



**Maine State  
Housing Authority**

**Point in Time Survey:**

**Homelessness in Maine**

**on**

***April 24, 2004***

**Prepared by MSHA's Department of Homeless Initiatives**

## **Acknowledgements**

*The Maine State Housing Authority (MSHA) wishes to acknowledge our partners and the individuals residing in shelters for their contribution in conducting the Point in Time Survey. McKinney-Vento funds are granted annually by the Department of Housing and Urban Development (HUD) through a competitive application process. With the aid of consumer participation, the State of Maine recently received a record-breaking allocation of funds which will be used to develop housing and provide services designed to cater to the diverse needs of Maine's homeless population. The data contained in this report paints a picture of that diversity, and the goal of its collection is to better serve the homeless consumer's need for housing and services. Information within this document must move us forward in developing approaches that will eliminate homelessness in the State of Maine. Thank you all for your participation in this important endeavor.*

### **Point in Time Survey Committee**

Balance of State Continuum of Care, Chair: Melany Crandall  
Balance of State Continuum of Care, Co-chair: Bob Garcia  
City of Portland Continuum of Care, Chair: Robert Duranleau  
Greater Penobscot Continuum of Care, Chair: Kerry Sack  
Greater Penobscot Continuum of Care, Co-Chair: Clair Baldwick..

### **Members of the Combined Committees Include**

Kerry Sack and Heather Rhoda, Coastal Enterprises, Inc/DHHS  
Regina Phillips and Dennis Cormier, Health & Human Services Department, City of Portland  
Yvonne Mickles and Cindy Namer, Maine State Housing Authority  
Ann Ryan, Milestone Foundation, Inc.  
Chip Land and Donna Yellen, Preble Street  
Melany Crandall, Shalom House, Inc.  
Joe Everett and Jennifer McAleer, Ingraham  
Rita Defio, Sweetser  
Don Kniseley, Tedford Shelter

### **Data Collection**

Abused Women's Advocacy Project-Acadia Recovery Community  
Bangor Area Homeless Shelter-Battered Women's Project  
Bread of Life-Breakwater Teen Shelter  
Caring Unlimited-Family Crisis Services  
Family Violence Assistance Project-Home Inc.  
Emmaus Center-Hope Haven Gospel Mission  
Ingraham- Lighthouse Shelter  
MidCoast Hospitality House-Mid Maine Shelter  
Milestone-My Choice  
New Beginnings Inc.-New Hope for Women, Inc.  
Next Step-Oxford Street Shelter  
Portland Family Shelter-Preble St. Resource Center  
Rumford Group Homes-Shaw House  
Sister Mary O'Donnell Shelter-Spruce Run Association  
St. Michaels Center-Strathglass Family Shelter  
Tedford Shelter-Womancare/Aegis  
YANA, Inc.-York County Shelters, Inc.  
Youth & Family Services-Youth Alternatives  
YWCA of Portland - Women's Shelter

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## Executive Summary

The State of Maine has three Continuums of Care: City of Portland (serving metropolitan Portland), Greater Penobscot County (serving the City of Bangor and all of Penobscot County) and Maine Balance of State (serving all other areas of the state). In 2004, the three Continuums of Care brought \$8,500,000 of McKinney-Vento funds into the state for the creation of new housing, shelter plus care, and support for the operational costs and services of special needs housing for the homeless. The Maine State Housing Authority matched over \$1,200,000 for construction costs, which will allow Maine to maximize the federal dollars granted for new housing for the homeless.

To determine the needs of the homeless population in Maine, the three Continuums of Care collaboratively administered the statewide Point in Time survey to provide a snapshot of homeless housing needs. The Point in Time Survey is a HUD requirement for the recipients of McKinney-Vento funds. Information gleaned from it is used to direct planning and priorities in efforts to end homelessness. This document provides the results of the survey conducted on April 24, 2004. At a time when resources are diminishing, it is critical that we work together to determine the best use of the available resources. This data will contribute to that effort by demonstrating areas of need that require particular attention when dealing with the state's diverse homeless population.

### Key Findings:

- **633** people were reported as homeless on April 24, 2004
- **166** (26%) were chronically homeless individuals
- **267** (42%) were reported in the city of Portland alone
- **125** children were in the shelter system on the night of the survey
- **63** veterans participated in the survey
- Nearly **half** of the veterans surveyed (48%) were in Portland shelters
- **500** individuals self-reported a disability when surveyed

### Survey Eligibility

An individual was eligible for participation if s/he was age 18 or older (or under age 18, without a parent/guardian present), and sleeping in a shelter for the homeless, or found spending the night on the streets or other places not meant for human habitation (unsheltered).<sup>1</sup>

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<sup>1</sup> See Appendix B for the survey tool used to capture Point-in-Time data

# Introduction

The purpose of the Point in Time survey is to determine answers to some of the biggest questions about homelessness. Who are the homeless? What are the factors that contributed to their homelessness? When did they become homeless? Where are the homeless in Maine living? Why do they remain homeless? Answers to these questions will perhaps show the answer to the most critical question of all: How can we prevent homelessness in the State of Maine?

To find the answers to these questions, it is necessary to understand both the scope and nature of homelessness in the State of Maine. The survey tool (Appendix B) captures the nuances of homelessness and assesses not only the number of homeless individuals and respective characteristics but its impact as well, most specifically in terms of children affected by homelessness (see page 4). While a requirement of those who receive McKinney-Vento funding, HUD does not mandate that Continuums of Care across a state administer just one survey. The Maine Point in Time survey was an unprecedented show of collaboration among shelter and service providers, state agencies, and homeless consumers of services and housing to demonstrate homelessness on any given night in Maine.

## **Definition of Homelessness**

**Homelessness** is defined in 42 U.S.C. 11302 as follows:

IN GENERAL. - For purposes of this Act, the term "homeless" or "homeless individual or homeless person" includes-- (1) an individual who lacks a fixed, regular, and adequate nighttime residence; and (2) an individual who has a primary nighttime residence that is: a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); b) an institution that provides a temporary residence for individuals intended to be institutionalized; or c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodations for human beings.

<http://www.hud.gov/offices/cpd/homeless/library/esg/esgdeskguide/glossary.cfm>

It should be noted that the HUD definition of homelessness disqualifies many people without residences from homeless entitlements because many homeless individuals rotate between shelters and the homes of friends and relatives. Strictly applying the HUD definition does not capture the magnitude of homelessness. The Point in Time Survey seeks to fill in the gaps left by the HUD's definition.

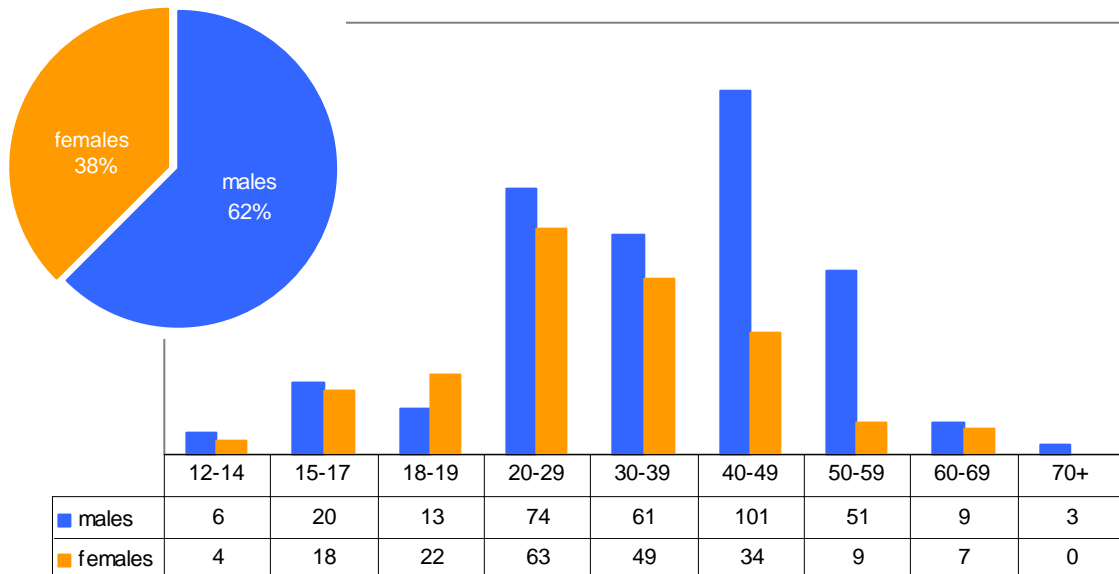
**Chronic Homelessness** is defined by the Interagency Council on Homelessness as follows:

“... an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. A disabling condition is defined as a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. A disabling condition limits an individual's ability to work or perform one or more activities of daily living.”

