

MIAMI-DADE COUNTY HIV/AIDS HOUSING SURVEY

Your answers are completely confidential.

This Survey is about housing and services for people living with HIV/AIDS in Miami-Dade County. Your participation is very important, and we would like to have your input. This Survey is being conducted on behalf of the Miami-Dade County HIV/AIDS Partnership and the City of Miami HOPWA Program.

The information gathered in this survey will be used to assess the housing and service needs of people living with HIV/AIDS in order to help with planning. If you need assistance to complete this survey, please talk with the person who gave it to you. Thank you for participating!

Si prefiere contestar estas preguntas en español, favor de hablar con la persona que le dio la encuesta.

1. Are you a resident of Miami-Dade County?

- Yes No → **Please stop here! We're sorry, we can only include Miami-Dade residents, thank you for your willingness to participate.**

2. Are you infected with HIV, the virus that causes AIDS?

- HIV+ not diagnosed with AIDS
 HIV+ diagnosed with AIDS
 Not HIV+ /diagnosed with AIDS → **Please stop here! This is a survey of persons living with HIV/AIDS.**

3. How long ago were you diagnosed as HIV+?

- Less than 6 months 6 to 12 months 1-5 years 6 or more years

4. Which best describes you? Male Female Transgender Other Prefer Not to Answer

5. How old are you? Mark the age range that indicates your age.

- 18-24 25-34 35-44 Years Old 45-54 Years Old
 55-64 65-74 75 and Older

6. Which best describes you? Please check only one.

- Gay Male (Homosexual) Bisexual Lesbian Heterosexual
 Other Prefer not to say

7. Please check all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Haitian | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> Asian | <input type="checkbox"/> Multiracial |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Other: _____ |

8. Do you speak English most of the time? Yes No, I speak _____

9. How many people are in your household?

of Adults _____ # of Children _____

10. Do you get paid for doing any work? Yes No

10a. How many hours do you usually work each week? _____ hours each week

11. If you are not working:

11a. Do you have a disability or medical condition that prevents you from working? Yes No

11b. Are you able to work? Yes No

11c. Would you like to go back to work? Yes No

12. What is the total monthly income (all sources but food stamps) of all the adult members of your immediate household who share money and paying the bills

- \$0
- \$1 to \$500
- \$501-\$999
- \$1000 to \$1500
- \$1501 to \$2000
- Over \$2000

13. How much does your household pay in rent or mortgage every month? \$ _____

14. Do you receive income, benefits or health insurance/care from any of the following programs?

Check all that apply.

- SSI (Supplemental Security Income).
- SSDI (Social Security Disability Insurance).
- TANF (Temporary Assistance for Needy Families – formerly AFDC).
- Social Security Retirement Income
- Veteran's Benefit
- Other Retirement Income
- Unemployment Insurance
- Food Stamps
- Alimony
- Child Support
- Other Income Benefit.
- Medicaid Managed Care
- PAC Waiver
- Medicare.
- Ryan White Care
- Private Health Insurance.
- Private Disability Insurance.
- Florida's AIDS Drug Assistance Program (ADAP).
- Other Health Insurance.
- No Health Insurance.

15. If you are not receiving SSI or SSDI, have you ever applied for such disability benefits?

- Yes
 - I have applied but have not received an approval or denial yet.
 - I was denied and am appealing the denial.
 - I was denied and did not appeal the denial.
- No, I have never applied.
 - But I believe that I am eligible for SSI or SSDI.
 - Because I would not be eligible for disability benefits.

16. Including today, how many times have you visited a doctor, physician's assistant, nurse practitioner, or nurse at a medical clinic for HIV treatment or care? (YOUR BEST ESTIMATE IS FINE).

	How many times?
In the last three months	
In the last six months	

**17. Do you have any conditions that impact your housing needs or ability to get and keep housing?
Check all that apply.**

- Neuropathy, fatigue, or dementia.
- Substance or alcohol abuse.
- Physical impairment that affects my ability to get around.
- Depression or have a mental illness.
- Cognitive impairment, such as problems with my memory or thinking.

