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?
   [ ] CAAP (includes GA, PAES, SSIP, CALM)  [ ] VA
   [ ] 311/Resource Center    [ ] Senior-Set Aside Beds
   [ ] SF Homeless Outreach Team (HOT)  [ ] Other ______________
   [ ] 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?
   [ ] Concerns about my safety
   [ ] Transportation problems
   [ ] Visiting Family & Friends
   [ ] Other (please explain) ______________
   [ ] Work
   [ ] Health problems
6. Where did you stay that night or those nights when not at the shelter?
   [ ] I stayed outdoors/on the street  [ ] Other (please explain)__________________
   [ ] I stayed at another shelter
   [ ] I was hospitalized
   [ ] I was temporarily housed