<http://www.ich.gov/>

# Who are Maine's Homeless?

## Men and Women



- Homelessness for females peaks between the ages of 20 and 29. For males, peak ages are between 40 and 49.
- At 18 to 19 years old, more females are homeless than males. At all other ages, more males are homeless than females.

## Children

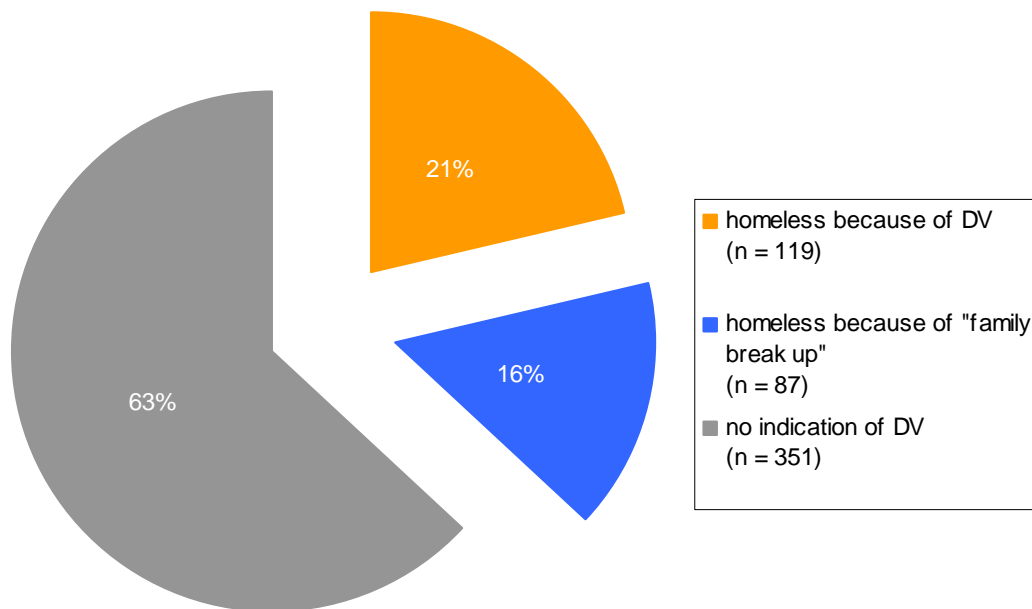
<b>Children in youth shelters</b>	<b>56</b>
<b>Children in family/general shelters</b>	<b>69</b>
Custodial children of adult shelter guests (staying with family or friends)	96
Non-custodial children of participating adult shelter guests staying with custodial parent, family or friends)	204
<b>Total number of children affected</b>	<b>425</b>

## Veterans

Status	Number	Percent
<b>Total Veterans</b>	<b>63</b>	
Disabled Veterans	33	52%
Enrolled in VA Services	11	17%
• Denied VA Services	• 8	• 13%

- Nearly half (48%) of the homeless veterans were in Portland shelters.

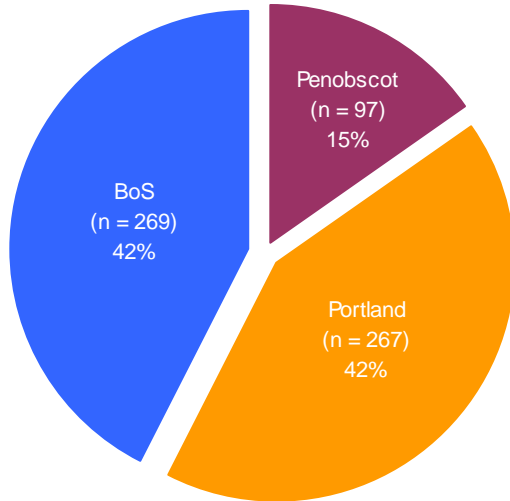
## Victims of Domestic Violence



- More than 1 in 5 respondents indicated being homeless because of domestic violence.

# Where are the Homeless in the State of Maine?

## Distribution of Homeless Individuals by Continuum of Care

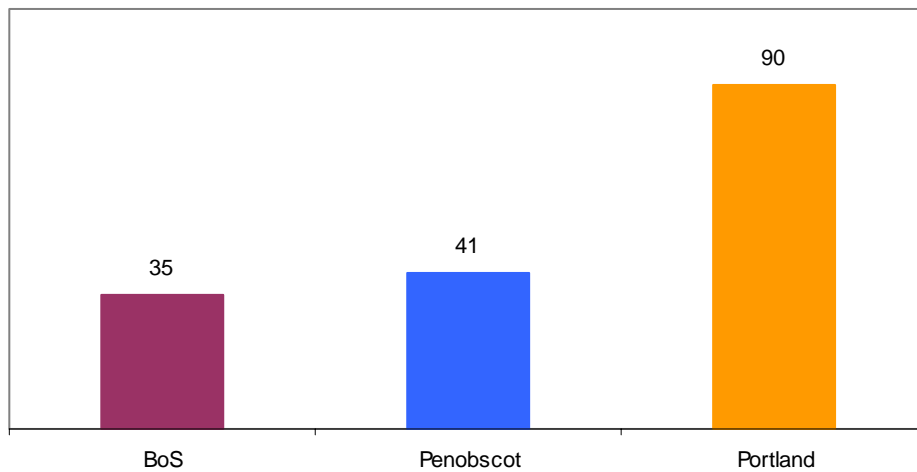


**Portland CoC**=City of Portland only

**Penobscot CoC**= Penobscot County

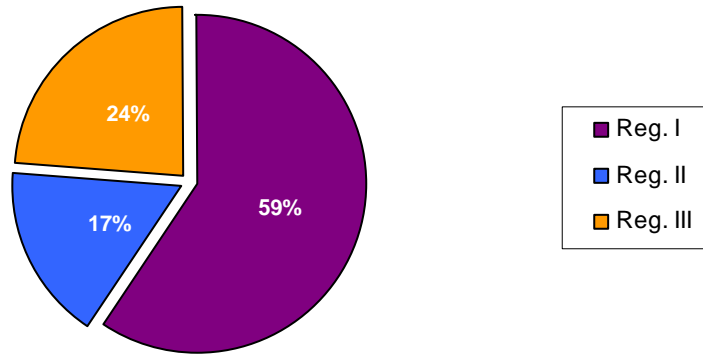
**Balance of State CoC (BoS)** = Areas of state not covered under other two

