HOMELESS IN INDIANAPOLIS:

CHARACTERISTICS OF THE SHELTERED AND LONG-TERM HOMELESS

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**ABSTRACT**

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Virtually every society can, at some point, be affected by homelessness. In recent years in the United States, homeless rates have hovered around three percent of the entire population. Although this marginalized population has been studied before, little is known regarding the possible characteristics that can keep an individual in homelessness or affect their living conditions while being homeless. This thesis provides an in-depth look at specific characteristics that could be factors in the length of the homeless experience, as well as how these same characteristics could impact the shelter status while an individual is homeless. The study reveals that homelessness in Indianapolis was mostly experienced by those who were male, African-American, and between the ages of 31-50. Furthermore, the majority were found to live in shelters and be homeless for twelve months or less.

Ain Haas, Ph.D., Chair

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**INTRODUCTION**

Homelessness, in various forms, has existed throughout much of human history (Snow & Anderson, 1993). Over the last five years, homeless people have consistently accounted for roughly three percent of the United States total population (Lehmann et al., 2007). As a marginalized population, the homeless often receive negative attention, with social stigmas and stereotypes being attached to them (Hodgetts et al., 2008; Kidd, 2007). Given that this stigmatized group is so abundant in the United States population, it is important to study and understand why homelessness occurs and what can be done to help the homeless population.

Previous research shows that there are numerous reasons for why individuals become homeless (Radley et al., 2006; Wilks et al., 2008; Zerger et al., 2008). However, within this research, little shows why there is a divide between the "sheltered" and the "unsheltered" homeless populations and whether the socio-demographic characteristics between these two homeless populations differ. Furthermore, there is little research that explores the reasons for individuals' differing lengths of homelessness, and what could contribute to long-term homelessness.

Some research suggests that a divide between those who seek shelter and those who do not exists because homeless people feel objectified when they go to shelters, or they lack a sense of security and fear victimization in shelters (Casey et al., 2008; Hoffman & Coffey, 2008). This objectification can exist in many forms, including the homeless individuals' not being treated as "fully recognized adults or respected as equal citizens, but rather as numbers and children" (Hoffman & Coffey,

2008, p. 208).  Furthermore, shelters are designed to house as many people as possible, resulting in common-area, barrack-style sleeping quarters for individuals, providing minimal privacy.  Shelters that are available to house families are severely limited or lacking in many urban areas, which results in many families' having to live amongst other individuals in the homeless shelter (Axelson & Dail, 1988).

However, being unsheltered can potentially add negative barriers to a homeless individual, such as being much more unlikely to receive benefits that are possibly available to them.  Furthermore, being unsheltered can add to the social stigma that is associated with homeless populations, and living on the streets can lead to a negative perception of the individual.  Conversely, others seek shelter for various reasons, including protection from outside elements, shelter for children, and having a meal provided for them.

Although previous research provides possible reasons as to why some homeless people make use of shelters and others do not, the research contains a gap as to other reasons this divide may occur.  Little is known about how certain characteristics, such as age, ethnicity, and gender, may hinder homeless people from using provided shelters and may also limit their use of other resources available to them.  Many characteristics can affect the resources that a homeless person seeks, and it is beneficial to understand the impact these characteristics may have.

One primary objective of this research was to understand how specific characteristics could affect the overall shelter status of a homeless individual. Another primary objective of this research was to discover if these same characteristics had an effect on how long an individual remained homeless.

Researching the length of homelessness, and possible variables that could lead to chronic homelessness, can possibly help individuals escape homelessness at a quicker rate.

**LITERATURE REVIEW**

In order to study the homeless adequately, it is important to define homelessness. After defining the homeless, one can then begin to accurately study them and understand what life is like for this unique set of individuals.

**Defining Homelessness**

Defining homelessness is more difficult than one might think. There is generally no single accepted definition of homelessness (Rokach, 2004). Farrell and Reissing (2004) note that the researcher's interpretation and definition of homelessness can have an impact on findings regarding the homeless population. Most studies only examine certain segments of the homeless population, such as those who actively use shelters or health clinics (Zerger et al., 2008). However, such studies underscore the importance of studying the entire homeless population because they fail to include the hidden homeless population, those who do not seek shelters or services.

Some who study the homeless population have classified them into three different categories (e.g., Lee and Greif, 2008). These categories include the "transitionally homeless," which means those who experience brief homelessness between prolonged periods of stable housing. The second category, the "episodically homeless", are those who suffer from repeated residential instability and who are constantly going in and out of homelessness. The third category, "chronically homeless," consists of those for whom homelessness is a persistent condition. Although these classifications identify different periods of homelessness, they fail to encompass some crucial aspects of homelessness.

The definition developed by the European Federation of National

Organizations Working with the Homeless covers other aspects of homelessness.

The definition classifies homeless people depending on their living situations.  They

define homelessness as, "*rooflessness* – without a shelter of any kind, sleeping rough;

*houselessness* – with a place to sleep but temporarily in institutions or shelters;

*insecure housing* – threatened with severe exclusion due to insecure tenancies,

eviction, domestic violence; and *inadequate housing* – in caravans on illegal

campsites, in unfit housing, in extreme overcrowding" (Sikich, 2008, p. 149).

**Studying the Homeless**

Given the difficulties in defining homelessness, it should come as no surprise

that it can be somewhat difficult to study homeless populations.  Many problems can

arise when trying to study the "hidden" or "unsheltered" homeless populations

(Berry, 2007).  The "hidden" homeless are those who do not seek out shelter and try

to make themselves hidden to society, which can make it difficult to provide an

accurate count for this population.  Homeless people also often move from location

to location and into and out of homelessness, which can make accurately studying

the homeless population cumbersome (Sumner et al., 2001).  Farrell and Reissing

(2004) note that, due to various difficulties in studying the homeless, the majority of

homeless counts are quite inaccurate.  This inaccuracy can have major impacts on

policy decisions, such as increases or decreases in government funding for homeless

shelters.

Although there are difficulties in accurately studying the homeless, there are

four main approaches in studying this population (Berry, 2007).  Indirect estimation

uses information from agency directors, such as shelter counts, use of food banks, soup kitchens, and other services in order to study the homeless population. Point-in-time censuses attempt to count the entire homeless population on a single night, including both sheltered and unsheltered homeless people. Respondent-driven, or "snowball" sampling, using networks of homeless individuals, provides only a rough estimate of the homeless population and relies heavily on the accurate counting of clusters of homeless people, who are usually located by outreach workers' knowledge of specific homeless groups' locations. Capture-recapture uses a grid system that divides the area of interest into different segments, and then researchers go out into each grid and count the homeless within their section (Berry, 2007). The "area of interest" in the capture-recapture method can vary from study to study and can include an entire city or be reduced to a specific area where homeless individuals are known to inhabit. This method is the most beneficial in eliminating the possibility of a homeless individual's being counted twice, therefore providing a more accurate count.

Each of these approaches has advantages and disadvantages for studying the homeless population. For example, indirect estimation can only be used to study the "sheltered" homeless, or those who visit food banks or other services. Point-in-time censuses can be beneficial, but are often found to significantly undercount the homeless population. Respondent-driven sampling may miss social networks of homeless individuals that are not linked with other networks known to outreach workers. Moreover, not all homeless individuals associate with other homeless individuals, which can affect the validity of the count. Capture-recapture arguably

requires the most time and effort in counting the homeless population. How large

the "area of interest" is affects how many workers a study will need to accurately

count the homeless population, because each section of the grid will need to be

counted at the same time to avoid the recapture of individuals. Given the limitations

of the various approaches and definitions of homelessness, it is best to combine two

or more of these approaches while studying the homeless. This will enhance the

accuracy of the study, by reducing the risk of undercounting the homeless.

**Life Within the Homeless Population**

As mentioned previously, a negative stigma can surround the homeless

population, which is often developed and acted out by members of "normal" society,

as well as by members of the homeless population itself. Stigma theory applies to

the homeless population because they cannot, or do not, follow the "norms" that

were developed by society (Kidd, 2007, p. 291). Stigma theory applies whenever

specific behaviors are believed to be deviant or unacceptable. Race/ethnicity,

gender, and age also can have an impact on stigmas placed on the homeless

population (Kidd, 2007). For example, being a minority group member or being

female can create further stigmatization for homeless individuals in society, on top

of the stigma already associated with the homeless population as a whole.

Living as a homeless person brings with it many difficulties in terms of

survival on the streets. Homeless people often have to decide how they are going to

survive on the streets--for example, deciding whether or not to use the services of a

homeless shelter. On the surface, homeless shelters and other services seem like an

easy route to take when one becomes homeless. However, as the research shows,

shelters and services are not always beneficial to homeless populations (Hoffman & Coffey, 2008; Wakin, 2005).

One problem that homeless people face is dealing with their safety on the streets. This concern for safety can transfer to homeless shelters as well. Homeless people have reported that they fear the dangers and diseases that could be present in a homeless shelter, therefore making them reluctant to seek shelter and services at such places (Wakin, 2005). Women especially feel reluctant to seek shelter at homeless shelters because they fear that they can easily be victimized in such places (Huey & Berndt, 2008). Women state that they feel vulnerable to sexual exploitation because men in these shelters view the women as vulnerable and easy to take advantage of. Therefore, many homeless men and women will try to avoid victimization by not using this potentially valuable resource that is available to them.

In a report studying the homeless population's satisfaction with services and providers, Hoffman and Coffey (2008) discovered that many times the service workers objectified the homeless individuals and made them feel inadequate and unimportant. Their research discovered that homeless individuals felt that they were not treated as "fully recognized adults" or respected as "equal citizens," but were instead treated as numbers and like children (Hoffman & Coffey, 2008, p. 208). Many homeless individuals stated that they "opted out" of certain services available to them because they wished to maintain their dignity as citizens, and did not want to be objectified as homeless persons (Hoffman & Coffey, 2008, p. 213).

