



City and County of San Francisco

# Shelter Monitoring Committee

## Shelter Occupancy Survey

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Shelter: \_\_\_\_\_

This Survey is Anonymous. The Committee will NOT SHARE your information with staff or the shelter provider. The purpose of the Survey is to understand why shelter beds are sometimes vacant and suggest ways to help improve access to shelter beds.

1. How did you get your current bed?

- |   |  |
|---|--|
| <input type="checkbox"/> CAAP (includes GA, PAES, SSIP, CALM) | <input type="checkbox"/> VA                    |
| <input type="checkbox"/> 311/Resource Center                  | <input type="checkbox"/> Senior-Set Aside Beds |
| <input type="checkbox"/> SF Homeless Outreach Team (HOT)      | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> CJC                                  |  |

2. How long is your reservation?

- 30 days  
 60 days  
 90 days  
 Other \_\_\_\_\_

3. Have you missed a night at the Shelter by staying somewhere else during your reservation?

- Yes  
 No

4. How many nights did you stay elsewhere during this reservation?

- 1  
 2  
 3  
 Other \_\_\_\_\_

5. What was the reason that you did not stay at the shelter that night or those nights?

- |  |   |
|--|---|
| <input type="checkbox"/> Concerns about my safety  | <input type="checkbox"/> Transportation problems      |
| <input type="checkbox"/> Visiting Family & Friends | <input type="checkbox"/> Other (please explain) _____ |
| <input type="checkbox"/> Work                      |   |
| <input type="checkbox"/> Health problems           |   |

6. Where did you stay that night or those nights when not at the shelter?
- I stayed outdoors/on the street
  - I stayed at another shelter
  - I was hospitalized
  - I was temporarily housed
- Other (please explain)\_\_\_\_\_

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