"/> More than 24 months |
| <input type="radio"/> 7-12 months | |

2(b) Have you had four or more episodes of homelessness in the past three years?

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

3. Are you:

- ☐ Female
- ☐ Male

4. What is your age?

- | | |
|------------------------------------|-----------------------------|
| <input type="radio"/> Less than 25 | <input type="radio"/> 55-64 |
| <input type="radio"/> 25-34 | <input type="radio"/> 65-74 |
| <input type="radio"/> 35-44 | <input type="radio"/> 75-84 |
| <input type="radio"/> 45-54 | <input type="radio"/> 85+ |

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?

- | | |
|-------------------------|---------------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 3 |
| <input type="radio"/> 1 | <input type="radio"/> 4 or more |
| <input type="radio"/> 2 | |

7. Are you currently enrolled in the VA?

- | | | |
|---------------------------|--------------------------|------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Unsure |
|---------------------------|--------------------------|------------------------------|

8. 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?

- ☐ Yes
- ☐ 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?

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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	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Housing
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Emergency/immediate Shelter
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Transitional Living Facility and Halfway House
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Long-term Permanent Housing
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Registered Sex Offender Housing
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Affordable Housing
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Eviction Prevention Services
				<input type="radio"/>	7. Preparation for Natural Disaster/ Extreme Emergency
				<input type="radio"/>	8. Assistance with safe firearms storage
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Treatment Services
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Medical Services
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Services for Emotional or Psychiatric Problems
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Substance Abuse Treatment
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. HIV/AIDS Testing and Treatment
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Eye Care and Glasses
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Personal Hygiene (shower, haircut, etc.)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Elder Healthcare and Resources
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Complementary and Alternative Medicine (acupuncture, herbal medicine, meditation)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Case Management
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Military Sexual Trauma
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Gender Specific Health Care Provider Availability
				<input type="radio"/>	12. Dental Care:
					How would you describe the health of your teeth and gums?
				<input type="radio"/>	Excellent
				<input type="radio"/>	Very good
				<input type="radio"/>	Good
				<input type="radio"/>	Fair
				<input type="radio"/>	Poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Income/Benefits Services
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. VA Disability/Pension
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Supplemental Security Income (SSI) and Social Security Disability (SSD)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Money Management and Budgeting
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Food
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Clothing
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Family Reconciliation Assistance/Family Counseling
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Move-In Assistance
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Utility Assistance
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Transportation
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Child Care

Never Met	←		→	Always Met	N/A
Legal Assistance					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Legal Assistance to Help Restore a Driver's License
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Financial Guardianship
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Re-Entry Services for Incarcerated Veterans
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Legal Assistance for Child Support Issues
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Legal Assistance for Outstanding Warrants and Fines
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Legal Assistance to Expunge a Criminal Record
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Legal Assistance for Credit Issues/Debt Collection/Bankruptcy
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. ADA issues with rental housing (i.e. ramps for wheelchair access, accommodation of service animals)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Domestic Violence/Protection Orders
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Tax Issues
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Discharge Upgrade Appeals
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. Family Law (i.e. divorce, child custody)
Education/Job Services					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Education
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Job Training
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Finding a Job or Getting Employment
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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)
Digital Access					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Do you use the internet, at least occasionally?		
			How often do you access the Internet?		
			<input type="radio"/> Never		
			<input type="radio"/> At least once a day		
			<input type="radio"/> At least once a week but not every day		
			<input type="radio"/> At least once a month but less than once a week		
			<input type="radio"/> Less than once a year		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Do you have a cell phone?		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Do you have a smart phone?		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Do you own a computer or laptop?		
			Do you use the Internet to access VA services?		
			Do you use any phone apps for your health care?		
VA and Community Coordination					
Not Accessible			Very Accessible	N/A	1. In general, how accessible do you feel VA services are to homeless Veterans in your community?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Not Able			Mostly Able	N/A	2. How able is the VA to coordinate services for homeless Veterans?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Not Aware			Mostly Aware	N/A	3. How aware of Veterans' needs and resources are Community Homeless Agencies?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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