As for the causes of the problem of homelessness, there are two main positions. The first, and most widely accepted position, is that structural factors play the largest role in causing homelessness. These structural factors are caused by society and are "external, macro-level forces over which people have little control" (Lee et al., 1992, p. 536). Structural forces come in many different forms, but include changes in economic conditions, such as a job loss or extended unemployment, the housing market, and changes in various government policies.

The second position, the individualistic approach, posits that the deficiencies in the individual are to blame for decisions made, or not made, and even for factors that are seemingly beyond their control. These factors can include mental illness, substance abuse, and lack of talent or motivation to work. Surprisingly, Lee et al. (1992) discovered that more Americans feel that structural reasons are the biggest factor in causing homelessness and that it is important to avoid "blaming the victim" because many of the situations are impossible to control (Axelson & Dail, 1988).

**Mental Illness and Substance Abuse**

Mental illness and substance abuse are very common negative stereotypes applied to the homeless population. The general population believes that nearly 33 percent of the homeless population suffers from some sort of mental disorder; the public also believes that the majority suffers from some sort of substance abuse (Axelson & Dail, 1988; Phelan et al., 1997). However, even with "a new and growing population of mentally disturbed [homeless] persons," on average, various studies estimate that only 20-25 percent of the entire homeless population is mentally ill and that 26-28 percent have abused alcohol or some other drug (Axelson & Dail,

1988; Hopper, 1988, p. 156; Koegel et al., 1999; Substance Abuse and Mental Health

Services Administration, 2003). With such stigmatization on the part of the general

public being so common, it is important to understand how mental illness and

substance abuse affect the homeless population and what services are being

implemented to help combat this problem.

**Homeless Women and Homeless Youth**

"In the 1960s, the few street people anyone encountered were generally

white, male, and alcoholic" (Abelson, 1999, p. 263). This, however, is not the case

any more. Homelessness now affects many different people, including men, women,

and even children and adolescents. The homeless experience is different for all

people, but it can be argued that the homeless experience is especially difficult for

women and adolescents (Gwadz et al., 2009; Hickler & Auerswald, 2009; Radley et

al., 2006).

Homeless youth usually comprise those who are homeless between the ages

of 18 to 24 years. In recent years, homelessness was expected to affect close to

750,000 to 2 million people within this age range (Zerger et al., 2008). The reasons

for youths' becoming homeless vary, but most often involve structural and personal

stressors. Some of these stressors can include poverty, aging out of foster care,

domestic violence, and substance abuse (Wilks et al., 2008). Life on the streets is

not easy for anyone, but research shows that it can be especially difficult for

homeless youth because they are especially vulnerable on the streets.

Homeless youth often engage in activities called "street economy activities,"

which are activities that produce some sort of value for the homeless youth. These

activities can include stealing, selling drugs, panhandling, trading sex for goods, and robbery (Gwadz et al., 2009; Hickler & Auerswald, 2009).  Previous research shows that about one-third to half of all homeless youth have exchanged sex for money, drugs, food, a place to stay, or other resources (Gwadz et al., 2009; Hickler & Auerswald, 2009).  Gwadz et al. (2009), while studying homeless youth and street economy activities, discovered that about 81 percent of those studied had participated in the "street economy."

The number of homeless women is increasing at significant rates each year, with a large increase occurring during the 1980s (Burt & Cohen, 1989).  Axelson and Dail (1988), report that the majority of homeless families consist of single women with children, and in certain areas found this number to be as high as three-fourths of the entire homeless population.  Characteristics of homeless women can differ greatly from homeless men on many different dimensions (Burt & Cohen, 1989).  Therefore, it is important to understand the characteristics of homeless women to better understand homelessness as a whole.

Homeless women, just like homeless youth, can also be more vulnerable while living on the streets.  Radley et al. (2006) discuss problems that homeless women are more likely to face.  These problems include involuntary sex, physical or sexual violence, unmet health needs, a sense of insecurity and fear, and restrictions on their eligibility for assistance (2006, p. 438).  Radley et al. also discuss that it can be especially difficult for homeless women because the streets are believed to be a masculine place.  The homeless women they interviewed would discuss that public spaces can feel like "a thousand piercing eyes," meaning that homeless men objectify

them and make living on the streets a much more hazardous situation for women

(2006, p. 450).

## METHODOLOGY

The data analyzed in this study came from the 2009 Indianapolis Homeless Count Survey. Coordinated by the IUPUI Center for Health Policy, this survey is conducted annually to get a point-in-time count of homeless individuals throughout Marion County (Littlepage, 2009). The Indianapolis Homeless Count Survey used the point-in-time method as well as a modified capture-recapture method in order to better study the homeless population. Using the point-in-time method allowed the Indianapolis Homeless Count to get a careful count of the homeless population in a single night. Furthermore, the capture-recapture method helped in preventing individuals' being counted twice, by dividing the county into a grid and sending outreach workers to each section of the grid to participate in the count.

By using both methods, the Indianapolis Homeless Count is able to reach out to both the sheltered and unsheltered homeless populations in Marion County on a single night. Furthermore, the use of both methods allows for a more accurate count of the homeless population in the entire county, and helps prevent both undercounting and double counting. Although two methods were used to eliminate error, a physical count such as this could always have the possibility of missed individuals. Both surveys include a question asking the participant if they had already been approached to complete the questionnaire, a method used to help eliminate double counting. Using these methods produced a sample size of 1,042, including both sheltered and unsheltered homeless individuals.

The present study uses both the "shelter count form" and the "street count form" of the 2009 Indianapolis Homeless Count (See Appendix). Each form was

used as a guided interview to gather information on the homeless individual. However, at times, some data were collected based on an outreach or shelter worker's prior knowledge of a homeless individual, or simply by observation. For example, volunteers and outreach workers were instructed not to wake sleeping individuals and to record what information they could simply from observation. The two forms contain many of the same questions regarding the individual's gender, length of homelessness, cause(s) of homelessness, as well as numerous other questions to help gain an understanding on the homeless individual's life. The "street count form" also included an item about where the individual would be sleeping that night. By using both forms of the survey, the analysis was able to provide an overview of the entire homeless population in Marion County. Furthermore, the analysis was able to identify similarities and differences between sheltered and unsheltered homeless populations.

When working with a data set this large, it is inevitable to run into cases with missing data. Missing data in this study could be the result of certain procedures governing data collection, certain answers being based on interviewers' incomplete observations, and not pressuring individuals into answering questions they wished not to answer. Cases that included missing data were still used for the study because these cases contained information pertinent to identifying specific characteristics of the homeless population. For dealing with the missing data, pairwise deletion was used when examining possible correlations and means amongst the variables. Furthermore, valid percents (based on the number responding to each item) were reported to provide more accurate percentages.

**Dependent Variables**

This research study took an in-depth look at several characteristics of the homeless population. However, the main characteristics that were studied as dependent variables included (1) sheltered/unsheltered homeless status; and (2) the length of an individual's homelessness. These variables were used in hopes of filling a void in current research on the homeless population. Studying the differences between homeless individuals in shelters and on the streets can provide beneficial insight into ways to help this population.

**Shelter/Unsheltered Homeless Status**

While analyzing shelter status, Judith Butler's (1990) theory of performativity can be applied in terms of how homeless people may or may not decide to seek shelter or live on the streets. Butler believes that "performativity is about meeting society's expectations about identity, expectations that are enforced through normative devices" (Huey & Berndt, 2008, p. 182). According to Butler's theory of performativity, the homeless person is "performing" what they believe to be "normal" and "acceptable" behavior when they decide to live in a shelter. Individuals who seek shelter may do it because they believe it to be more fitting and acceptable in the eyes of society and also as a method to advance themselves out of homelessness and transition back into "normal" society.

Furthermore, by applying the definition of homelessness from the European Federation of National Organizations Working with the Homeless, as previously outlined, the study was able to identify those who were unsheltered (roofless or inadequate housing) and sheltered (houselessness and insecure housing). However,

this study was not able to identify or discover individuals who may have been homeless but living with a friend or relative.

For the analysis of the data, the two survey data sets were combined into one. Sheltered homeless status was coded as 1, for those who were in a shelter at the time of the count. Unsheltered homeless statuses included all the participants who were interviewed using the "street count form", and were coded as 0. These participants lacked shelter for the evening, and therefore were classified with an unsheltered homeless status.

**Length of Homelessness**

This study also examines the length of the latest period of homelessness to evaluate those who may be "chronically homeless", as outlined previously. The length of homelessness can play a significant role in the life of a homeless individual. Individuals who have faced homelessness for a longer period of time could face stronger stigmas applied by individuals of "normal" society. The length of homelessness can also play a role in the individual's willingness to seek benefits available to them, as well as affect the likelihood of accepting the homeless lifestyle versus trying to blend into society. Whether length of homelessness played a role in seeking shelter or not was also considered. Further analysis was performed to discover if social demographics and certain experiential or health-related characteristics analyzed as possible predictors of shelter status played a role in the length of homelessness.

**Hypotheses**

Among the characteristics considered as possibly differentiating between the homeless individuals who are in a shelter, from those who are unsheltered, were social demographics, employment, veteran status, drug/alcohol problems, HIV/AIDS status, mental illness status, recent confinement in a prison or other institution, acceptance of benefits, and length of homelessness. It was hypothesized that these specific characteristics would have a major impact on sheltered or unsheltered homeless status.

It was further hypothesized that among the homeless, those who were women, employed, or older would seek a homeless shelter rather than live on the street. Homeless women are believed to be more likely to live in shelters due to the possibility of having children, and to avoid the vulnerability they could face on the streets (Radley et al., 2006). Those with jobs will seek shelter because they will have amenities available to them to make them presentable to work the next day. The elderly homeless are believed to seek shelter to avoid the harsh elements of living on the streets, primarily due to health concerns and a higher possibility of victimization.