## Distribution of Chronically Homeless Individuals by Continuum of Care



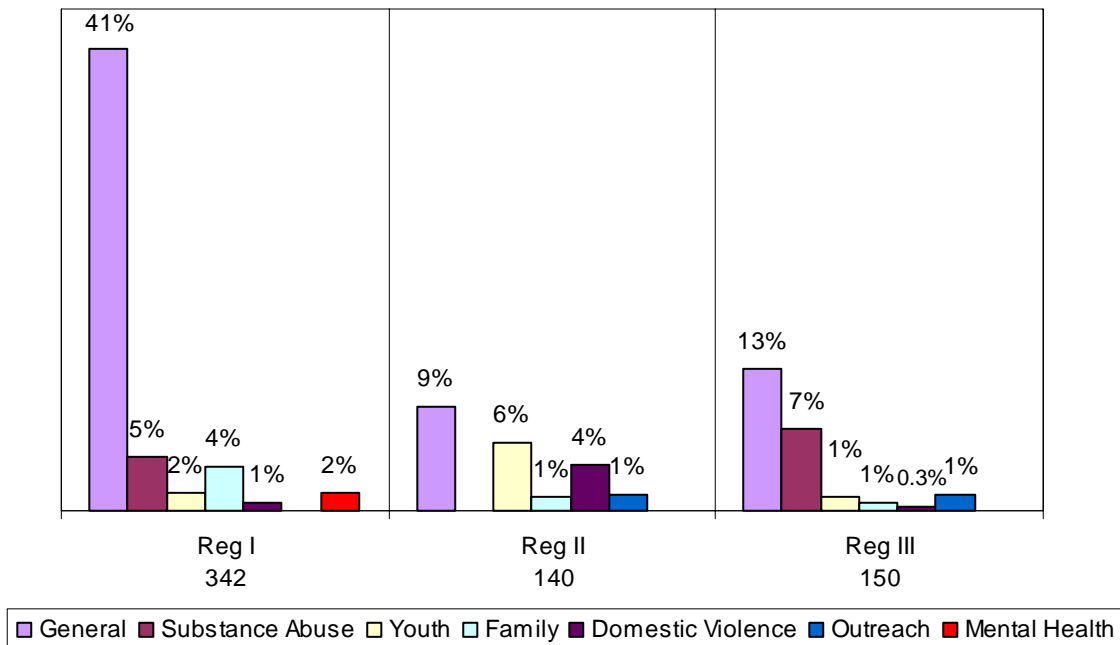


## Distribution of Homeless Individuals by Region



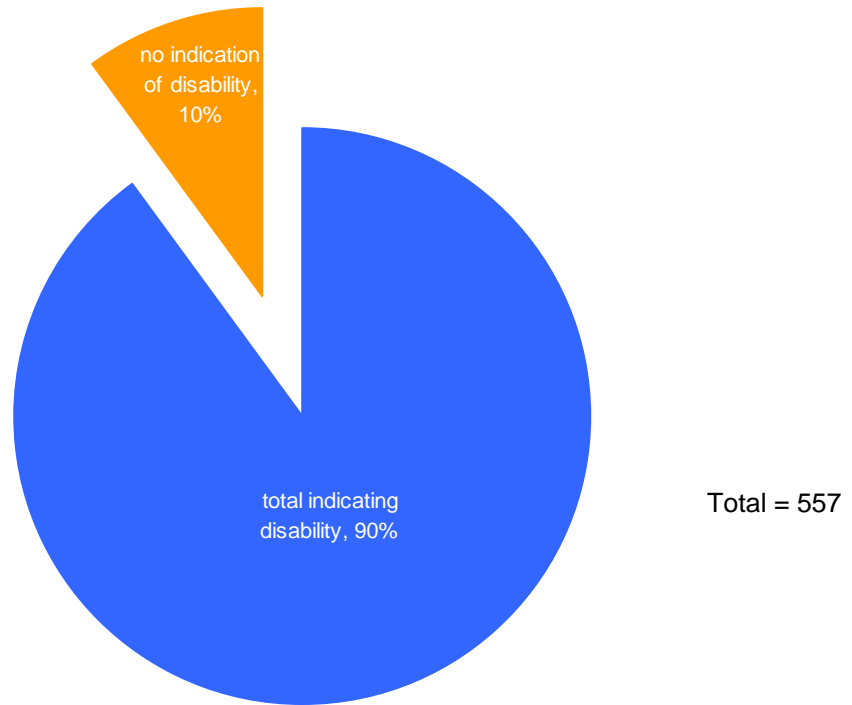
- **Region I (59%):** Cumberland and York Counties
- **Region II (17%):** Androscoggin, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Somerset, Waldo Counties
- **Region III (24%):** Aroostook, Hancock, Penobscot, Piscataquis, Washington Counties

