

FINAL TALLY FORM

Citygate Network's 2026 Snapshot Survey



Place a mark (e.g. ~~||||~~ ~~||||~~ ~~||||~~) in each applicable category from the completed Facilitator's Form(s). **Please compile totals for each category.** then submit the totals at <https://www.surveymonkey.com/r/CitygateSnapshot26> by **Monday, February 23, 2026**. Thank you!

NAME OF INDIVIDUAL COMPLETING FORM: _____

MINISTRY NAME: _____

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
e.	TOTAL	e.	46–55
*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.		f.	56–65
		g.	66+
		h.	Did not answer
		i.	TOTAL

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
			i. TOTAL

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
			g. TOTAL

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
			k. TOTAL

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
d.	TOTAL	h.	Served August 1990 – August 2001 (incl. Persian Gulf War)
		i.	Served September 2001 or later
		j.	Did not specify
		k.	TOTAL

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7. How would you describe your household 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))		
g.	Did not answer		
h.	TOTAL	(will equal 1e.)	(will not equal 1e.)

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		f. TOTAL (will not equal 1e.)

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.	TOTAL	d.	More than 1 year
		e.	Did not answer
		f.	TOTAL

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	d.	TOTAL
e.	Did not answer		
e.	TOTAL		

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.	TOTAL	d.	Did not answer
		e.	TOTAL

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	d.	TOTAL

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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	e.	TOTAL
f.	Did not answer		
g.	TOTAL		

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

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
e.	TOTAL

19. What are your main sources of income? Enter totals for each category:		
a.	No current income	TOTAL
b.	Child support or alimony	TOTAL
c.	Employment or wages	TOTAL
d.	Public assistance (e.g. SNAP, TANF)	TOTAL
e.	Retirement or pension	TOTAL
f.	Veterans' benefits	TOTAL

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

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Thank you!