It was also hypothesized that those with a mental illness or involved in drug/alcohol abuse, are more typical of the unsheltered homeless population. Those with a mental illness may not know of services and shelters that are available to them, or may not be able to follow certain regulations of these shelters. Also, individuals with drug/alcohol problems may not wish to live in shelters due to the fact that shelters are drug/alcohol free.

It was hypothesized that older individuals, men, unemployed, those with drug/alcohol problems, those with a mental illness, those who do not accept benefits, and the unsheltered would be more likely to suffer from long-term homelessness.  Older individuals could become complacent with the homeless lifestyle, especially if they have suffered from long-term homelessness previously, and could accept it as their way of life.  Women may tend to be with children more often than men, which would prompt them to want to get out of homelessness as quickly as possible.  Also, those who are employed could accumulate the funds to enable them to escape homelessness.  Drug/alcohol problems could hinder an individual from making effective preparations in trying to escape homelessness, and could therefore keep them living a homeless lifestyle for an extended period. Homeless individuals with a mental illness could fail to acknowledge or accept services available to them that could help them to escape homelessness. Furthermore, those who do not accept benefits could suffer from long-term homelessness because they are simply not accepting assistance that could help them escape homelessness.  Those who do not live in shelters may not be aware of services that are available to them to help escape homelessness, which could lead to the possibility of long-term homelessness.

**Independent Variables**

This study used several categories of independent variables, which are hypothesized to affect the dependent variables described above.  The six different categories cover a large spectrum of characteristics that can affect the type of homelessness experienced, the causes of homelessness, and the length of

homelessness.  All the independent variables were included in both the shelter-count and street-count surveys.

**Demographics**

The demographic variables that were included in this analysis as predictors of the dependent variables included gender, race/ethnicity, and age.  Male gender was coded as 1=yes, 0=no.  The races/ethnicities that were included in the study were Hispanic/Latino, White, Black, and Other.  Each category was treated as a separate variable, coded as 1=yes, 0=no.  Due to the small number of Asians, this category was combined with Other.  Those who responded "yes" to being Hispanic/Latino were assigned to this category, regardless of how they answered the subsequent question about race.  Age was categorized using the intervals used in the Homeless Count forms and was coded as 0=under 18 years old; 1=18-30 years old; 2=31-50 years old; 3=51-61 years old; and 4=62 years old & over.  It was hypothesized that the majority of the homeless population for this study will be between the ages of 31-50, male, and Black.  The overrepresentation of these groups is expected on the basis of patterns found in previous studies.

**Family Status**

Three separate categories were created to look at family status including those homeless with child(ren), homeless with other adults, or homeless alone.  Family status can have a significant impact on the homeless population.  Being homeless with child(ren) can have a major impact on the length of homelessness as well as the shelter status of homeless individuals.  Individuals could be less likely to live on the streets if they know that children would be living in the same conditions.

Furthermore, if homelessness is experienced by children, individuals could be more likely to pursue options to get out of homelessness quicker. Each variable of family status was treated independently and coded as 1=yes and 0=no.

**Employment Status**

A field was developed indicating if the respondent is currently employed, coded as 1=yes and 0=no. Employment status can have a very large significance for a homeless population. Currently being employed could greatly increase the likelihood that a homeless person would seek shelter. Being employed can have numerous positive impacts on a homeless individual. It can give the homeless individual a sense of belonging to "normal" society. Working allows homeless individuals to feel that they are blending in with society as a whole and may allow them to escape homelessness. Employment can also help individuals escape homelessness, by giving them a steady income to help combat the burdens and worries of homelessness. It was thus hypothesized that those who are employed, but still homeless, will be more likely to live in a shelter than on the streets. Furthermore, it was also hypothesized that those who are employed will be less likely to suffer from long-term homelessness.

**Veteran Status**

Veteran status can have a significant impact on the homeless population, as specific benefits are available to these individuals. Veteran status can affect if respondents seek shelter because they may have become aware of such shelters through the acceptance of Veterans Affairs benefits. Furthermore, these benefits

could help shorten the overall length of homelessness for a Veteran.  Veteran status was coded as 1=yes and 0=no.

**Drug/Alcohol Problems**

Given the manner in which the question was asked on the survey, the two variables were coded together, to indicate whether a problem with either type of substance had been diagnosed, and this measure was coded as 1=yes and 0=no. Drug and alcohol problems can have a negative impact on the homeless population. Having a drug or alcohol problem can prevent homeless individuals from being able to stay in shelters or receive benefits that would normally be available to them. Drug and alcohol abuse could be the reason that an individual becomes homeless, and can also lead to chronic homeless status.  It is believed that those with drug/alcohol problems will be less likely to live in shelters, and also more likely to suffer from long-term homelessness.

**HIV/AIDS Status**

HIV/AIDS status can have a major impact on the homeless population. HIV/AIDS status can affect whether respondents seek shelter, perhaps because they may be more likely to be referred somewhere to receive medication and treatment if they choose to live in a homeless shelter.  HIV/AIDS status can also affect the respondent's eligibility or inclination to seek specific benefits that are available to them.  Therefore, HIV/AIDS status can have a major impact on the dependent variables described above.  HIV/AIDS status was coded 1=yes, 0=no, and 0.5=unsure of their HIV/AIDS status.

**Mental Illness Status**

Mental illness status can have a very significant impact on specific homeless populations. Having a mental illness could prevent a homeless person from seeking shelter, or possibly even keep one from knowing about shelter being available. Having a mental illness could also have a negative impact on the acceptance of benefits available. Homeless individuals who have a mental illness may not be educated about the specific resources and benefits that are available to them, therefore diminishing the likelihood of their seeking out such benefits.

Furthermore, the onset of a mental illness could diminish the chances of an individual's escaping homelessness. Therefore, it is hypothesized that individuals with a mental illness will be homeless longer, and less likely to seek shelter. Specific mental illness(es) were not disclosed on the survey, therefore a general field was developed to distinguish whether the respondent had any mental illness. Having ever been told that they had a mental illness was coded as 1=yes, 0=no, and unsure responses remained blank.

**Recent Confinement**

Recent confinement can have a major impact on the shelter status of homeless individuals. Some individuals, if they were recently confined in a prison or other institution (e.g. hospital), may not wish to be confined by the regulations and walls of a shelter and willingly choose to live on the streets. Therefore, it was important to understand if this variable had any impact on the overall homeless experience. The two variables were studied separately and both were coded as 1=yes and 0=no.

**Accepting of Benefits**

Both sheltered and unsheltered respondents were questioned regarding their use of benefits, including: Medicaid, Medicare, Temporary Aid for Needy Families (TANF), Food Stamps, Supplemental Security Income (SSI), Social Security Disability (SSD), and Veterans Affairs (VA). A general field was created which showed if the individual accepted any type of benefit, and coded as 0 for not accepting any benefits and 1 for accepting at least one of the benefits. Furthermore, each benefit was also individually tested to discover if possible relationships occurred with specific benefits. For this purpose, each benefit was coded separately with 0=no and 1=yes. It was hypothesized that those who are sheltered will be more knowledgeable about possible benefits available to them and therefore will be more likely to use these benefits. Furthermore, it was hypothesized that the length of homelessness will be shorter for those who accept some type of benefit. It is believed that those that are recently homeless may try to use all benefits available to them so that their homeless experience will be as short as possible.

**Times Homeless**

The number of times an individual has been homeless in the past three years can have a significant impact on their current homeless experience. Being homeless multiple times could have an impact on the length of homelessness and therefore could also affect an individual's choice of shelter. Factors that led to previous homelessness could still be at work, and the current choice regarding staying in a shelter could reflect experiences in previous periods of homelessness. Each variable was treated independently and coded as 1=yes and 0=no.

**Methods**

   Several types of statistical analysis were used to obtain the results of this project. Percentages on the demographic characteristics and independent variables of the populations were calculated. Chi-square tests were used for comparing subsamples of sheltered and unsheltered as well as short and long-term homelessness. Statistically significant differences in two-tailed tests were determined using the .05 level. However, especially strong patterns were also identified at the .01 level. Bivariate correlations (measured by Pearson's r) were used as another way to discover possible significant relationships between the dependent variables and the independent variables. This technique makes the overall pattern of a relationship clearer than the non-directional chi-square technique, and does not have the same limitation as chi-square, which has minimum expect cell size requirements that cannot be met if category frequencies are small. Then logistic regression was applied to the characteristics that produced significant correlations, to discover their impact on the probabilities of certain outcomes in terms of shelter status and long-term homelessness. Furthermore, single-sample z-tests were performed for comparing sample percentages to 2010 Census figures for Marion County.

## RESULTS

### Characteristics of the Sample

Table 1 reports the sample distribution of all the variables examined in this thesis. The homeless individuals of this study tended to fit the demographic profile that was prevalent in many previous studies on homeless populations. Overall, the homeless individuals surveyed were predominantly male (68.9%), African-American (49.8%) or White (42.2%), and between the ages of 31 and 50 (49.9%).

A very large percentage (78.1) of the sample was suffering homelessness alone, although one-fifth (20.1%) of the sample reported being homeless with children. About a quarter of the sample were employed (23.4%) or a veteran (28.0%). The sample was fairly evenly divided between individuals who have experienced drug/alcohol problems (46.1%) and those who have not (53.9%). Very few suffered from HIV/AIDS (1.2%) but almost a third had suffered from a mental illness (29.8%). Slightly more than three-fourths of the sample (75.9%) reported not being recently confined; whereas 13.9 percent reported being recently confined in prisons, 8.0 percent in a hospital or institution, and 2.1 percent report being recently confined to both prison and a hospital or institution. Most (56.2%) accepted benefits, and the highest percentage of those who did (41.9) accepted Food Stamps.