18. Have you ever stayed in a residential treatment program or a hospital or crisis unit because of nervousness, anxiety, depression and/or a mental illness?

- No, never.
- Yes, a couple of times.
- Yes, once.
- Yes, many times.

19. Have you ever stayed in a residential treatment program because of a problem with drugs or alcohol?

- No, never.
- Yes, a couple of times.
- Yes, once.
- Yes, many times.

20. If you answered yes, to Question 18 or 19 above, did you lose the housing that you had before you went into treatment? Yes No

21. Have you lost the housing due to hospitalization? Yes No

22. Please check the highest level of education high completed:

10 th Grade	<input type="checkbox"/>
11 th Grade	<input type="checkbox"/>
12 th Grade	<input type="checkbox"/>
GED	<input type="checkbox"/>
Community College or 2 Year Program	<input type="checkbox"/>
Bachelors – 4 Year Program	<input type="checkbox"/>
Masters or Higher	<input type="checkbox"/>

23. Please check all of the answers that are true about you.

<input type="checkbox"/>	I have been convicted of a misdemeanor.	<input type="checkbox"/>	I have been convicted of a felony and served time in jail/prison.
	<input type="radio"/> Once		<input type="radio"/> Once
	<input type="radio"/> Several times		<input type="radio"/> Several times

Continue to the next page

24. Please pick the one kind of place that best describes where you are living today.

- | | |
|--|---|
| <input type="checkbox"/> I rent an apartment or house. | <input type="checkbox"/> I am in a residential alcohol or drug treatment program. |
| <input type="checkbox"/> I live in a condo or house I own. | <input type="checkbox"/> I live in an assisted living facility (ACLF). |
| <input type="checkbox"/> I rent a room by the week or month. | <input type="checkbox"/> I live in a nursing home. |
| <input type="checkbox"/> I stay in a motel or hotel paid by a service provider or government program. | <input type="checkbox"/> I live with friends or relatives; I can stay only for a short while. |
| <input type="checkbox"/> I live in a half-way house for sober living. | <input type="checkbox"/> I live with friends or relatives; I can stay as long as I need to. |
| <input type="checkbox"/> I live in a half-way house or transitional housing program for ex-offenders. | <input type="checkbox"/> I live in an emergency shelter. |
| <input type="checkbox"/> I live in an apartment run by a program that provides me with support services in connection with my disability/disabilities. | <input type="checkbox"/> I live in a transitional housing program for domestic violence victims. |
| <input type="checkbox"/> I live in a foster care home or housing for former foster youth. | <input type="checkbox"/> I live in a transitional housing program for homeless/formerly homeless persons. |
| <input type="checkbox"/> I am in a residential mental health treatment program. | <input type="checkbox"/> I live in the streets, in parks, in a car and/or in places not meant to be lived in. |

25. Does a government program or another organization pay, or help pay, for your housing?

- I have a Section 8 voucher.
- I get HOPWA (Housing Opportunities for Persons with AIDS) Long-Term Rental Assistance.
 - I have been receiving HOPWA LTRA for less than a year.
 - I have been receiving HOPWA LTRA for more than a year.
- I get HOPWA Short-Term Rental or Mortgage Assistance under the STRMU Program.
- I live in public housing.
- I live in permanent supportive housing for formerly homeless persons with disability.
- I am in another long-term housing program that assists people living with a disability.
- I am getting help paying for my housing from family or friends.
- I don't get any help with my housing.

26. If you are on any waiting lists for government or other help to pay, or pay for a part of, your housing costs, which ones (check all that apply)?

- I am waiting for a Section 8 voucher.
- I am waiting to get help from the HOPWA (Housing Opportunities for Persons with AIDS) Long-Term Rental Assistance Program.
- I am waiting for public housing.
- I am waiting for permanent supportive housing for formerly homeless persons with disability.
- I am waiting for another long-term housing program for persons with disability.