## Shelter Type Occupancy by Region

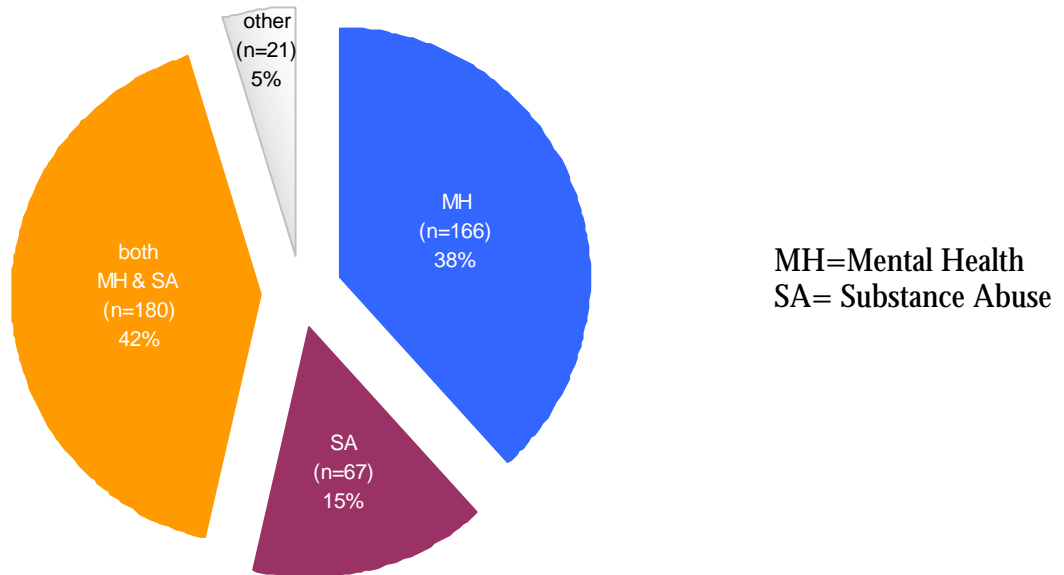


# What are Some Characteristics of Maine's Homelessness Population?

## Individuals Self-Reporting Disabilities\*

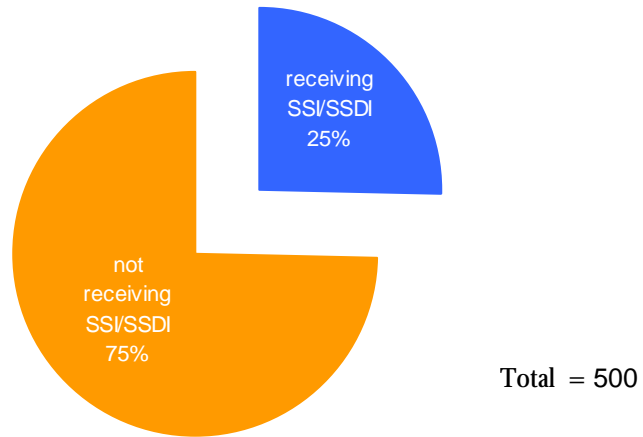


## Types of Disabilities Reported



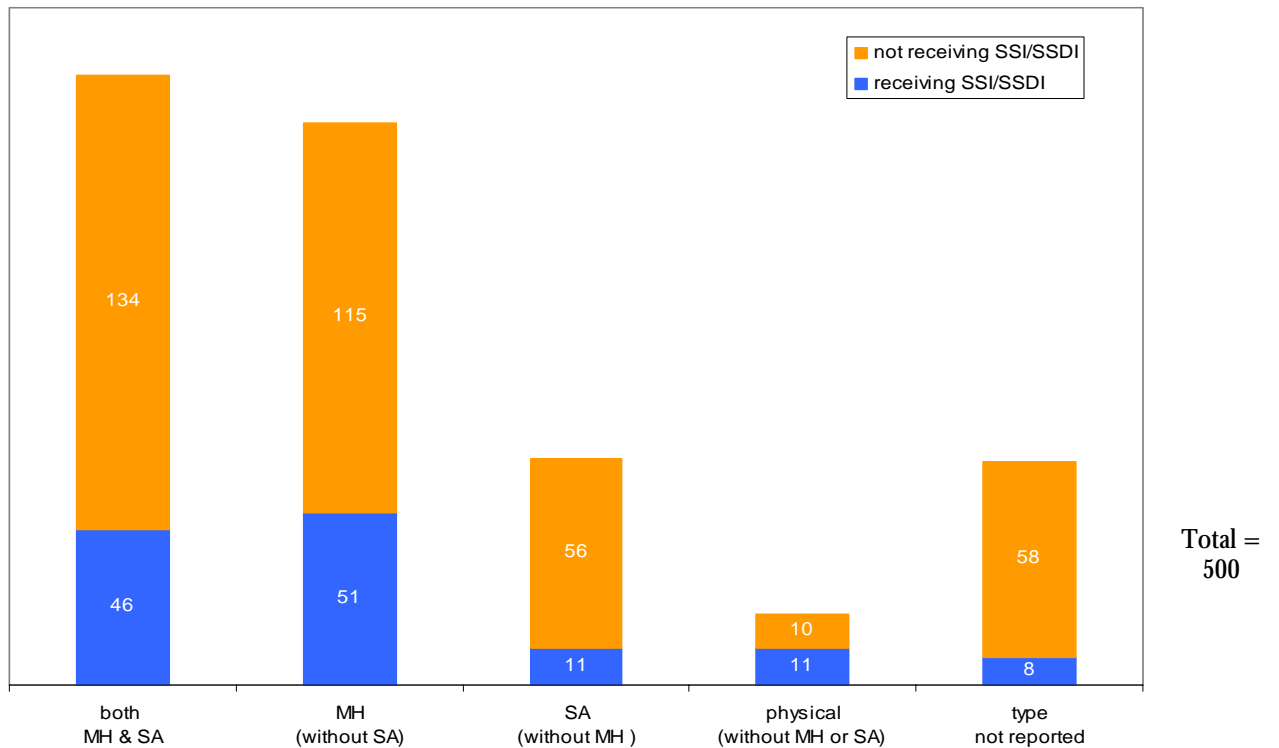
\* Please see Appendix A for disability assessment methodology and a detailed table of disability types reported by the homeless.

## Recipients of SSI/SSDI Benefits:

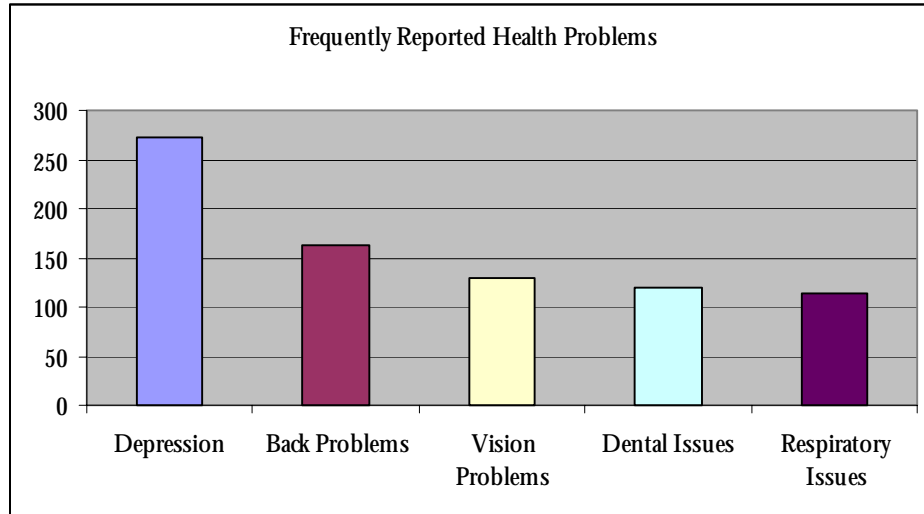


- 25% of 500 respondents self-reporting disabilities also reported receiving disability benefits.

## Respondents Receiving/Not Receiving Disability Benefits by Disability Type



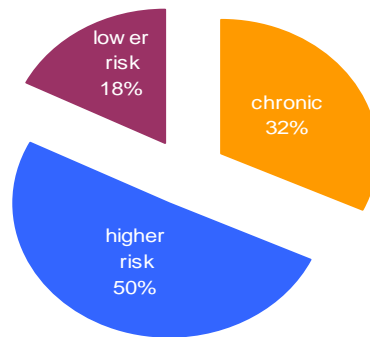
## Physical Health Issues



## Other Health Indicators

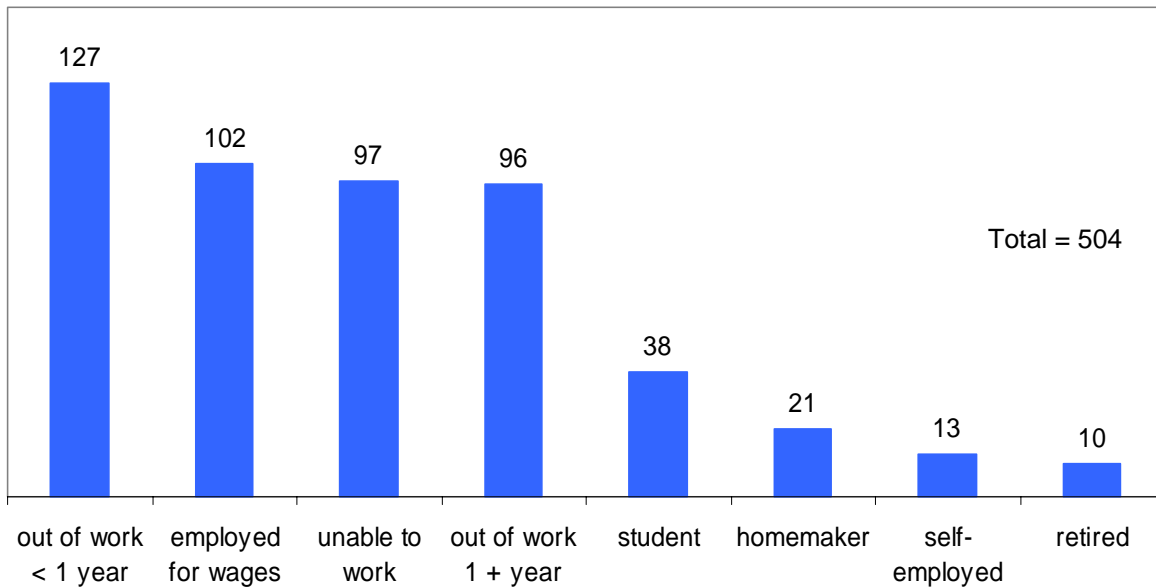
Indicator	Percent	
Have you seen a dentist in the past year?	<p>yes 28%</p> <p>no 72%</p>	Total = 529
Have you ever had a skin test for tuberculosis?	<p>yes 73%</p> <p>no 27%</p>	Total = 492