The majority of the sample lived in shelters (83.9%) as opposed to living on the streets. Slightly more than a quarter of the sample (28.3%) reportedly suffered from long-term homelessness (13 or more months in the current period of homelessness). Many in the sample suffered from homelessness for less than six

months (42.2%), the majority of the sample was homeless no more than twelve months (71.7%), and few were homeless three or more times in the past three years (1.5%).

When looking at this sample, it is beneficial to analyze on whether or not the sample of homeless individuals differs significantly from the general population. Therefore, various traits within this study were compared to the population of Marion County in the 2010 Census data (available from American FactFinder) to discover if the homeless sample was overrepresented in any category. The homeless sample were found to be overrepresented in numerous categories, including percentages of males (68.9% versus 47.3% among adults of 18 years or older in the local population), African-Americans (49.8% versus 26.4% in the local population), being alone instead of part of a family (78.1% versus 29.8% among all adults living in households, not in group quarters or institutional arrangements), the non-working (76.6% versus 38.7% in the local working-age population, age 16 or older), and veterans (28.0% versus 8.3% among all adults of 18 years or older in Marion County). Although the age categories for this study differed just slightly from the United States Census Bureau, statistically significant overrepresentation was also discovered with the homeless sample in the 31-50 and 51-61 age categories (49.1% and 39.2%, respectively, compared to 37.0% ages 30-49 and 17.3% ages 50-61 in the local population of adults 18 or older). Conversely, there was significant underrepresentation of young (ages 18-29) and old (age 62 or more) adults in the sample of homeless (7.4% and 4.3%, respectively, in the sample,

compared to 28.1% and 17.7% for the same age groups among all adults of Marion

County).

**Predictors of Shelter Status**

Table 2 reports that nearly all the variables were significant for shelter

status.  The two exceptions were age and mental illness status.   The groups which

are disproportionately more likely to be non-sheltered are men (18.9% versus 4.6%

among women) and Hispanics (40.0% are non-sheltered, compared to 15.1% or less

of each other racial/ethnic group).  Table 2 also reveals an extremely high

percentage of those with children living in shelters (99.0) and those living with

other adults most likely to be unsheltered (72.2%) as compared to the unsheltered

living alone (18.9%).  As expected, a higher percentage of those homeless

respondents who are employed reportedly stay in shelters (94.1% versus 84.1% of

the unemployed).  Furthermore, those who are veterans were much more likely to

stay in shelters than not (93.8% versus 84.1% among non-veterans).  Surprisingly,

those who have ever been diagnosed as having problems with drugs or alcohol were

significantly more likely to live in a shelter than those not diagnosed with such a

problem, although the difference is small (89.9% versus 83.7%).

There is a significant relationship with recent confinement in an institution,

and the type of institution matters.  Ex-prisoners are more likely to be on the streets

(21.3%), even moreso if they have also been in another type of institution (26.3%),

perhaps because of the appeal of an unregulated and independent life-style to

someone who has recently been released from a tightly controlled setting.  Among

those with recent experience living in other types of institutions (e.g., hospitals, but

not prisons), the figure was 8.5 percent. It was 12.3 percent among those who had not recently been in either type of institution.

There is a significant difference between those who accept benefits and those who do not. The percent living in shelters was 90.9 among benefit recipients and 80.0 percent among non-recipients.

An interesting curvilinear pattern was noticed when looking at number of months homeless. As the number of months in the current period of homelessness increased up to 18 months, so did the likelihood of being sheltered. But among those with the longest periods of current homelessness, the likelihood of being sheltered went down. The greatest difference was noticed among those being homeless over 24 months, with roughly one-fourth stating they do not live in shelters. Lastly, Table 2 shows that the majority who live in shelters do not suffer from long-term homelessness, but instead have been homeless twelve months or less. Furthermore, those who do live in a shelter tend to have experienced homelessness for less than six months.

A significant relationship was also discovered between times homeless in three years and shelter status. Those who were homeless one, or two, times in the last three years were much more likely to stay in a shelter than those who were homeless three times (84.3% and 81.1% versus 11.1%, respectively).

**Predictors of Length of Homelessness**

Table 2 reveals some interesting statistics regarding key characteristics in regards to long-term homelessness and shelter status. Only gender, age, times homeless in 3 years, and shelter status were significant for long-term homelessness.

Specifically, those who suffer from long-term homelessness are more likely to be male (30.7% of men versus 21.5% of women), and older persons are disproportionately affected by long-term homelessness (33.5% of respondents aged 51-61 years and 44.4% of respondents who were 62 or older suffered from long-term homelessness, compared to 27.3% of those 31-50 years and only 14.8% of those under 30).

In addition, long-term homelessness becomes much more likely for those who were homeless two or three times in the past three years, compared to those who were only homeless once during that time. It was experienced by about half of those with two or three bouts of recent homelessness (47.6% and 50.0%, respectively), but only by about a quarter (26.8%) of those with just one recent episode of homelessness. Lastly, those who do suffer from long-term homelessness tend to also live on the streets, with roughly 43 percent of those who live on the street (unsheltered) also experiencing long-term homelessness, compared to only 25.9 percent of those who are sheltered.

Table 2 also reveals some surprising statistics that were not significant in regards to long-term homelessness. Interestingly, 30.1 percent of the employed homeless still suffer from long-term homelessness, and employment had no effect on long-term homelessness. Long-term homelessness also did not seem to be affected by problems with drugs or alcohol, as 30.7 percent of those who had been diagnosed with such problems were also long-term homeless, compared to 25.8 percent of those who did not have a problem with drugs or alcohol. Finally, as expected, those who had ever been diagnosed with a mental illness were only

slightly (not significantly) more likely to suffer from long-term homelessness than those without such a diagnosis (29.1% versus 26.9%, respectively). Interestingly, accepting benefits was not related to long-term homelessness, as roughly the same percent reported being long-term homeless whether they accepted benefits or not (28.5% versus 28.1%, respectively).

**Gender Differences**

As Table 3 shows, the highest percentage of both men and women were between the ages of 31 and 50 (49.1% and 52.7%, respectively). Race and ethnicity tended to be slightly more evenly spread for men, while women were slightly more likely to be African-American (55.1%) than White Non-Hispanic (36.6%). Rather large differences occurred between men and women when it came to family status, as females in the study were more likely than males to be part of a family with children (55% versus 5%, respectively), and men were much more likely to be homeless alone (93.2% versus 43.6% among women).

When it came to health status, men and women were fairly similar while looking at HIV/AIDS status and mental illness status. However, differences were observed while looking at problems with drugs/alcohol. Men were more likely to have been diagnosed with problems with drugs/alcohol (53.1%) than not (46.9%), while women were more likely not to have a problem (67.0%) than have one (33.0%). Furthermore, Table 3 shows that men and women were roughly just as likely to accept benefits (54.7% and 60.0%, respectively). However, men were much more likely to accept Veterans Affairs benefits, while women were slightly more likely to accept Food Stamps.

Slight differences between men and women occur while looking at months homeless. Women are more likely to be homeless under six months (49.4% versus 39.6% among men), while men were more likely to be homeless over twenty-four months (18.9% versus 10.4%). Furthermore, men were then slightly more likely to suffer from long-term homelessness than were women (30.7% and 21.5%, respectively). Lastly we can see that men were also much more likely to live on the streets than women (18.9% versus 4.6%).

**Correlations**

As we can see with Table 4, many predictors had significant correlations with the dependent variables, with more occurring with shelter status than with long-term homelessness. Predicted significant correlations could be seen in regards to shelter status and family status, as it was expected that those with a family would be more likely to stay in a shelter. Also found to be significant was the predicted correlation between accepting any benefit and shelter status. Furthermore, significant correlations were noticed in regards to shelter status with length of homelessness, months homeless, and times homeless in three years. In contrast, it was surprising not to discover a strong correlation while looking at health status, specifically between having a problem with drugs/alcohol and length of homelessness.

**Estimated Probabilities of Shelter Status and Long-Term Homelessness**

Table 5 shows the estimated probabilities of shelter status and long-term homelessness, for selected combinations of independent variables. Generally the criterion for inclusion of the predictor variables here was that they had to have a

significant association with at least one, or both, of the dependent variables in the previous tables. Table 5 was reduced to reporting on White and African-American males and females because, as noted earlier, these two groups constituted roughly 92 percent of the entire homeless population. There were too few in other categories to provide a safe basis for generalizations.

For every combination of race and gender displayed, except for Black males, there was a larger chance of long-term homelessness for a homeless individual who abused drugs or alcohol. Interestingly, long-term homelessness was only less likely for an employed male, but females actually had a higher chance of being long-term homeless if employed. Lastly, every group, except for White male, was less likely to suffer from long-term homelessness if they accepted benefits.

The abuse of drugs or alcohol had a weak link to shelter status, as individuals were roughly just as likely to be in a shelter if they abused drugs or alcohol or they did not. However, Table 5 did produce some positive probabilities for the homeless population. Every combination of race and gender examined was more likely to be in a shelter if they were employed. Furthermore, all such categories were more likely to be in shelters if they accepted benefits.

## DISCUSSION

It was the goal of this research to study two main aspects of homelessness: shelter status and length of homelessness. This research discovered numerous significant findings that help clarify the characteristics of homelessness, and help provide insight into understanding the homeless population as a whole.

