

# FINAL TALLY FORM

## AGRM'S 2018 SNAPSHOT SURVEY

Please compile and submit the totals at [www.surveymonkey.com/r/AGRMSnapshot18](http://www.surveymonkey.com/r/AGRMSnapshot18) by **Thursday, February 8**. Thank you!

Name of individual completing form: \_\_\_\_\_ Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Mission name: \_\_\_\_\_ Mission address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

CEO's name: \_\_\_\_\_ Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

| 1. Are you male or female?  |        | 2. What is your age? |           |
|---|--------|----------------------|-----------|
| a.  | Male   | a.                   | Under 18* |
| b.  | Female | b.                   | 18–25     |
| c.  | Total: | c.                   | 26–35     |
| *NOTE: Most states do not permit direct questioning of minors. Complete the survey with information from each adult individual you interview. You'll provide information about family structure and number of family units and children in Question 7 |        | d.                   | 36–45     |
|   |        | e.                   | 46–65     |
|   |        | f.                   | 65+       |
|   |        |                      |           |

| 3. How do you describe yourself? |   | 4. How were you referred to the mission? |                                     |
|----------------------------------|---|--|-------------------------------------|
| a.                               | White/Caucasian                           | a.                                       | Self-referred (website, AGRM, etc.) |
| b.                               | Black or African-American                 | b.                                       | Family member or friend             |
| c.                               | Hispanic, Latino, or Spanish origin       | c.                                       | Social Services or other agency     |
| d.                               | Asian                                     | d.                                       | Law enforcement                     |
| e.                               | American Indian or Alaskan Native         | e.                                       | Other (please specify)              |
| f.                               | Native Hawaiian or other Pacific Islander |  |                                     |
| g.                               | Other or 2+ races                         |  |                                     |

| 5. What is your education level? |  |    |                   |
|----------------------------------|--|----|-------------------|
| a.                               | No schooling completed                       | f. | Associate degree  |
| b.                               | Nursery to 8 <sup>th</sup> grade             | g. | Bachelor's degree |
| c.                               | Some high school (no diploma)                | h. | Master's degree   |
| d.                               | High school graduate (diploma or equivalent) | i. | Doctorate degree  |
| e.                               | Some college credit (no diploma)             |    |                   |

| 6. Are you a veteran? |                      | If so, which of the following is true of you? |   |
|-----------------------|----------------------|---|---|
| a.                    | Veteran (male)       | e.  | Served in Korea   |
| b.                    | Non-veteran (male)   | f.  | Served in Vietnam   |
| c.                    | Veteran (female)     | g.  | Served in 1 <sup>st</sup> or 2 <sup>nd</sup> Persian Gulf War |
| d.                    | Non-veteran (female) | h.  | Served in Iraq or Afghanistan War                             |

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| 7. How would you describe your family with you today? |                         | Number of Children<br>(served by the mission) in Family? |
|---|-------------------------|--|
| a.  | Single individual       |  |
| b.  | A couple                |  |
| c.  | A woman with child(ren) |  |
| d.  | A man with child(ren)   |  |
| e.  | An intact family        |  |

| C7. If you have children with you today who are also served by the mission, what are their ages? |      |  |          |
|--|------|--|----------|
| a.   | 0-5  |  | c. 13-17 |
| b.   | 6-12 |  | d. 18+   |

| 8. Are you currently homeless? |     | 9. If yes, how long have you been homeless? |                    |
|--------------------------------|-----|---|--------------------|
| a.                             | Yes | a.  | Less than 3 months |
| b.                             | No  | b.  | 3 - 6 months       |
|                                |     | c.  | 6 months to 1 year |
|                                |     | d.  | More than 1 year   |

| 10. How many times have you been homeless? |                            | 11. How long have you lived in this area? |                    |
|--|----------------------------|---|--------------------|
| a.   | Never before homeless      | a.  | More than 6 months |
| b.   | Once before                | b.  | Less than 6 months |
| c.   | Twice before               |   |                    |
| d.   | Three or more times before |   |                    |

| 12. Have you experienced physical violence in the last 12 months? |     | 13. Do you struggle with a mental illness? |     |
|---|-----|--|-----|
| a.  | Yes | a.   | Yes |
| b.  | No  | b.   | No  |

| 14. How often do you come to the mission? |                       |
|---|-----------------------|
| a.  | Daily                 |
| b.  | At least once a week  |
| c.  | At least once a month |

| 15. Do you have homeless benefits? (E.g., SNAP, earned income tax credit, child tax credit) |   | 16. Do you prefer a spiritual emphasis at a rescue mission? |     |
|---|---|---|-----|
| a.  | Currently have benefits                     | a.  | Yes |
| b.  | Lost benefits in last 12 months             | b.  | No  |
| c.  | Do not currently have or never had benefits |   |     |

| 17. How many people are staying in long-term rehab programs? |          | 18. Please note the number of clients staying in your facilities (i.e., rehab) who were not counted elsewhere on this form. |          |
|--|----------|---|----------|
| a.   | Men      | a.  | Men      |
| b.   | Women    | b.  | Women    |
| c.   | Children | c.  | Children |