



Southern Illinois Continuum of Care Network
“working to make a difference”

January 13, 2012

To Whom It May Concern:

The Southern Illinois Continuum of Care is coordinating the 2012 Point-In-Time Count of homeless persons in its 27-county service area. The counties are divided into 5 main regions and each of them have a region representative. I am the region representative for the region in which your county is located.

The count will take place between 12 midnight and 11:59 p.m. local time on **Tuesday, January 24, 2012**. The count is very important because it helps determine the amount of federal funding available for homeless assistance in the state. That is why your support and the support of the community are so important to the count.

We are asking for help from the entire community. We are particularly targeting social service agencies, law enforcement, elected officials, school systems, hospitals, etc. (anyone who may come in contact with a homeless person).

Please use the enclosed 2012 homeless survey to track the homeless you come into contact with on Tuesday, January 24, 2012. You will use one form for each household. Please feel free to make copies as needed. You will then fax, e-mail or mail your completed surveys to me by February 3, 2012. My contact information is located on the back side of the housing survey.

Please feel free to contact me with any questions. Your assistance with this important event is greatly appreciated. The Southern Illinois Continuum of Care strives to create and maintain a regional resource of services and housing that will help homeless individuals and families move from poverty and dependency, to jobs, self-sufficiency and permanent housing.

Sincerely,

Southern Illinois Continuum of Care
Region Representative

PLEASE FAX, MAIL OR E-MAIL THIS FORM TO:

**Anna Margrum
The Women's Center Inc.
610 S. Thompson St., Carbondale, IL 62901
Ph. 618-549-4807, ext. 248
randolphk@hotmail.com**

BY FEBRUARY 3, 2012

THANK YOU FOR YOUR HELP!

**2012 Point-in-Time Homeless Count
Instructions**

Name of the Organization

Enter the name of the agency administering the survey.

County Survey was Conducted

Please write the name of the county you are conducting the survey.

Name of program (if applicable)

Complete this if you have a specific name for the program that you use to assist homeless persons. Some agencies/organizations/etc. may have several different programs or pots of funding they use for homeless assistance.

Your next step is to give the survey to any homeless family or individual you come into contact with on the date of the count. You may have them complete the survey themselves or you may assist them in completing it.

Copy Costs

Any copy costs incurred during the 2012 Homeless Count will be reimbursed. Please complete the reimbursement form enclosed in your packet and submit it with your completed surveys.

TO BE COMPLETED JANUARY 24, 2012

BY ALL HOMELESS INDIVIDUALS AND FAMILIES



Name of Organization, Church, School District, etc.:

County Survey Was Conducted

Name of Housing Program (if applicable)

OFFICE USE ONLY

1. Have you already taken this survey today?

- Yes
- No

2. If no, please list the first 2 letters of your last name, and the last 2 digits of your social security number.

_____ - _____

3. Where are you staying right now?

- Emergency Shelter
 - Outdoors/Camping/Campground/Car
 - Transitional Housing for the Homeless
 - Motel (paid for by a church, social service agency or other organization)
 - Other
- _____

***NOTE- If you are doubled-up with other family or friends, paying for your own motel room, facing eviction or living in substandard housing, YOU MAY STOP THE SURVEY NOW.**

4. How long have you been homeless?

- Less than one year
- One year or more

5. How many times have you been homeless in the last 3 years?

- 1-3 times
- 4 or more times

6. Please select one household type that best describes your household:

- Household with at least 1 adult and 1 child.
- Household without children.
- Household with only children

(person under age 18, including unaccompanied children, adolescent parent and their children, adolescent siblings, or other household configurations composed only of children)

7. How many adults are in your household?

8. How many children are in your household?

9. How old are you?

10. Do you have a substance abuse (alcohol or drug or both) problem?

- Yes
- No

11. Have you ever been diagnosed with a mental illness or a mental health problem?

- Yes
- No

12. Do you have a severe mental illness?

(A long term condition that substantially impairs your ability to live independently).

- Yes
- No

13. Are you a veteran?

- Yes
- No

If yes, what is your veteran status?

14. Have you been diagnosed with AIDS and/or tested positive for HIV?

- Yes
- No

15. Have you been a victim of domestic violence?

- Yes
- No

If you have been given this survey from your local school district, please send your completed form back to school with your child.

THANK YOU FOR YOUR PARTICIPATION!

ALL INFORMATION PROVIDED IS STRICTLY **CONFIDENTIAL** AND WILL BE USED TO INCREASE AND MAINTAIN FUNDING FOR HOMELESS SERVICES IN YOUR AREA.