Previous research has suggested that homeless individuals suffer from mental illness and substance abuse problems at relatively high rates (Axelson & Dail, 1988). This research tended to agree with previous studies, with roughly 30 percent of the sample suffering from a mental illness (Axelson & Dail, 1988; Hopper, 1988, p. 156; Koegel et al., 1999; Substance Abuse and Mental Health Services Administration, 2003). As previously reported, Table 3 shows that 29 percent of the males and 31 percent of the females in this study suffer from mental illness. Furthermore, as Table 2 reported, almost 89 percent of those who reported a mental illness were living in a shelter. Additionally, the same high rate of sheltering also applied among the 29 percent of the sample's mentally ill who suffered from long-term homelessness. Therefore, it seems safe to conclude that many of those who are suffering from a mental illness and long-term homelessness are doing so in a homeless shelter and hopefully receiving the attention, help, and services they need and that are offered to them, ultimately helping with their condition.

Drugs and alcohol problems affected many of the homeless individuals who were interviewed, raising numerous questions and concerns. The percentage who reported ever being diagnosed with problems with drugs/alcohol in this study was 12-14 percent higher than found in previous studies (Axelson & Dail, 1988; Hopper,

1988, p. 156; Koegel et al., 1999; Substance Abuse and Mental Health Services

Administration, 2003). Furthermore, a large number of individuals in shelters had

been diagnosed with drug/alcohol problems. Although the questionnaire did not

distinguish between past and current problems, it is noteworthy that the percentage

of individuals who had ever been diagnosed with drug or alcohol problems was

significantly higher in the shelters than among those living on the streets (48%

versus 35%). This discovery should be noteworthy to the directors of these local

shelters. This statistically significant difference may be because congregation in

shelters may make drugs and alcohol supply networks easier to come across.

Long-term homelessness was discovered to be a major problem in this study,

with 28 percent of the sample reportedly being in this situation. This is a significant

result because over 200 individuals in Indianapolis have been living in

homelessness for 13 or more months (in the current period of homelessness), and

could continue to do so for many more months to come. Therefore, it was important

to look at specific characteristics that contributed to individuals' living in long-term

homelessness.

It was noteworthy that individuals who accepted benefits were actually more

likely not to suffer from long-term homelessness. It is positive to note that these

benefits apparently have proven beneficial to the homeless community, and they

seem to be helping individuals out of homelessness, not keeping them in it. The

study discovered that individuals who had ever been diagnosed with mental

illness(es) and/or drug/alcohol problems also constituted a fairly large percentage

of those who suffer from long-term homelessness.  This is absolutely an area for

concern and treatment.

As expected, a very high number of the sample reported living in homeless

shelters.  Granted that it is virtually impossible to have 100 percent of the homeless

population living in shelters, there is still some concern for the roughly 16 percent

who continue living on the streets.  The results of this study did call into question

the theories of Huey & Berndt (2008) and Wakin (2005), which stated women were

more reluctant to live in shelters, by revealing that roughly 95 percent of the women

in this study were actually living in shelters, as reported in Table 2.  It seems

worthwhile to investigate further why some individuals continue to live on the

streets, when such large numbers are finding refuge in shelters.  While the

percentage of individuals living in shelters is high, there are still some

improvements that can be made regarding the figures for getting into a shelter.

Furthermore, as expected, those living in shelters are also receiving some sort of

benefits at a higher rate than those living on the streets.

When dealing with any type of research, it is necessary to address the issue

of generalizability from the sample.  Although the entire sample came from

Indianapolis, Indiana, many of the conclusions were similar to those from other

studies of homeless populations throughout the country.  Although we should

hesitate to use this sample to generalize to the entire homeless population of the

United States, this study could be used to compare to other homeless populations

throughout the country, offering insight into characteristics of the homeless

population.  However, given Indianapolis' abundance of homeless shelters and

services, some statistics may be unique to this area. Nationally, 56 percent of homeless individuals live in shelters (Cunningham & Henry, 2007), compared to the 84 percent in this study. Furthermore, nationally 23 percent of homeless individuals suffer from "chronic" homelessness, compared to 28 percent in this study. Both of these statistics from this study proved to be statistically significant departures from the national averages.

Despite the differences between this study and national averages, many of the statistics discovered are still likely to be applicable to the homeless population as a whole. It was the goal of this study to raise flags with regard to possible problems within the homeless population, with hopes to raise awareness and offer insight to help them. It is hard to believe that homeless populations differ drastically from city to city; therefore, the statistics and insight offered in this study should be at least somewhat applicable to homeless populations across the country. Future research could look at how the homeless experience could differ across various regions of the country or world. This could help discover how external factors play a role and how available resources could differ from city to city.

The findings of this study relate in many ways to the previous research that was introduced at the beginning of the study. Butler believes that individuals "perform" or "present" themselves in ways to reach expectations of society. Arguably, a homeless individual who is living on the streets does not achieve this. Although critics could argue that those outside shelters are embracing independence and not seeking charity to help solve their problems, they are still vulnerable to stigmatization for going against traditional societal expectations by

living in atypical settings.  However, "acceptance of normal behavior" can be seen in the high percentages of individuals in this study who are living in shelters.  This suggests that they are looking to eliminate the negative social stigmas that are attached to them and to perform in such a way that is acceptable to society.  Furthermore, the elimination of the negative stigma, by living in shelters, is helping create the positive impressions that Butler believes would help obtain increased social status.

The face of homelessness is constantly changing; the homeless individual of today is not the same as the homeless individual of ten years ago.  It is possible to walk down the street and not even recognize a homeless individual in today's society because of the ever-changing performativity and "presentation of self", as presented by Butler.  Therefore there is always the possibility for further research to find something new about this population.

Table 1.  Distribution of Total Sample, for All Variables of Interest

| Variable & Categories | Percentage (Frequency) / Marion County %* |
|---|---|
| **Gender** | |
| Male | 68.9 (681)  /  47.3 |
| Female | 31.1 (307)  /  52.7 |
| | |
| **Age** | |
| 18-30 | 15.0 (103)  /  28.1 |
| 31-50 | 49.9 (343)  /  37.0 |
| 51-61 | 31.7 (218)  /  17.3 |
| 62 or Older | 3.3 ( 23)  /  17.7 |
| | |
| **Race/Ethnicity** | |
| White Non-Hispanic | 42.2 (410)  /  59.5 |
| African-American | 49.8 (484)  /  26.4 |
| Hispanic | 3.6 ( 35)  /   9.3 |
| Other | 4.4 ( 43)  /   4.8 |
| | |
| **Family Status** | |
| Child(ren) | 20.1 (209)  /  32.3 |
| Other Adults Only | 1.7 ( 18)  /    -- |
| Alone | 78.1 (811)  /  29.8 |
| | |
| **Employment** | |
| Yes | 23.4 (205)  /  61.3 |
| No | 76.6 (671)  /  38.7 |
| | |
| **Veteran** | |
| Yes | 28.0 (240)  /   8.9 |
| No | 72.0 (618)  /  91.1 |
| | |
| **Health Status** | |
| Drugs/Alcohol | 46.1 (414)  /    -- |
| No Drugs/Alcohol | 53.9 (485)  /    -- |
| | |
| HIV/AIDS | 1.2 ( 11)  /    -- |
| No HIV/AIDS | 98.8 (882)  /    -- |
| | |
| Mental Illness | 29.8 (266)  /    -- |
| No Mental Illness | 70.2 (626)  /    -- |

(continued)

| Variable & Categories | Percentage (Frequency) |
|---|---|
| **Recent Confinement** | |
| Prison | 13.9 (124) |
| Hospital/Institution | 8.0 ( 71) |
| Both | 2.1 ( 19) |
| Neither | 75.9 (675) |
| | |
| **Accepting Benefits** | |
| Medicaid | 20.3 (188) |
| Medicare | 3.2 ( 30) |
| TANF | 5.2 ( 48) |
| Food Stamps | 41.9 (387) |
| SSI | 4.8 ( 44) |
| SS Disability | 7.0 ( 65) |
| VA | 8.2 ( 76) |
| | |
| Any Benefit | 56.2 (519) |
| No Benefits | 43.8 (405) |
| | |
| **Times Homeless in 3 Years** | |
| One | 78.1 (466) |
| Two | 20.4 (122) |
| Three | 1.5 ( 9) |
| | |
| **Months Homeless** | |
| Under 6 | 42.2 (334) |
| 6-12 | 29.5 (234) |
| 13-18 | 1.4 ( 11) |
| 19-24 | 10.4 ( 82) |
| Over 24 | 16.5 (131) |
| | |
| **Length of Homelessness** | |
| Short ($\leq$ 12 Months) | 71.7 (568) |
| Long ($\geq$ 13 Months) | 28.3 (224) |
| | |
| **Shelter Status** | |
| Sheltered | 83.9 (874) |
| Unsheltered | 16.1 (168) |

Total Sample Size: 1,042

(continued)

Note:  Long period of homelessness means 13 or more months in most recent period of homelessness.  Recent Confinement means within the past year.

*The figures for Marion County are from the 2010 Census (American FactFinder) and apply to various age groups.  The Race/Ethnicity figures are for the whole population of Marion County; the Other category includes mixed cases.  The Gender figures are for adults of 18 years or older.  The Age group percentages are for adults of 18 years or older, using these categories: 18-29, 30-49, 50-61, 62 or older.  The Family Status: Living Alone figure is for adults of 18 years or older, living in households (not group quarters or institutions).  The Family Status: Living with Children figure is for all households.  The Employment figures are for the working-age population of 16 years or older, whether or not they are in the labor force (civilian or military); so the "not employed" category includes both the unemployed looking for work and those neither working nor looking for work.  The Veteran Status figures are for adults of 18 years or older, and do not include current military personnel (only civilians).