## Chronically Homeless and Those At Risk of becoming Chronically Homeless

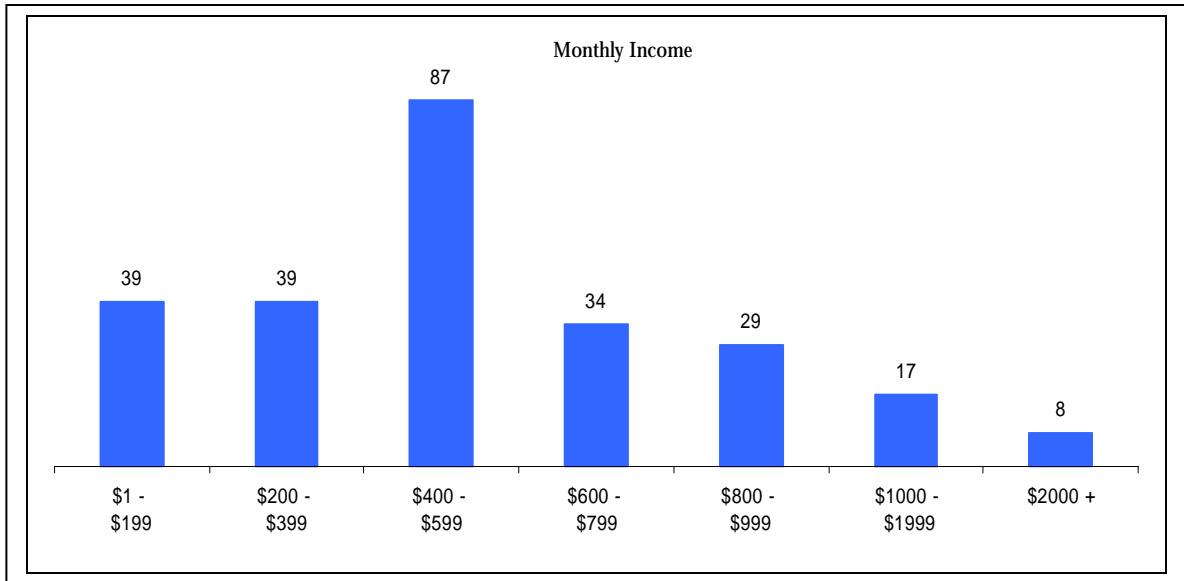


- A total of 518 respondents were assessed for chronic homelessness.
- One in three (166) of those assessed were chronically homeless.
- Most (54%) of the chronically homeless people were in the City of Portland.
- One third of the chronically homeless individuals in Portland had their last residences in another state.

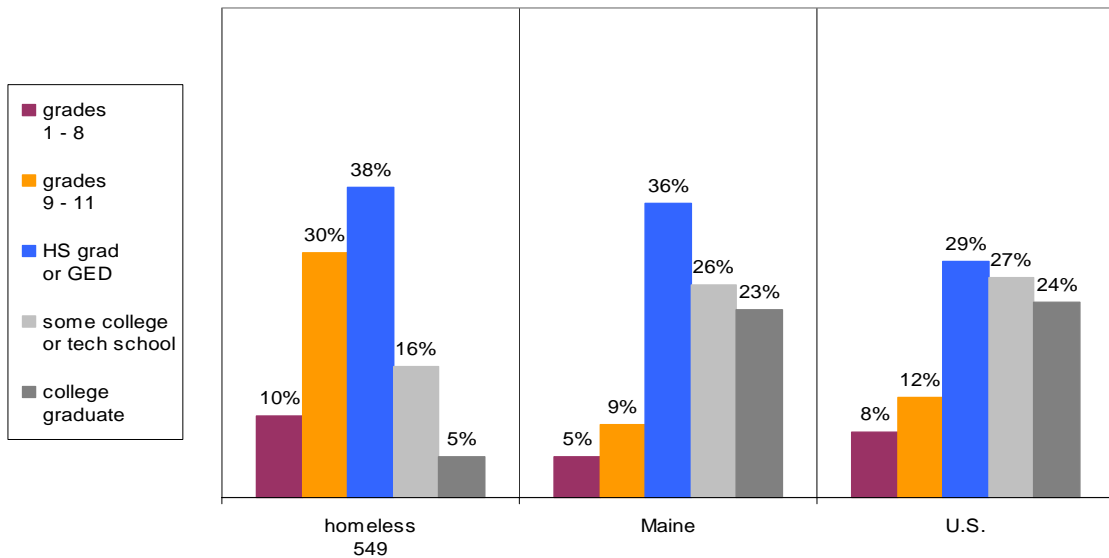
## Employment Status



## Income Level



## Education Level:



- More than 3 times as many homeless people dropped out of high school (30%) than the general population in Maine (9%).

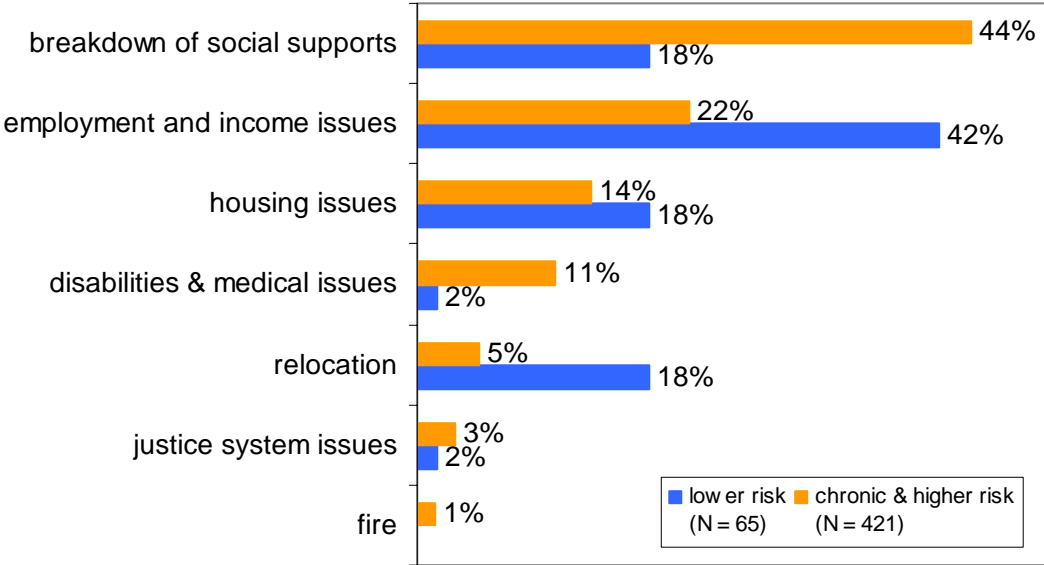
# Why Did Homeless Individuals Leave Their Last Permanent Residence?

## Last Permanent Residence

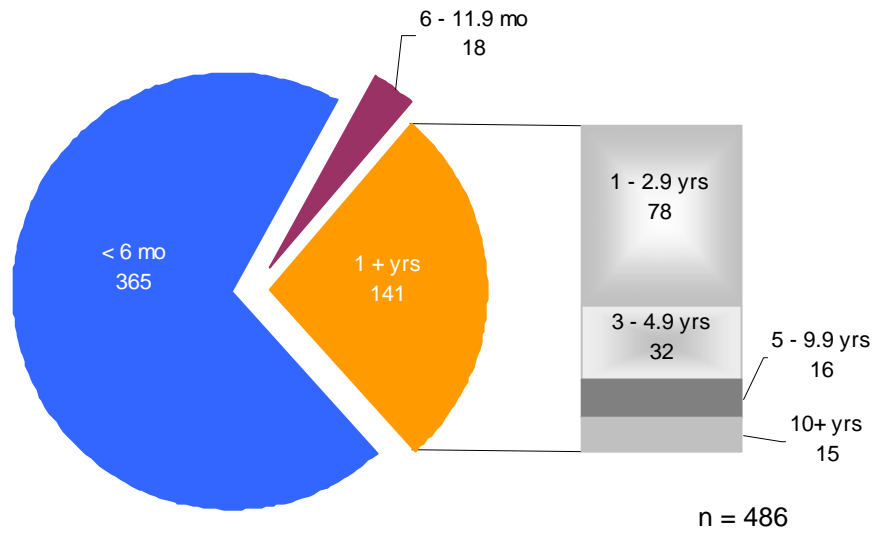
- Most of the survey participants (53%) were found in shelters in the same regions as the place of their last residences.
- More than a quarter (27%) of survey participants had their last residences in another state.

