

Vulnerability Survey- Read the following (numbered and in bold and italics) to each potential interviewee before each interview:

1) My name is (interviewer first name). I am working with the Rhode Island Coalition for the Homeless on a survey of the needs of people without permanent housing.

If you are doing the survey in a shelter skip to #3

2) Where will you spend the night tonight? Will it be at your own permanent place, staying with someone else, a homeless shelter, or an outdoor location such as a park, vehicle, abandoned building, or tent?

If “own permanent place” or “staying with someone else” thank the person and move to the next person for screening.

If “a homeless shelter” or “an outdoor location” read the following:

3) You are eligible for our 10 minute voluntary survey. The purpose of this survey is to get a complete picture of the needs of those who lack permanent housing in our state. We will use the information to improve how we help people to get the housing that they need. You will receive a \$5 Dunkin’ Donuts card to thank you for your time if you decide to participate. If it is okay with you we will also take your picture so we can identify you at a later date.

4) Most questions require just a one word answer. Some of the questions are personal in nature, but whether or not you answer any specific question is entirely up to you. If you do not understand a question I will help clarify what we’re asking. It will help us greatly if you answer the questions honestly.

5) If you do participate, the information you provide will be added to the state’s Homeless Management Information System (HMIS). Your answers are confidential and only those people who can help meet your needs will have access to that information.

6) Are you willing to participate in this survey?

If yes, have the person sign the HMIS Consent form. Give them a copy of the Consent form. Then go to page 1 of the VI survey and start the questions. If no, politely thank the person for listening and move on to the next person.

Additional Notes

Please document any person you encountered who refused to take the survey. Fill in the following information to the best of your ability.

Name (if given)	Gender	Ethnicity	Location (be specific)

Use this space to document any other concerns or information about your experiences that you think we should know.

Volunteer Name: _____ Date: _____

Best way to contact if we have questions about these notes: _____

Thank you!