Table 2.  Percentage Distributions of Shelter Status and Length of Homelessness, by Demographic Traits and Other Variables

| | Shelter Status | | | Length of Homelessness | | |
|---|---|---|---|---|---|---|
| | Sheltered | Not | Total (N) | Short | Long | Total (N) |
| Gender **/** | | | | | | |
|   Male | 81.1 | 18.9 | 100 (681) | 69.3 | 30.7 | 100 (508) |
|   Female | 95.4 | 4.6 | 100 (307) | 78.5 | 21.5 | 100 (251) |
| | | | | | | |
| Age   /** | | | | | | |
|   18-30 | 92.2 | 7.8 | 100 (103) | 85.2 | 14.8 | 100 ( 88) |
|   31-50 | 85.7 | 14.3 | 100 (343) | 72.7 | 27.3 | 100 (293) |
|   51-61 | 87.6 | 12.4 | 100 (218) | 66.5 | 33.5 | 100 (194) |
|   62 or Older | 95.7 | 4.3 | 100 ( 23) | 55.6 | 44.4 | 100 ( 18) |
| | | | | | | |
| Race/Ethnicity  **/ | | | | | | |
|   White Non-Hispanic | 85.1 | 14.9 | 100 (410) | 72.7 | 27.3 | 100 (322) |
|   African-American | 84.9 | 15.1 | 100 (484) | 69.8 | 30.2 | 100 (381) |
|   Hispanic | 60.0 | 40.0 | 100 ( 35) | 77.8 | 22.2 | 100 ( 27) |
|   Other | 90.7 | 9.3 | 100 ( 43) | 74.3 | 25.7 | 100 ( 35) |
| | | | | | | |
| Family Status  **/ | | | | | | |
|   Child(ren) | 99.0 | 1.0 | 100 (209) | 78.6 | 21.4 | 100 (173) |
|   Other Adults | 27.8 | 72.2 | 100 ( 18) | 66.7 | 33.3 | 100 ( 15) |
|   Alone | 81.1 | 18.9 | 100 (811) | 69.9 | 30.1 | 100 (601) |
| | | | | | | |
| Employment  **/ | | | | | | |
|   Yes | 94.1 | 5.9 | 100 (205) | 69.9 | 30.1 | 100 (183) |
|   No | 84.1 | 15.9 | 100 (671) | 72.1 | 27.9 | 100 (591) |
| | | | | | | |
| Veteran  **/ | | | | | | |
|   Yes | 93.8 | 6.2 | 100 (240) | 69.5 | 30.5 | 100 (213) |
|   No | 84.1 | 15.9 | 100 (618) | 73.8 | 26.2 | 100 (549) |
| | | | | | | |
| Health Status | | | | | | |
|   Drugs/Alcohol  **/ | 89.9 | 10.1 | 100 (414) | 69.3 | 30.7 | 100 (362) |
|   No Drugs/Alcohol | 83.7 | 16.3 | 100 (485) | 74.2 | 25.8 | 100 (422) |
| | | | | | | |
|   HIV/AIDS  xx/xx | 81.8 | 18.2 | 100 ( 11) | 55.6 | 44.4 | 100 ( 9) |
|   No HIV/AIDS | 86.8 | 13.2 | 100 (882) | 72.3 | 27.7 | 100 (772) |
| | | | | | | |
|   Mental Illness | 88.7 | 11.3 | 100 (266) | 70.9 | 29.1 | 100 (223) |
|   No Mental Illness | 85.0 | 15.0 | 100 (626) | 73.1 | 26.9 | 100 (551) |

Table 2 (continued)

| | Shelter Status | | | Length of Homelessness | | |
|---|---|---|---|---|---|---|
| | Sheltered | Not | Total (N) | Short | Long | Total (N) |
| Recent Confinement **/ | | | | | | |
|   Prison | 78.2 | 21.8 | 100 (124) | 70.4 | 29.6 | 100 (108) |
|   Hospital/Institution | 91.5 | 8.5 | 100 ( 71) | 81.4 | 18.6 | 100 ( 59) |
|   Both | 73.7 | 26.3 | 100 ( 19) | 73.3 | 26.7 | 100 ( 15) |
|   Neither | 87.7 | 12.3 | 100 (675) | 71.8 | 28.2 | 100 (588) |
| | | | | | | |
| Accepting Benefits **/ | | | | | | |
|   Any Benefit | 90.9 | 9.1 | 100 (519) | 71.5 | 28.5 | 100 (453) |
|   No Benefit | 80.0 | 20.0 | 100 (405) | 71.9 | 28.1 | 100 (338) |
| | | | | | | |
|   Medicaid **/ | 93.6 | 6.4 | 100 (188) | 74.5 | 25.5 | 100 (161) |
|   Medicare xx/xx | 100.0 | 0.0 | 100 ( 30) | 78.3 | 21.7 | 100 ( 23) |
|   TANF xx/* | 97.9 | 2.1 | 100 ( 48) | 86.0 | 14.0 | 100 ( 43) |
|   Food Stamps **/ | 92.0 | 8.0 | 100 (387) | 74.0 | 26.0 | 100 (346) |
|   SSI xx/ | 84.1 | 15.9 | 100 ( 44) | 64.9 | 35.1 | 100 ( 37) |
|   SS Disability xx/ | 90.8 | 9.2 | 100 ( 65) | 61.5 | 38.5 | 100 ( 52) |
|   VA */* | 94.7 | 5.3 | 100 ( 76) | 61.2 | 38.8 | 100 ( 67) |
| | | | | | | |
| Times Homeless in 3 Years **/** | | | | | | |
|   One | 84.3 | 15.7 | 100 (466) | 73.2 | 26.8 | 100 (414) |
|   Two | 81.1 | 18.9 | 100 (122) | 52.4 | 47.6 | 100 (105) |
|   Three | 11.1 | 88.9 | 100 ( 9) | 50.0 | 50.0 | 100 ( 8) |
| | | | | | | |
| Months Homeless **/ | | | | | | |
|   Under 6 (N=334) | 88.0 | 12.0 | 100 (334) | | | |
|   6-12 (N=234) | 91.5 | 8.5 | 100 (234) | | | |
|   13-18 (N=11) | 100.0 | 0.0 | 100 ( 11) | | | |
|   19-24 (N=82) | 82.9 | 17.1 | 100 ( 82) | | | |
|   Over 24 (N=131) | 75.6 | 24.4 | 100 (131) | | | |
| | | | | | | |
| Length of Homelessness **/ | | | | | | |
|   Short (≤ 12 Months) | 89.4 | 10.6 | 100 (568) | | | |
|   Long (≥ 13 Months) | 79.5 | 20.5 | 100 (224) | | | |
| | | | | | | |
| Shelter Status /** | | | | | | |
|   Sheltered | | | | 74.1 | 25.9 | 100 (686) |
|   Unsheltered | | | | 56.6 | 43.4 | 100 (106) |

## Table 2 (continued)

Notes:  Long-Term Homelessness means 13 or more months in most recent period of homelessness. Recent Confinement means within the past year.

Under Accepting Benefits, each category was compared to those not receiving that particular benefit. The latter are not displayed here, but the group receiving no benefits of any kind is shown.

/   Separates information for Shelter Status (left) from Long-Term Homelessness (right) in subtables.
*   Statistically significant relationship at .05 level in chi-square test,
**  Statistically significant relationship at .01  level in chi-square test.
xx  One of the categories is too small for minimum expected cell size requirements of chi-square test .

Table 3.  Percentage Distributions of Variables by Gender
(N in parentheses)

|  | Male | Female |
|---|---|---|
| Age ** |  |  |
| 18-30 | 7.4 | 30.7 |
| 31-50 | 49.1 | 52.7 |
| 51-61 | 39.2 | 15.1 |
| 62 or Older | 4.3 | 1.5 |
|  | 100 (444) | 100 (205) |
| Race/Ethnicity ** |  |  |
| White Non-Hispanic | 44.9 | 36.6 |
| African-American | 47.2 | 55.1 |
| Hispanic | 4.4 | 1.7 |
| Other | 3.5 | 6.5 |
|  | 100 (632) | 100 (292) |
| Family Status ** |  |  |
| Child(ren) | 5.0 | 55.1 |
| Other Adults | 1.8 | 1.3 |
| Alone | 93.2 | 43.6 |
|  | 100 (679) | 100 (305) |
| Employment ** |  |  |
| Yes | 18.0 | 35.5 |
| No | 82.0 | 64.5 |
|  | 100 (557) | 100 (282) |
| Veteran ** |  |  |
| Yes | 40.5 | 5.1 |
| No | 59.5 | 94.9 |
|  | 100 (550) | 100 (273) |
| Health Status |  |  |
| Drugs/Alcohol ** | 53.1 | 33.0 |
| No Drugs/Alcohol | 46.9 | 67.0 |
|  | 100 (578) | 100 (279) |
| HIV/AIDS xx | 1.2 | 1.1 |
| No HIV/AIDS | 98.8 | 98.9 |
|  | 100 (572) | 100 (279) |
| Mental Illness | 28.6 | 30.8 |
| No Mental Illness | 71.4 | 69.2 |
|  | 100 (573) | 100 (276) |

(continued)

Table 3.  Percentage Distributions of Variables by Gender  (continued)

| | Male | Female |
|---|---|---|
| Recent Confinement  ** | | |
|   Prison | 14.3 | 9.3 |
|   Hospital/Institution | 9.3 | 5.4 |
|   Both | 2.8 | 1.1 |
|   Neither | 73.5 | 84.2 |
| | 100 (567) | 100 (279) |
| Accepting Benefits | | |
|   Any Benefit | 54.7 | 60.0 |
|   No Benefit | 45.3 | 40.0 |
| | 100 (590) | 100 (290) |
| | | |
|   Medicaid  ** | 11.0 | 39.3 |
|   Medicare  xx | 2.0 | 6.2 |
|   TANF  ** | 1.2 | 13.8 |
|   Food Stamps  * | 39.8 | 46.9 |
|   SSI | 4.4 | 4.8 |
|   SS Disability | 6.4 | 8.3 |
|   VA  ** | 11.9 | 1.0 |
| | | |
| Times Homeless in 3 Years | | |
|   One | 77.0 | 80.8 |
|   Two | 21.0 | 18.6 |
|   Three | 2.0 | 0.6 |
| | 100 (405) | 100 (167) |
| Months Homeless  ** | | |
|   Under 6 | 39.6 | 49.4 |
|   6-12 | 29.7 | 29.1 |
|   13-18 | 6.7 | 2.4 |
|   19-24 | 11.0 | 8.8 |
|   Over 24 | 18.9 | 10.4 |
| | 100 (508) | 100 (251) |
| Length of Homelessness  ** | | |
|   Short ($\leq$ 12 Months) | 69.3 | 78.5 |
|   Long ($\geq$ 13 Months) | 30.7 | 21.5 |
| | 100 (508) | 100 (251) |
| Shelter Status  ** | | |
|   Sheltered | 81.1 | 95.4 |
|   Unsheltered | 18.9 | 4.6 |
| | 100 (681) | 100 (307) |

(continued)

## Table 3 (continued)

Notes:  Long-Term Homelessness means 13 or more months in most recent period of homelessness. Recent Confinement means within the past year.