## Reasons for Leaving

1. Breakdown of Social Supports (domestic violence / family and social conflict / run away / DHHS case)
2. Employment and Income Issues (lack of employment and high expenses)
3. Housing Issues (lost housing / landlord problems / eviction)



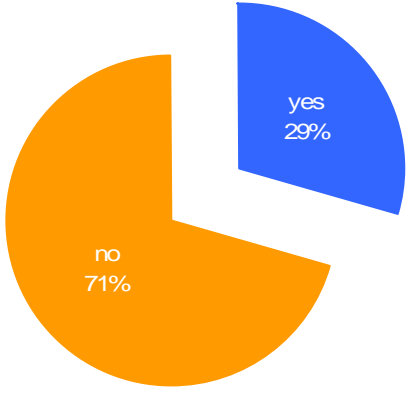
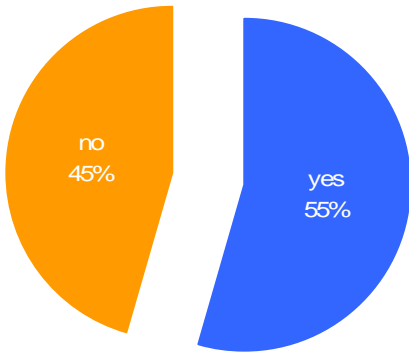
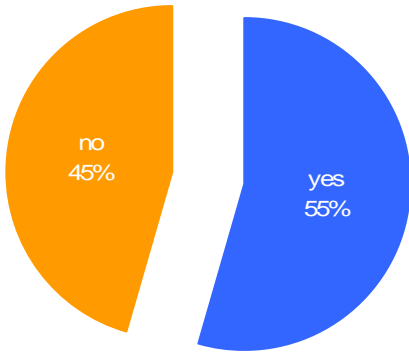
## Length of Time Homeless:



- 70% of survey participants were homeless for less than 6 months
- 27% were homeless for more than a year
- 3% were homeless between 6 months and a year
- Most survey participants had been homeless for less than 6 months or else for a year or more.



## What Types of Public Assistance Did Respondents Report Receiving?

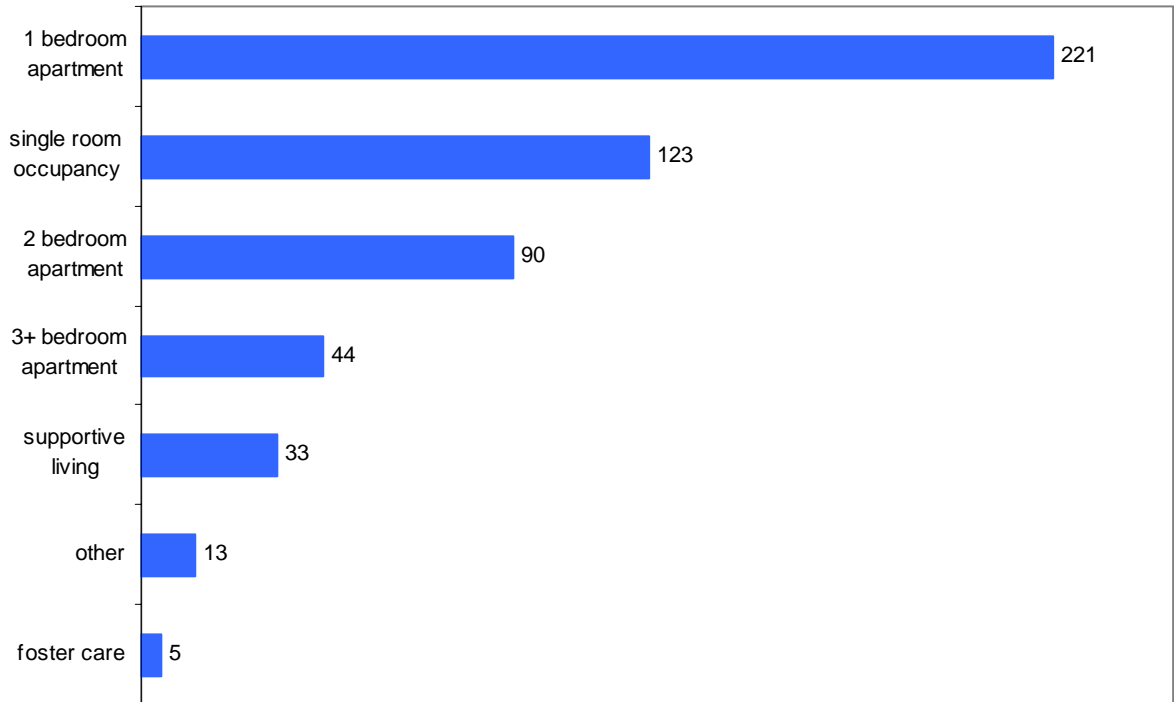
Type of Assistance	Percentages	Totals
<b>Housing Assistance</b>	 <p>A pie chart showing the distribution of responses for Housing Assistance. The orange slice represents 'no' at 71%, and the blue slice represents 'yes' at 29%.</p>	555
<b>Food Stamps</b>	 <p>A pie chart showing the distribution of responses for Food Stamps. The orange slice represents 'no' at 45%, and the blue slice represents 'yes' at 55%.</p>	532
<b>Temporary Assistance for Needy Families (TANF)</b>	 <p>A pie chart showing the distribution of responses for Temporary Assistance for Needy Families (TANF). The orange slice represents 'no' at 45%, and the blue slice represents 'yes' at 55%.</p>	555

## What Types of Services Did Respondents Report Using?

<b>Service</b>	<b>Number Using</b>	<b>Percent Using</b>	<b>Number Reporting</b>
Shelter	523	98%	534
Food	461	88%	521
Showers	455	90%	506
Health Care	340	63%	542
Housing Location	236	56%	422
Mental Health	201	36%	553
Drop-In	171	31%	551
Job Search	169	39%	429
Substance Abuse	162	29%	553
Housing Subsidy	160	31%	517
Storage	136	25%	537
Domestic Violence	75	13%	556
Transitional Housing	48	13%	379
Parenting	34	6%	552
Childcare	22	4%	548

# What Kind of Housing do Survey Participants Want?

**Respondents' Desired Housing**



Total = 529

- 65% want either a one-bedroom apartment or a single room occupancy.

## Appendix A

### Disability Assessment Methodology

**The term “disabled” has multiple definitions.** Individuals may not identify with the label “disabled” while still qualifying for entitlements. Substance abuse disorders are highly disabling but have not qualified a person for SSI/SSDI disability benefits since 1996. On the other hand, substance abuse disorder is considered a disabling condition when identifying the chronically homeless. Therefore, many people with disabling substance abuse disorders no longer refer to themselves as disabled, though many do. With these complications in mind, and because disability is known to be under-reported, survey participants were provided with a variety of opportunities to relate their disability status.

