

Hartford Inflow Qualitative Interview Intake Form & Questionnaire

Interviewer, please complete the following fields:

City: _____

Site/Physical Location of Interview: _____

Date: _____

Start Time: _____

Interviewer: _____

Interview Number: _____

Interviewer: You can fill in all of the above fields, except for interview start time, in advance of the interview.

When you are ready to start recording (after you obtain consent), please fill in the start time field above.

When you begin the recording, please state the following before you begin asking questions:

- a. Your Name
- b. City/Community Name
- c. The number of the interview
- d. Start Time
 - i. For example, if this was my first interview I would say the following:
 1. "Amber Elliott, North Hartford, Interview 1, 9AM Eastern"

**PURPOSE: How do we get people to recall and talk about the experiences in their life that led up to being homeless? What other systems have they interacted with?
Framing the conversation.**

- Setting clear expectations and being transparent with your intentions
 - We are having these conversations to understand what happens to individuals and families like yourself before you became homeless. We believe that in order to truly end homelessness in this country and specifically this city and community, we need to know what kind of experiences you had and with what other systems and services, like healthcare or criminal justice, residents like yourself interact with before becoming homeless.
 - This conversation will focus on your life experiences leading up to you becoming homeless. The information being collected will be used to better understand the causes of homelessness in this community. We know that you've likely had to fill out other surveys and forms related to your

homelessness; what we're focused on right now is your experience, in your words.

- o Some of the questions we ask may bring up difficult memories. Please only share what you feel comfortable sharing.
 - o We want to know about when things didn't work so well for you, but also when they did work well so we can understand things that were helpful to you in your life experiences as well as not helpful.
 - o Everyone's story is unique. There are no right or wrong answers, so don't feel like you have to fit into a box.
 - o We can stop this conversation at any time, and you can skip any question that you do not want to answer.
 - o If you don't understand a question, please let me know, and I can give you more information or ask the question in another way.
 - o We are planning to record these conversations so that we can capture your experiences in your own, exact words. We will not use your name on the recordings, and your responses will be kept completely confidential. Your honest feedback is really important because it will teach us how to help prevent other veterans from becoming homeless.
 - o You will be given a \$40 gift card to thank you for your participation in this survey
 - o Would you like to participate in this conversation? Great! Here's the consent form...
 - o (Signs consent)
- Any questions before we begin?

Demographics

1. What is your gender?
 - a. Male
 - b. Female
 - c. Trans-Female
 - d. Trans-Male
 - e. Gender Non-Conforming
 - f. Client refused
 - g. Other

2. Are you over the age of 18?
 - a. Yes
 - b. No
 - i. Age? _____

3. What is your primary Language
 - a. English

- b. Spanish
- c. French
- d. Portuguese
- e. Other _____

5. Do you have a spouse?

- a. Yes
- b. No
- c. Divorced
- d. Separated

6. What was your highest level of education?

7. Are you employed currently?

8. Have you ever been incarcerated?

- a. Yes
- b. No

9. What is your race?

- a. White
- b. Black/African-American
- c. Asian
- d. American Indian or Alaska Native
- e. Native Hawaiian/ Pacific Islander
- f. Multi-racial/ bi-racial
- g. Client doesn't know
- h. Client refused

10. Ethnicity

- a. Non-Hispanic or Latino
- b. Hispanic or Latino
- c. Client doesn't know
- d. Client refused

11. Have you served in the military?

- a. Yes
- b. No

Housing
Pre System Entry

12.. What type of residence did you live in?

- a. Single Family
- b. Two Family
- c. Three Family
- d. Apartment
- e. Shelter
- f. Mobile Home
- g. Permanent Support Housing
- h. With family
- i. With friends

13. Did you?

- a. Own
- b. Rent
- c. Lived with family
- d. Lived with friends
- e. Other

14. How long did you live in 06112 or 06120? Or have you lived in 06112 or 06120?

- a. _____

15. Are you from Hartford? If not, what brought you to Hartford? What brought you to this community (zip codes 06112/06120)?