Under Accepting Benefits, each category was compared to those not receiving that particular benefit. The latter are not displayed here, but the group receiving no benefits of any kind is shown.

*   Statistically significant relationship at .05 level in chi-square test,
** Statistically significant relationship at .01  level in chi-square test.
xx  One of the categories is too small for minimum expected cell size requirements of chi-square test .

Table 4.  Correlations of Independent and Dependent Variables

| Independent Variables | Shelter Status | Length of Homelessness |
|---|---|---|
| Male Gender | -.189 ** | .097** |
| Age | -.018 | .179** |
| | | |
| Race/Ethnicity | | |
| White Non-Hispanic | .018 | -.022 |
| African-American | .015 | .037 |
| Hispanic | -.130** | -.027 |
| Other | .038 | -.013 |
| | | |
| Family Status | | |
| Child(ren) | .208** | -.081* |
| Other Adults Only | -.202** | .016 |
| Alone | -.138** | .074* |
| | | |
| Employment | .125** | .020 |
| Veteran | .128** | .043 |
| | | |
| Health Status | | |
| Drugs/Alcohol | .090** | .054 |
| HIV/AIDS | -.016 | .040 |
| Mental Illness | .049 | .023 |
| | | |
| Recent Confinement | | |
| Prison | -.112** | .015 |
| Hospital/Institution | .010 | -.046 |
| | | |
| Accepting Benefits | | |
| Any Benefit | .157** | .004 |
| Medicaid | .109** | -.032 |
| Medicare | .073* | -.025 |
| TANF | .080* | -.076* |
| Food Stamps | .144** | -.045 |
| SSI | -.013 | .034 |
| SS Disability | .037 | .060 |
| VA | .074* | .071* |
| | | |
| Length of Homelessness | -.132** | --- |
| Months Homeless | -.123** | --- |
| Times Homeless in 3 Years | -.141** | .181** |

Notes:   * and ** denote significant 2-tailed correlation at .05 and .01 levels, respectively.
Recent Confinement refers to within one year, which may preclude long-term homelessness.

Table 5.  Estimated Probabilities of Outcomes for Certain Combinations
of Independent Variables (in Percentages)

| Dependent Variable<br>Independent Variable | White<br>Male | Black<br>Male | White<br>Female | Black<br>Female |
|---|---|---|---|---|
| **Staying in Shelter** | | | | |
| Employed | | | | |
| Yes | 93.5 | 89.8 | 93.3 | 100.0 |
| No | 87.2 | 81.2 | 90.3 | 95.4 |
| Veteran | | | | |
| Yes | 94.3 | 94.1 | 100.0 | 100.0 |
| No | 83.5 | 77.3 | 91.7 | 96.9 |
| Abusing Drugs or Alcohol | | | | |
| Yes | 90.5 | 87.9 | 95.8 | 97.4 |
| No | 86.0 | 79.7 | 88.7 | 97.2 |
| Recent Incarceration* | | | | |
| Yes | 86.0 | 72.5 | 87.5 | 100.0 |
| No | 89.5 | 84.9 | 92.0 | 97.0 |
| Accepting Benefits | | | | |
| Yes | 92.4 | 87.5 | 93.2 | 98.9 |
| No | 82.6 | 76.7 | 88.9 | 94.6 |
| **Long-Term Homelessness** | | | | |
| Employed | | | | |
| Yes | 30.8 | 30.4 | 15.4 | 25.5 |
| No | 34.9 | 33.5 | 14.1 | 24.0 |
| Veteran | | | | |
| Yes | 33.3 | 30.0 | 15.1 | 25.0 |
| No | 28.5 | 34.1 | 0.0 | 22.6 |
| Abusing Drugs or Alcohol | | | | |
| Yes | 31.6 | 32.4 | 20.9 | 33.3 |
| No | 30.8 | 33.8 | 8.5 | 20.6 |
| Recent Incarceration * | | | | |
| Yes | 24.3 | 35.1 | 18.2 | 50.0 |
| No | 32.8 | 32.6 | 13.9 | 20.5 |
| Accepting Benefits | | | | |
| Yes | 36.8 | 30.1 | 11.8 | 23.2 |
| No | 24.7 | 37.0 | 17.5 | 26.5 |

Example of Interpretation:  There is a 93.5% chance of being sheltered for a homeless employed white male.
Note: Recent Incarceration means being in prison within the past 3 years.

**DIRECTIONS:** Complete one form for each family. If you have any questions regarding how to complete the form, please contact…

**PROGRAM/FACILITY NAME**_____
INTERVIEWER: **PLEASE DO <u>NOT</u> READ THE WORDS IN CAPITALS OUT LOUD**

1. IS THIS PERSON'S GENDER:
☐MALE      ☐FEMALE      ☐UNKNOWN

**INTRODUCTION (READ WORDS IN LOWERCASE ONLY):** Hello, my name is (NAME), and I am a student at IUPUI doing research to improve services for people without permanent housing. We're asking everyone a few questions about their housing situation. Your answers are confidential. That means that they will not be traced back to you.

2. Have you already been asked to answer these questions today?

☐YES (**STOP HERE**)          ☐NO

3. Would you like to participate?

☐YES          ☐NO (**SKIP TO Q22 AND COMPLETE OBSERVED QUESTIONS)**

4. How long have you been without permanent housing?

|__|__| DAYS / WKS / MOS / YRS  **(CIRCLE ONE)**

5. Have you been without permanent housing before this time?

☐YES          ☐NO (**SKIP TO Q8)**

6.  How many times have you been without permanent housing in the past 3 years?

☐1-3          ☐4 OR MORE

7. Are you part of a family without permanent housing?
☐NO ☐YES

If YES, how many adults are in the family?  ___
If YES, how many children are in the family?  ___

**(COMPLETE GRID FOR ALL CHILDREN AT THE SHELTER)**

|          | Age | M/F | In school? | Physical Disability? | Mental Illness? |
|----------|-----|-----|-----------|----------------------|-----------------|
| Child 1  |     |     |           |                      |                 |
| Child 2  |     |     |           |                      |                 |
| Child 3  |     |     |           |                      |                 |
| Child 4  |     |     |           |                      |                 |
| Child 5  |     |     |           |                      |                 |
| Child 6  |     |     |           |                      |                 |

8.  Including this experience and any other times that you lost housing or were homeless within the past year, please state the reason(s) that you lost your housing or were homeless. **CHECK ALL THAT APPLY.**

☐ Foreclosure (You or Your Landlord)
☐ Fire, Flooding, Wind, Tornado, Water Damage
☐ Lost job
☐ Evicted
☐ Alcohol, drugs
☐ Other (Please list reason(s) given)
_____

9. Are you currently attending school or training?
☐ YES          ☐ NO          ☐ UNSURE

10. Are you currently employed?
☐ YES          ☐ NO          ☐ UNSURE

If you are not currently in school or employed, please state the reason(s).  **CHECK ALL THAT APPLY.**
☐ Lack of transportation
☐ Lack of child care
☐ Disabled or for other health reasons
☐ No available jobs
☐ Laid off or discharged due to economy
☐ Need training or vocational rehabilitation
☐ Other (Please list reason(s) given)
_____

11. Are you a veteran?
☐ YES          ☐ NO          ☐ UNSURE

**We are asking the next few questions to design better programs. You don't have to answer them if you don't want to:**

12.  Are you receiving any of the following benefits?  **CHECK ALL THAT APPLY.**

|               | **Receiving** | **Unsure** |
|---------------|:---:|:---:|
| Medicaid      | ☐ | ☐ |
| Medicare      | ☐ | ☐ |
| TANF          | ☐ | ☐ |
| Food Stamps   | ☐ | ☐ |
| SSI           | ☐ | ☐ |
| SS Disability | ☐ | ☐ |
| VA            | ☐ | ☐ |

13. Do you have a problem with drugs or alcohol or have you ever been told that you have a substance abuse disorder?
☐ YES          ☐ NO          ☐ UNSURE

14. Have you ever been told that you have HIV/AIDS?
   ☐YES        ☐NO           ☐UNSURE

15. Have you ever been told that you have a mental illness?

   ☐YES            ☐NO           ☐UNSURE

If YES, please describe: _____

16.  Have you been released within the last year from any prison or other correctional facility?

   ☐YES            ☐NO           ☐UNSURE

If YES, please name the prison or facility.
_____

17.   Other than a correctional facility, have you been released or discharged within the last year from any state institution, hospital, or other facility following a stay of more than one (1) week?