Based on responses to these questions, we calculated a cumulative total as follows:

QUESTIONS SOLICITING DISABILITY STATUS	number indicating disability based on this question	number <b>NOT</b> indicating disability in <b>previous</b> questions though doing so in <b>this</b> question
<b>demographic questions</b>		
Are you disabled?	270	270
Do you have a disabling condition?	346	147
<b>housing questions</b>		
Did you leave your last permanent residence because of a disability?	19	0
Are you staying at the shelter because of a disability?	226	15
<b>employment and income questions</b>		
Are you unable to work because of a disability?	97	19
Are you receiving disability benefits (SSI, SSDI)?	127	10
<b>service utilization questions</b>		
Are you staying at a shelter serving people with mental health or substance abuse disorders?	87	4
Are you accessing mental health or substance abuse services?	271	18
<b>health questions</b>		
Are you having a health problem with depression?	273	12
Has your mental health been poor for 2 weeks or more in the past month?	185	5
<b>cumulative total indicating disability</b>		<b>500</b>
<b>no indication of disability</b>		<b>57</b>
<b>total number assessed</b>		<b>557</b>

## Disability Types Reported

DISABILITY TYPES	Totals
<b>Both Mental Health &amp; Substance Abuse Disabilities</b>	
Mental health & substance abuse	118
Mental health, substance abuse & physical	57
Mental health, substance abuse, physical & developmental	4
Mental health, substance abuse & developmental	1
<b>subtotal</b>	<b>180</b>
<b>Mental Health (without substance abuse) Disabilities</b>	
Mental health only	108
Mental health & physical	48
Mental health & developmental	5
Mental health, physical & developmental	5
<b>subtotal</b>	<b>166</b>
<b>Substance Abuse (without mental health ) Disabilities</b>	
Substance abuse only	50
Substance abuse & developmental	2
Substance abuse & physical	14
Substance abuse, physical & developmental	1
<b>subtotal</b>	<b>67</b>
<b>Physical (without mental health or substance abuse) disabilities</b>	
Physical	20
Physical & developmental	1
<b>Subtotal</b>	<b>21</b>
<b>Total with mental health disabilities (180 + 166)</b>	<b>346</b>
<b>Total with substance abuse disabilities (67 + 166)</b>	<b>247</b>
<b>Total reporting disability type (180 + 166 + 67 + 21)</b>	<b>434</b>
<b>Disability indicated - type not reported</b>	<b>66</b>
<b>No indication of disability</b>	<b>57</b>
<b>Grand Total</b>	<b>557</b>

## Appendix B: Survey Tool

### Survey Tool: Point-in-Time Survey of Homelessness

**SAY:** Hello, I'm (name). I'm gathering information on the status of Maine residents. I'd like to ask some questions about your housing and health situation. I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview takes a short time and any information you give me will be confidential.

---

#### DEMOGRAPHICS

Let's start with some basic information that doesn't identify you but describes you.

1. (Indicate gender of respondent; ask only if necessary.)     Male     Female

2. Are you Hispanic or Latino?

Yes     No     don't know/refused to answer

3. Which one or more of the following would you say is your race?

(Read answers and check all that apply)

White or Euro-American

American Indian, Alaska Native

Black or African American

Any other? Please specify. \_\_\_\_\_

Asian

don't know/refused to answer

Native Hawaiian or Other Pacific Islander

(If more than one response continue; otherwise go to 6.)

3.1. Now I want to read the things you picked and I'd like you to tell me: if you had to name one that best represents your race, which one would it be?

(Read the items selected by the respondent and circle the one choice.)

4. What is your age? \_\_\_\_\_ years     don't know/refused to answer

5. What is the highest grade or year of school you completed?

(Read only if necessary.)

Never attended school or only attended kindergarten

Grades 1 through 8 (Elementary)

Grades 9 through 11 (Some high school)

Grade 12 or GED (High school graduate)

College 1 year to 3 years (Some college or technical school)

College 4 years or more (College graduate)

don't know/refused to answer

6. Are you limited in your ability to work or carry out any activities of daily living because of a chronic physical illness or disability, substance use disorder, mental illness, or developmental disability?

Yes     No     don't know/refused to answer

7. Are you a veteran of the armed forces?

**yes (continue)**  **no (go to 8)**  **don't know/refused to answer**

7.1. Are you currently enrolled in veterans services?

**yes (go to 8)**  **no (continue)**  **don't know/refused to answer**

7.2. Have you applied and been denied?

**yes. Why?** \_\_\_\_\_  
 **no**  
 **don't know/refused to answer**

8. Are you a member of a couple? (Do you have a partner? Are you married?)

**member of a couple -- Where is your partner now?** \_\_\_\_\_

**single**

**don't know/refused to answer**

**(Family Interview -- skip 9 and go to 10)**

9. How many children under 18 years old are in your custody?

# \_\_\_\_\_  **don't know/refused to answer**

9.1 (If any) Where are they now?

**(Read only if necessary.)**

**with family**

**with friends**

**DHS custody / foster care**

**other (specify)** \_\_\_\_\_

**don't know/refused to answer**

10. How many children under 18 years old do you have that are not in your custody?

# \_\_\_\_\_  **don't know/refused to answer**

10.1 (If any) Where are they now?

**(Read only if necessary.)**

**with family**

**with friends**

**DHS custody / foster care**

**other (specify)** \_\_\_\_\_

**don't know/refused to answer**

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**HOUSING / HOMELESSNESS**

**SAY:** *This next part is about your housing situation.*

11. How long have you been homeless? (**This time only**) \_\_\_\_\_

\_\_\_ don't know/refused to answer

12. In the past three years, how many times have you been homeless? \_\_\_\_\_

\_\_\_ don't know/refused to answer

**SAY:** *The next few questions are about your last regular residence.*

13. Where was your last regular residence? (**before becoming homeless**)

Town \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ \_\_\_ don't know/refused to answer

**(If last residence was in Maine continue; otherwise go to 15)**

14. Before you left that residence, did you seek financial assistance from your town to help you stay there? That means: welfare, GA (general assistance), public assistance, or town hall.

\_\_\_ Yes What town? \_\_\_\_\_ What happened? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ No Why not? \_\_\_\_\_

\_\_\_ don't know/refused to answer

15. How long had you lived there?

**(Read only if necessary.)**

\_\_\_ less than 3 mo

\_\_\_ 3 mo - 1 year

\_\_\_ over 1 year, how long? \_\_\_\_\_

\_\_\_ don't know/refused to answer

16. When did you leave there

**(Read only if necessary.)**

\_\_\_ less than 3 mo

\_\_\_ 3 mo - 1 year

\_\_\_ over 1 year, how long? \_\_\_\_\_

\_\_\_ don't know/refused to answer



17. Please listen to this list and tell me which ones are your reasons for leaving your last regular residence. If your reasons are not on the list please tell me what they are.

**(Read and check all that apply)**

fire / other disaster destroyed home

family break-up

domestic violence

eviction

couldn't pay rent (go to 17.1)

other, please specify \_\_\_\_\_

don't know/refused to answer

17.1 Why couldn't you pay rent?

**(Read only if necessary.)**

job lost and couldn't pay rent

rent increased and couldn't afford rent anymore

medical problems and medical costs so unable to afford rent

became disabled (mental health or other) and couldn't work and pay rent

other, please specify \_\_\_\_\_

don't know/refused to answer

**(If more than one response continue; otherwise go to 18)**

17.2. I want to read the things you picked and I'd like you to tell me: if you had to name one as the most important, which would it be?

**(Read the items selected by the respondent and circle the one choice.)**

18. How long have you been spending the night here (at this shelter or this camp)?

**(Read only if necessary.)**

less than 3 mo

3 mo - 1 year

over 1 year, how long? \_\_\_\_\_

don't know/refused to answer

**(If not at a shelter ask 19; otherwise go to 20.)**

19. Why are you here instead of at a shelter? \_\_\_\_\_

\_\_\_\_\_ don't know/refused to answer

20. Please listen to this list and tell me which ones are your reasons for spending the night here (at this shelter or camp). If your reasons are not on the list please tell me what they are.

