

2017 Family Promise Census

Affiliate

Q. Please select your Affiliate's state

R. Texas

Q. Affiliate Name

R. Family Promise of Midland

Q. Affiliate ID

R. 001F000000hjtByIAI

Q. Census Year

R. 2017

IHN/ROTATIONAL AND EMERGENCY SHELTER (ES) PROGRAM ONLY

Q. Number of INDIVIDUALS served

R. 47

Q. Number of FAMILIES served

R. 15

Q. Total number of children (Under 18)

R. 31

Q. Number of children 5 and Under

R. 13

OTHERS SERVED: PROGRAMS/COMMUNITY INITIATIVES OR OTHER SERVICES

Q. Do you run programs other than the IHN rotational program? This would include shelter, support services (which includes aftercare, etc.).

R. Yes

Q. Please indicate the types of programs or community initiatives your Affiliate provides (Please check all that apply).

R. - Child Care

- Mentoring

- Parenting

- Transitional Housing

Q. How many individuals were served through the additional programs selected above?

R. 26

Q. How many additional individuals did you serve - through referrals or other forms of assistance outside your core IHN/ES program or other formal programming - that were NOT counted in the last two questions above?

R. 0

RESIDENCE PRIOR TO HOMELESSNESS

Q. From your county

R. 11

Q. From other parts of your state (not your county)

R. 4

Q. From out of state

R. 0

Q. Not reported or not tracked

R. 0

DURATION OF STAY

Q. Average Length of Stay for families in the IHN/rotational and or ES Program (in days)

R. 77

FORMER GUESTS

Q. Number of Former Guests who returned for additional services after leaving your IHN/rotational and/or ES program.

R. 0

FAMILY COMPOSITION

Q. Two-parent FAMILIES

R. 1

Q. Female-headed single parent FAMILIES

R. 14

Q. Male-headed single parent FAMILIES

R. 0

Q. Of other composition

R. 0

SPECIAL POPULATIONS

Q. Do you track special populations such as veterans or individuals with disabilities?

R. Yes

Q. How many INDIVIDUALS served in your IHN/rotation program were veterans?

R. 0

Q. How many ADULTS in your IHN/rotation program had a disability as defined by HUD?

R. 0

Q. How many CHILDREN in your IHN/rotation program had a disability as defined by HUD?

R. 0

Q. How many FAMILIES in your IHN/rotation program had at least one member with a disability as defined by HUD?

R. 0

PRIMARY CAUSE FOR HOMELESSNESS

Q. Eviction - rented

R. 1

Q. "No Cause Eviction" - landlord discretion / foreclosure

R. 0

Q. Foreclosure – owned house

R. 0

Q. Health/medical costs

R. 0

Q. Divorce/family breakup

R. 1

Q. Domestic violence

R. 3

Q. Inadequate/inhabitable housing

R. 5

Q. Fire/disaster

R. 0

Q. Job loss

R. 0

Q. Unemployment

R. 5

Q. Other

R. 0

Q. Not disclosed

R. 0

PRIOR LIVING ARRANGEMENTS OF FAMILIES

Q. Not a place for habitation (homeless - street, vehicle, etc.)

R. 0

Q. Lived with friends or family

R. 8

Q. Shelter

R. 0

Q. Transitional or Permanent Housing - Government Subsidized

R. 0

Q. Transitional or Permanent Housing
R. 3

Q. Apartment or rental house (rented)
R. 2

Q. House (previously owned by guest)
R. 0

Q. Other/Do not know
R. 2

HOUSING STATUS AT EXIT

Q. Securing permanent housing
R. 0

Q. Who left within 7 days WITH Housing
R. 0

Q. Securing transitional housing
R. 2

Q. Who left within 7 days W/O Housing
R. 0

Q. Referred to other shelter programs
R. 4

Q. Who moved in with family/friends in a shared housing arrangement
R. 6

Q. Whose housing status is unknown
R. 1

Q. Still in your Affiliate as of 12/31/17
R. 2

PRIMARY SOURCE OF INCOME AT EXIT

Q. Employment
R. 12

Q. Social Security
R. 0

Q. Unemployment Benefits
R. 0

Q. Financial Benefits for Aged-Out Foster Care Youth
R. 0

Q. Local City/Local County Vouchers

R. 0

Q. SSI/SSDI

R. 0

Q. Ryan White Program

R. 0

Q. VASH voucher

R. 0

Q. Section 8/Housing Choice Vouchers

R. 0

Q. TANF

R. 0

Q. VA Benefits

R. 0

Q. Primary Source is None of the Above

R. 0

Q. No Income at Exit

R. 0

EMPLOYMENT

Q. Families with at least one Adult Employed Upon Entry, and who was still employed at Exit

R. 5

Q. Families with at least one Adult who entered the program unemployed and gained Employment While in the Affiliate

R. 10

Q. Families with Adults who were unemployed at program entry and at program Exit?

R. 0

INDIVIDUAL RACIAL BACKGROUND

Q. African-American

R. 13

Q. Asian

R. 0

Q. Caucasian

R. 5

Q. Hawaiian/Pacific Islander

R. 0

Q. Native American

R. 0

Q. Bi-Racial/Multi-Racial

R. 29

Q. Unknown/Undisclosed

R. 0

Q.

R.

ETHNICITY

Q. Hispanic/Latino Origin?

R. 20

OTHER

Q. How many INDIVIDUALS in your IHN Rotational Program were pregnant?

R. 0

Q. Does your Affiliate serve families WITHOUT children?

R. No

Q. Was this your Affiliate's first year of operation?

R. No

WAIT LIST

Q. If your Affiliate or community receives referrals from a community wait-list generated by Coordinated Entry, what is the average?

R. 0

Q. If your Affiliate maintains a wait-list for your own programs, what is the average?

R. 1-5

GUEST CONTACT AFTER EXIT

Q. Do you follow guests after they leave the program, either with case management/other services or for data gathering purposes?

R. Yes

SHELTER ELIGIBILITY

Q. Current Substance Abuse

R. Depends

Q. Past Substance Abuse

R. Depends

Q. Mental illness

R. Depends

Q. Lack of Current full-time employment

R. Never

Q. Lack of legal status/documentation

R. Depends

Q. Current domestic violence

R. Never

Q. History of domestic violence

R. Depends

Q. Criminal background: felony at any time

R. Depends

Q. Criminal background: violent/sexual/child-related felonies only

R. Always

Q. Criminal background: within the last year

R. Depends

Q. Criminal background – any

R. Depends

Q. Marital status (unmarried couples)

R. Never

Q. Same-sex couples

R. Depends

Q. Guest required to have own transportation

R. Never

Q. Adult children (families without children under 18 years)

R. Depends

Q. Geography (e.g. local area only)

R. Depends

HEALTHCARE SERVICES

Q. During case management (in-house services only) provided by the Affiliate, do you offer any of the following services on (choose all that apply):

R. - Trauma Informed Care

- Mental Health

GUEST TIME LIMITATIONS, APPROVAL AND TRACKING

Q. Do you have a time limit for families, regardless of progress toward goals?

R. No

FUNDING AND BUDGET

Q. Do you accept government funding for your IHN/Rotational Program?

R. No

Q. What is your Affiliate's annual operating budget, for ALL programs? (Please estimate if unsure).

R. \$277,730

FAMILY PROMISE PIT COUNT

Q. Did you already fill out and submit the 2017 Family Promise PIT survey?

R. Yes

Q. Email

R. mstreet@familypromiseofmidland.com