

FACILITATOR'S FORM

Citygate Network's 2026 Snapshot Survey



Place a mark using counting marks in each applicable category (e.g. ~~||||~~ ~~||||~~ ~~||||~~) to obtain a total count in each category at the end of the day. Space limitations might require you to use multiple copies of this form to compile an accurate tally of the day.

Department: _____

Name(s) of individual(s) completing form: _____

1. What is your gender?		2. What is your age?	
a.	Male	a.	Under 18*
b.	Female	b.	18-25
c.	Other (please specify)	c.	26-35
d.	Did not answer	d.	36-45
*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 household structure and children in Question 7.		e.	46-55
		f.	56-65
		g.	66+
		h.	Did not answer

3. How do you describe yourself?			
a.	White or Caucasian	e.	American Indian or Alaska Native
b.	Black or African American	f.	Native Hawaiian or Other Pacific Islander
c.	Hispanic, Latino, or Spanish origin	g.	Other or Multiple races
d.	Asian	h.	Did not answer

4. How were you referred to the mission/ministry?			
a.	Self-referred (website, etc.)	d.	Law enforcement
b.	Family member or friend	e.	Other (please specify)
c.	Social Services or other agency	f.	Did not answer

5. What is your education level?			
a.	No schooling completed	f.	Associate degree
b.	Nursery to 8 th grade	g.	Bachelor's degree
c.	Some high school (no diploma)	h.	Master's degree
d.	High school graduate or diploma equivalent	i.	Doctorate degree
e.	Some college credit (no diploma)	j.	Did not answer

6.1 Are you a veteran or have you served in the military/armed services?		6.2 If you are a veteran, during which period(s) did you serve in the Armed Forces?	
a.	Veteran (male)	e.	Served July 1964 or earlier
b.	Veteran (female)	f.	Served Vietnam era (August 1964 - April 1975)
c.	Did not answer	g.	Served May 1975 - July 1990
		h.	Served August 1990 - August 2001 (including Persian Gulf War)
		i.	Served September 2001 or later
		j.	Did not specify

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7. How would you describe your family with you today?		Number of children (served by the mission) in household?	
		COLUMN A	COLUMN B
a.	Single individual		
b.	Couple (no children)		
c.	Woman with child(ren)		
d.	Man with child(ren)		
e.	Family (two parents with child(ren))		
f.	Multigenerational family (two or more adults with child(ren))		
f.	Did not answer		

C7. If you have children with you today who are also served by the mission, what are their ages?			
a.	0-5		d. 18+
b.	6-12		e. Did not answer
c.	13-17		

8. Are you currently experiencing homelessness?		9. If yes, how long has this period of homelessness lasted?	
a.	Yes	a.	Less than 3 months
b.	No	b.	3-6 months
c.	Did not answer	c.	6 months to 1 year
		d.	More than 1 year
		e.	Did not answer

10. How many times have you experienced homelessness?		11. How long have you lived in this area?	
a.	Never before homeless	a.	Less than 6 months
b.	Once before	b.	More than 6 months
c.	Twice before	c.	Did not answer
d.	Three or more times before		
e.	Did not answer		

12. Have you experienced physical violence in the last 12 months?		13. Do you struggle with a mental illness?	
a.	Yes	a.	Yes/Diagnosed
b.	No	b.	Yes/Undiagnosed
c.	Did not answer	c.	No
		d.	Did not answer

14. During the past 12 months, has alcohol or drug use led to challenges in any area of your life (such as health, relationships, work, housing, or legal matters)?			
a.	Yes	c.	Did not answer
b.	No		

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15. How often do you come to the mission?		16. Do you receive any public assistance or public welfare benefits? [e.g., SNAP, EITC, child tax credit]	
a.	First time	a.	Currently have benefits
b.	Daily	b.	Lost benefits in last 12 months
c.	At least once a week	c.	Never had benefits
d.	At least once a month	d.	Did not answer
e.	A few times a year		
d.	Did not answer		

17. For which needs do you currently receive benefits? <i>Select all that apply.</i>	
a.	None
b.	Cash assistance (e.g., SSI, SSDI, SS retirement or survivor benefits, unemployment, VA disability or pension)
c.	Nutrition assistance (SNAP/food stamps, WIC)
d.	Health insurance (Medicaid, Medicare, VA health care)
e.	Housing assistance (Housing Choice Voucher, RR, PSH, VA inc. HUD-VASH and SSVF)

18. Do you have medical insurance/benefits?	
a.	Yes
b.	Lost insurance or benefits in last 12 months
c.	Never had benefits
d.	Did not answer

19. What are your main sources of income? <i>Select all that apply.</i>	
a.	No current income
b.	Child support or alimony
c.	Employment or wages
d.	Public assistance (e.g. SNAP, TANF)
e.	Retirement or pension
f.	Veterans benefits

20. Do you prefer a spiritual emphasis at a rescue ministry/ministry?	
a.	Yes
b.	No
c.	Did not answer