**(Read and check all that apply.)**

- unable to find work and pay rent**
- poor rental history / no references**
- can afford rent (or have subsidy) but can't locate housing**
- money management problems**
- social network at the shelter**
- disabled and waiting for disability (SSI / SSDI) benefits**
- migrant worker between jobs**

- mental health issues**
- alcohol or other drug use problems**
- discharged from a hospital or other medical or mental health institution without another place to go.**  
Which hospital? \_\_\_\_\_  
What condition? \_\_\_\_\_
- discharged from jail, prison, or other correctional facility without another place to go**
- Any other reason? Please specify: \_\_\_\_\_**
- don't know/refused to answer**

**(If more than one answer read 20.1; otherwise go to 21)**

21.1. I want to read the things you picked and I'd like you to tell me: if you had to name one as the most important, which would it be?

**(Read the items selected by the respondent and circle the one choice.)**

21. What kind of housing do you need?

**(Read)**

- SRO**
- 1 bedroom**
- 2 bedroom**
- 3 + bedroom**
- supportive living (assisted living, rehab house, etc...)**
- other (specify) \_\_\_\_\_**
- don't know/refused to answer**

**INCOME / EMPLOYMENT / SUPPORT SERVICES**

**SAY:** Now I'm going to ask some questions about how you are taking care of yourself. Please be assured that answering these questions will not affect your ability to receive assistance in any way.

22. I'm going to read you a list of employment statuses. Please let me know which one applies to you:

**(Read)**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Employed for wages</b>               | <input type="checkbox"/> <b>Retired</b>                      |
| <input type="checkbox"/> <b>Self-employed</b>                    | or <input type="checkbox"/> <b>Unable to work</b>            |
| <input type="checkbox"/> <b>Out of work for more than 1 year</b> | <input type="checkbox"/> <b>don't know/refused to answer</b> |
| <input type="checkbox"/> <b>Out of work for less than 1 year</b> |  |
| <input type="checkbox"/> <b>A Homemaker</b>                      |  |
| <input type="checkbox"/> <b>A Student</b>                        |  |

23. Do you receive income from any of the following sources? I'll read a list.

**(Read and check all that apply.)**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>TANF</b>   | <input type="checkbox"/> <b>unemployment compensation</b>               |
| <input type="checkbox"/> <b>SSI</b> <input type="checkbox"/> <b>state supplemental check</b> | <input type="checkbox"/> <b>worker's compensation</b>                   |
| <input type="checkbox"/> <b>SSDI</b>   | <input type="checkbox"/> <b>vocational/job training program stipend</b> |
| <input type="checkbox"/> <b>VA</b>   | <input type="checkbox"/> <b>none of these</b>                           |
| <input type="checkbox"/> <b>child support or alimony</b>                                     | <input type="checkbox"/> <b>don't know/refused to answer</b>            |

24. What was your last month's income from all sources?

\$ \_\_\_\_\_  **don't know/refused to answer**

25. What assistance from the following list, if any, do you currently receive?

**(Read and check all that apply.)**

- General Assistance (GA, town welfare); from which town?** \_\_\_\_\_
- housing subsidy (Section 8, Shelter + Care, BRAP)**
- food stamps**
- don't know/refused to answer**

26. I'm going to read you a list of services. For each one I'd like you to tell me if you have used the service. If you have not used the service because it is difficult to access, please let me know. You can add others to this list.

**(Read each service. Check "used", "Can't access" or "N/A" for "not applicable" or "don't need it".**

	Used	Can't access	N/A
shelter			
food/hot meals			
job location help			
showers			
housing location help			
transitional housing			
Section 8, BRAP, RAC+, Shelter Plus Care			
health care / medication(s)			
mental health services			
alcohol / substance abuse services			

	Used	Can't access	N/A
domestic violence services			
childcare services			
parenting services			
drop-in center			
storage			
<p><i>Is English your first language?</i> ___ yes                      ___ no</p> <p><b>Ask the following only if first language is not English</b></p>			
English as second language (ESL) classes			
cultural orientation			
immigrant documentation/ INS assistance			

**Other (specify):** \_\_\_\_\_

\_\_\_ don't know/refused to answer

**HEALTH**

**SAY:** This is the last part. I want to ask about your health and your use of health services.

27. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as MaineCare, Medicaid or Medicare?

**yes (continue)**                       **no (go to 28)**                       **don't know/refused to answer**

27.1 What is your health care coverage? \_\_\_\_\_

28 Please indicate if you have any disabilities on the list I'm going to read.

**(Read answers and check all that apply)**

**physical or medical**                       **HIV/AIDS**  
 **mental health**                       **substance abuse**  
 **developmental**                       **any others? Please specify.** \_\_\_\_\_  
 **don't know/refused to answer**

29. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

**Number of days**                       **None**                       **don't know/refused to answer**

30. I'm going to read you a list of health conditions. Please let me know if you have any of them.

**(Read and check all that apply)**

<input type="checkbox"/> <b>Arthritis/rheumatism</b>	<input type="checkbox"/> <b>Hypertension/high blood pressure</b>
<input type="checkbox"/> <b>Back or neck problem</b>	<input type="checkbox"/> <b>Diabetes ("sugar")</b>
<input type="checkbox"/> <b>Fractures, bone/joint injury</b>	<input type="checkbox"/> <b>Cancer</b>
<input type="checkbox"/> <b>Walking problem</b>	<input type="checkbox"/> <b>Dental problem</b>
<input type="checkbox"/> <b>Lung/breathing problem</b>	<input type="checkbox"/> <b>Depression/anxiety/emotional problem</b>
<input type="checkbox"/> <b>Hearing problem</b>	<input type="checkbox"/> <b>Other impairment/problem, please specify</b>
<input type="checkbox"/> <b>Eye/vision problem</b>	_____
<input type="checkbox"/> <b>Heart problem</b>	<input type="checkbox"/> <b>don't know/refused to answer</b>
<input type="checkbox"/> <b>Stroke problem</b>	

31. When you are sick or need advice about your health, to which one of the following places do you usually go?

**(Please read)**

<input type="checkbox"/> <b>A doctor's office, public health clinic or community health center</b>	<input type="checkbox"/> <b>Some other kind of place</b>
<input type="checkbox"/> <b>A hospital emergency room</b>	<input type="checkbox"/> <b>No usual place</b>

32. Have you been to the dentist in the past 12 months?

**yes (Go to 34)**                       **no (Go to 33)**                       **don't know/refused to answer**

33. What is the main reason you did not get dental care? (If more than one instance ask about the most recent.)

**(Read)**

<input type="checkbox"/> <b>Cost (Includes no insurance)</b>	<input type="checkbox"/> <b>No transportation</b>
<input type="checkbox"/> <b>Distance</b>	<input type="checkbox"/> <b>No access for people with disabilities</b>
<input type="checkbox"/> <b>Office wasn't open when I could get there.</b>	<input type="checkbox"/> <b>The medical provider didn't speak my language.</b>
<input type="checkbox"/> <b>Too long a wait for an appointment</b>	<input type="checkbox"/> <b>Other, please specify</b> _____
<input type="checkbox"/> <b>Too long a wait in waiting room</b>	<input type="checkbox"/> <b>don't know/refused to answer</b>
<input type="checkbox"/> <b>No child care</b>	

34. Have you ever had active TB (tuberculosis) and taken medicine to treat it?

**yes**                       **no**                       **don't know/refused to answer**

35. Are you worried about getting TB?

**yes**                       **no**                       **don't know/refused to answer**

36. Do you know how TB is spread from one person to another?