   ☐YES        ☐NO           ☐UNSURE

If YES, please name the facility.
_____

18. Have you ever been in a relationship where you were abused?
   ☐YES        ☐NO           ☐UNSURE

19.  What kind of assistance do you think you need or would you like to have to find and maintain permanent housing?
_____

20. What are your initials? |__|__|__|

21. What is your date of birth? __/__/_____
    IF REFUSED, Will you tell me your age? |__|__|

22. a. Ethnicity.  Do you consider yourself to be Hispanic or Latino?
    ☐YES      ☐NO  ☐UNSURE

    b. Race.  What race do you consider yourself?  (**PLEASE CHECK <u>AT LEAST ONE</u>, AND ALL THAT APPLY**)
    ☐WHITE    ☐BLACK ☐ASIAN    ☐UNKNOWN    ☐OTHER:_____

    c. **RACE WAS DETERMINED BY**:
    ☐INTERVIEW        ☐OBSERVATION

23. ESTIMATED AGE (IF Q21 WAS NOT ANSWERED):

☐Under 18      ☐18-30      ☐31 -50 ☐51 to 61      ☐62 & over      ☐Unknown

24. DOES THIS PERSON APPEAR TO HAVE A PHYSICAL DISABILITY OR MENTAL ILLNESS?

☐YES (PLEASE SPECIFY):

    ☐ *MENTAL ILLNESS* (SUPPORTING OBSERVATION):
_____

    ☐*PHYSICAL DISABILITY* (SUPPORTING OBSERVATION):
_____

☐NO
☐UNSURE

**TERMINATION PARAGRAPH:**
Thank you very much for you participation. Again, all the information you have given us is confidential. Good night.

## 2009 Homeless Count: Street Count Form

**DIRECTIONS:** Complete one form for each person or family you observe or interview. For the "Detailed Location" (Q28), note the approximate street address or closest intersection, and a general description of the location such as bench, vehicle, structure, bridge, doorway, alley, parking garage. etc). If you have any questions, please contact...

**GRID NUMBER/LETTER:** _____          **TIME:** _____

INTERVIEWER: **PLEASE DO <u>NOT</u> READ THE WORDS IN CAPITALS OUTLOUD! ANY QUESTIONS IN CAPITALS SHOULD BE OBSERVED WHILE THOSE IN LOWERCASE SHOULD BE READ OUT LOUD.**

1. DO YOU BELIEVE THIS PERSON IS HOMELESS?
   ☐DEFINITELY HOMELESS
   ☐POSSIBLY HOMELESS     ☐NO (**STOP HERE**)

2. IS THIS PERSON'S GENDER:
   ☐MALE     ☐FEMALE     ☐UNKNOWN

3. IS THIS PERSON:
   ☐AWAKE     ☐ASLEEP **(SKIP TO Q25)**

**INTRODUCTION (READ WORDS IN LOWERCASE ONLY):** Hello, my name is (NAME), and I am a student at IUPUI doing research to improve services for people without permanent housing. We're asking everyone a few questions about their housing situation. Your answers are confidential. That means that they will not be traced back to you.

4. Have you already been approached to answer these questions tonight?
   ☐YES (**STOP HERE**)          ☐NO

5. Would you like to participate?
   ☐YES          ☐NO (**SKIP TO Q24 AND COMPLETE OBSERVED RACE, AGE and DISABILITY)**

6. Tonight, do you have some place to stay that you consider to be your home or the place where you live?
   ☐YES                    ☐NO
   ☐REFUSED     ☐UNSURE

7. Where will you be staying tonight?
   ☐ My Own Room/Apt/House
   ☐ Shelter
   ☐ Other Indoor Place ( e.g., Stairwell, Basement, Etc.)
   ☐ Steet/Park/Other Open Space Outside
   ☐ Vehicle
   ☐ With Someone Else In An Apt Or House
   ☐ Other (Specify): _____
   ☐ Refused          ☐ Don't Know

**IF PERSON HAS A <u>PERMANENT</u> PLACE TO STAY THAT IS MEANT FOR HUMAN HABITATION (OWN ROOM, APARTMENT, HOUSE) STOP INTERVIEW.**

8. How long have you been without permanent housing?

   |__|__|__| DAYS / WKS / MOS / YRS **(CIRCLE ONE)**

9. How many times have you been without permanent housing in the past 3 years?
   ☐1-3                    ☐4 OR MORE              ☐UNSURE

10. Including this experience and any other times that you lost housing or were homeless within the past year, please state the reason(s).  **CHECK ALL THAT APPLY.**
   ☐ Foreclosure (You or Your Landlord)
   ☐ Fire, Flooding, Wind, Tornado, Water Damage
   ☐ Lost job
   ☐ Evicted
   ☐ Alcohol, drugs
   ☐ Other (Please list reason(s) given)
   _____

11. **ASK ONLY IF YOU SEE EMPTY BEDS**: How many other people sleep here? |__|__|__|

12. Are you part of a family without permanent housing?
☐NO ☐YES
If YES, how many adults are in the family?  _____
If YES, how many children are in the family?  _____

**(COMPLETE GRID FOR ALL CHILDREN WITH THEM)**

|         | Age | M/F | In school? | Physical Disability? | Mental Illness? |
|---------|-----|-----|-----------|---------------------|-----------------|
| Child 1 |     |     |           |                     |                 |
| Child 2 |     |     |           |                     |                 |
| Child 3 |     |     |           |                     |                 |
| Child 4 |     |     |           |                     |                 |
| Child 5 |     |     |           |                     |                 |
| Child 6 |     |     |           |                     |                 |

13. Are you currently attending school or training?
   ☐YES          ☐NO          ☐UNSURE

14. Are you currently employed?
   ☐YES          ☐NO          ☐UNSURE

If you are not currently employed or in school, please state the reason(s). **CHECK ALL THAT APPLY.**

☐ Lack of transportation
☐ Lack of child care
☐ Disabled or for other health reasons
☐ No available jobs
☐ Laid off or discharged due to economy
☐ Need training or vocational rehabilitation
☐ Other (Please list reason(s) given)

_____

15. Are you a veteran?
☐YES      ☐NO   ☐REFUSED   ☐UNSURE

**We are asking the next few questions to design better programs to serve homeless people. You don't have to answer them if you don't want to:**

16. Are you receiving any of the following benefits?  Please check all that apply.

|              | **Receiving** | **Unsure** |
|--------------|:----:|:----:|
| Medicaid     | ☐ | ☐ |
| Medicare     | ☐ | ☐ |
| TANF         | ☐ | ☐ |
| Food Stamps  | ☐ | ☐ |
| SSI          | ☐ | ☐ |
| SS Disability| ☐ | ☐ |
| VA           | ☐ | ☐ |

17. Do you have a problem with drugs or alcohol or have you ever been told that you have a substance abuse disorder?
☐YES      ☐NO      ☐UNSURE

18. Have you ever been told that you have HIV/AIDS?
☐YES      ☐NO      ☐UNSURE

19. Have  you ever been told that you have a mental illness?
☐ YES    ☐ NO    ☐ UNSURE

If YES, please describe:

_____

20. Have you been released within the last year from any prison or other correctional facility?

☐ YES    ☐ NO    ☐ UNSURE
If YES, please name the prison or facility:

_____

55

21. Other than a correctional facility, have you been released or discharged within the last year from any state institution, hospital or other facility following a stay of more than one (1) week?

☐ YES    ☐ NO    ☐ UNSURE

If YES, please name the facility:

_____

22. Have you ever been in a relationship where you were abused?
☐YES         ☐NO              ☐UNSURE

23. What are your initials? |__|__|__|

24. What is your date of birth?__/__/_____
          IF REFUSED, Will you tell me your age? |__|__|

25.  a.  Do you consider yourself to be Hispanic or Latino?
          ☐YES       ☐NO              ☐UNSURE

     b.  What race do you consider yourself?  (**PLEASE CHECK <u>AT LEAST ONE</u> AND ALL THAT APPLY**)
     ☐WHITE  ☐BLACK   ☐ASIAN  ☐UNKNOWN ☐OTHER: _____

     c. **RACE WAS DETERMINED BY**:
     ☐INTERVIEW      ☐OBSERVATION

26.  ESTIMATED AGE (IF Q24 WAS NOT ANSWERED):
     ☐ Under 18         ☐18-30              ☐31 -50

     ☐51 to 61     ☐62 & over

27. DOES THIS PERSON APPEAR TO HAVE A PHYSICAL DISABILITY OR MENTAL ILLNESS?

   ☐YES (PLEASE SPECIFY):

          ☐ MENTAL ILLNESS (SUPPORTING OBSERVATION):
_____

          ☐PHYSICAL DISABILITY (SUPPORTING OBSERVATION):
_____

   ☐NO

   ☐UNSURE

28. DETAILED LOCATION:

29.  OTHER INFORMATION (SUCH AS SPANISH SPEAKING, TRANSPORTED TO SHELTER, ETC.):

**TERMINATION PARAGRAPH:**
Thank you very much for you participation. Again, all the information you have given us is confidential. Good night.

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CURRICULUM VITAE

**Brian David Barnes**

<u>EDUCATION</u>

August 2013    *Master of Arts* in Sociology, Indiana University – Indianapolis
- Concentration: Family and Gender
- Thesis: Homeless in Indianapolis: Characteristics of the Sheltered and Long-Term Homeless

May 2008       *Bachelor of Science* in Sociology with a minor in Biblical Studies, University of Evansville

<u>RESEARCH EXPERIENCE</u>

01/09          *Volunteer Interviewer,* Indianapolis Homeless Count
- Assisted with the 2009 Indianapolis Homeless Count
- Identified potential participants and conducted guided interviews

<u>TEACHING EXPERIENCE</u>

08/12-prsnt    *Adjunct Instructor,* Liberal Arts Department at Quincy College
- Developed lesson plans for, and taught, General Introduction to Sociology
- Guided students through requirements and expectations of the course

10/09-05/10    *Graduate Teaching Assistant,* Sociology Department at IUPUI
- Assisted with Introduction to Sociology courses
- Led individual and group study sessions