16. Tell me about life growing up? Tell me about your family? Were you ever removed from your family?

17. What changed in your life that made it so you couldn't keep your place anymore?

- a. Two-person income household to single person income household
- b. Quality of housing (living in substandard housing and couldn't live there anymore)
- c. Housing became unaffordable
 - i. Due to high utility bills
 - ii. Rent increase
 - 1. By how much?
- d. Evicted
- e. Other _____

18. When you called 211, was that your first time reaching out for services? What made you call? If this was not your first time calling, what in the past had you requested and was your request met?

19. Was the experience previously mentioned the first time you experienced homelessness? Was it the first time you were worried or scared of losing the place where you live?

20. Were you employed at the time of becoming homeless?

21. Is there anything that would have kept you from losing your home?

Post System Entry

22. Do you currently live in 06112 or 06120? If not, where do you live?

23. Where do you currently reside or sleep/ spend the night? Can you please describe it ?

- a. Single Family
- b. Two Family
- c. Three Family
- d. Apartment
- e. With Family
- f. With Friends
- g. Other

24. How long have you lived there?

25. Do you currently?

- a. Own
- b. Rent
- c. Other

26. Are you comfortable where you live? Do you feel safe where you live?

27. In the past year have you slept or spent the night in a ?

- a. Emergency Shelter (including hotel or motel paid for with emergency shelter voucher)
- b. Safe Haven
- c. Interim Housing
- d. Institutional Situation

28. Length of stay in the prior living situation? [**only if answered yes to #21**]

- a. One day or less
- b. Two days to one week
- c. More than one week, but less than one month
- d. One to three months
- e. Four months or more

29. (If still experiencing homelessness) What would you say is the main reason you are experiencing homelessness?
30. Is there anything that would have kept you from losing your home?
31. Is there anything else you would like to tell me about your experience with homelessness?

****The following questions are to understand your support system and other demographic information to better understand the system and where support is needed to ensure that others do not experience homelessness***

Family Makeup

32. Do you have children under the age of 18? Do you have children over the age of 18? How many children do you have?
- a. Were your children over 18 at the time when you requested services from 211?
32. Do your children live with you?
- a. If not, where do they live?
33. Who lives with you? Have they always lived with you?
34. Prior to you calling 211, did you have family or friends to support you or “have your back”? If so, has your relationship with them changed? How?
35. How many people live with you?
36. Has anyone in your household been incarcerated?
37. Are you or a member of your household a survivor of domestic violence?

Social Support

38. Before calling 211 did you reach out to the following? Or use the following?
- a. Church i. _____
- b. Social Service Agency (Hands on Hartford, Catholic Social Services, etc.)
- i. _____
- c. Institution (hospital, etc.)

- d. Other
 - i. _____
 - i. _____

- 39. Tell me about your experiences with _____? (this is if they have an answer for 35)
- 40. Were there other points in time where you have asked for help? Did you receive the help requested? Who gave you the help you requested? What was it that you received?

Health

- 41. Have you or any member of your household been to the emergency room in the past year?
- 42. Have you seen a doctor or a nurse in the past year?
 - a. Yes
 - i. Where? _____
 - b. No
- 43. Chronic Health Condition
 - a. No
 - b. Yes
 - c. Client doesn't know
 - d. Client refused
- 44. Do you have a disabling condition?
 - a. Yes
 - b. No
- 45. Do you or any of your household members use drugs or alcohol?
 - a. Alcohol
 - b. Drugs
 - c. Both
 - d. None
 - e. Client refused
- 46. Physical Disability?
 - a. Yes
 - b. No
 - c. Client doesn't know
 - d. Client refused
- 47. Developmental Disability?
 - a. Yes
 - b. No
 - c. Client doesn't know
 - d. Client refused

48. Have you or anyone in your household been diagnosed with a mental health condition?

- a. No
- b. Yes
 - i. Are you currently in treatment? If Yes, Where? _____
 - ii. If not, Why? _____
- c. Client doesn't know
- d. Client refused

49. Do you currently have health insurance?

- a. Medicaid
- b. Medicare
- c. State Children' Health Insurance Program
- d. Veteran's Administration Medical Service
- e. Employer-Provided Health Insurance
- f. Health Insurance obtained through Open Market
- g. Other