



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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