27. Have you ever been homeless (meaning have to sleep in a place not meant to live in (e.g. lived on the streets, parks, in a car, safe haven program or emergency shelter)?

- Yes** → Please answer #27a through 27c. **How Many Times** _____
- No** → Skip to #28.

27a. Tell us how long you were homeless each time during the last three years.

	How Many Months Were You Homeless?
First Time	
Second Time	
Third Time	
Fourth Time	
Fifth Time	

27b. I became homeless because (check all of the answers that are true about the last time you were homeless):

- | | |
|---|---|
| <input type="checkbox"/> I had <u>no</u> income from a job or from benefit checks. | <input type="checkbox"/> I have mental illness that was not being treated or not managed. |
| <input type="checkbox"/> I did not have <u>enough</u> income from a job or from benefit checks. | <input type="checkbox"/> I was released from crisis or a mental health provider without anywhere to go. |
| <input type="checkbox"/> My rent increased and I could not afford to stay. | <input type="checkbox"/> I moved to Miami-Dade and had no money, friends, or family. |
| <input type="checkbox"/> I was evicted. | <input type="checkbox"/> I became homeless because of domestic violence. |
| <input type="checkbox"/> My family or partner or roommate made me move. | <input type="checkbox"/> I was living in an apartment building or house that was foreclosed upon. |
| <input type="checkbox"/> I was released from a hospital without anywhere to go. | <input type="checkbox"/> I was living in an apartment building or house that was sold. |
| <input type="checkbox"/> I was released from a substance abuse program without anywhere to go. | <input type="checkbox"/> I was released from jail or prison without anywhere to go. |
| <input type="checkbox"/> I abused drugs or alcohol. | <input type="checkbox"/> I became homeless because of another reason. |

27c. If you stayed at an emergency shelter or homeless housing program, have you felt comfortable or uncomfortable sharing your HIV/AIDS status with the program staff?

- Comfortable Uncomfortable

28. Have you had a problem with your landlord telling others about your HIV status without your permission?

- Yes No

29. Have you ever experienced housing discrimination and, if so, on what grounds?

- Yes Why were you discriminated against? _____
- No

30. If you ever been denied housing, tell us why? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Not enough income. | <input type="checkbox"/> My credit history—no credit or bad credit. |
| <input type="checkbox"/> Not enough money for security deposit, first and last months' rent. | <input type="checkbox"/> Past utility bill due |
| <input type="checkbox"/> Landlords would not accept my program voucher. | <input type="checkbox"/> My immigrations status. |
| <input type="checkbox"/> My rental history, including evictions or poor landlord references. | <input type="checkbox"/> My criminal history or prison record. |

31. Right now, would you rather:

- Stay where I am living now.
- Live in an apartment with a private landlord by myself.
- Move in with friends and share rent.
- Find a roommate to share rent.
- Move in with family.
- Move in to a half-way house for sober living.
- Move in to a half-way house for persons re-entering the community from prison.
- Receive housing through a permanent supportive housing program:
 - Live in my own apartment that I chose and rent from a private landlord, but I also receive case management support and other services as I need them.
 - Live in a building owned by the housing program and receive the services as I need them.
- Live in an assisted living facility.

32a. In addition to my answer above:

- I prefer to live in a building where only people with HIV or AIDS live.
- I prefer not to live in a building where only people with HIV or AIDS live.
- It doesn't matter to me.

33. If you had to move next month to a place you could afford, where would you prefer to move?

- | | | | |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> City of Miami | <input type="checkbox"/> City of Homestead | <input type="checkbox"/> City of Miami Gardens | <input type="checkbox"/> North Dade |
| <input type="checkbox"/> City of Hialeah | <input type="checkbox"/> City of Miami Beach | <input type="checkbox"/> Other _____ | <input type="checkbox"/> South Dade |

34. Do you need these housing services? Please check Yes or No for each.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Help finding housing or referral services such as lists of apartments or houses that you might be able to afford.
<input type="checkbox"/>	<input type="checkbox"/>	Help finding a roommate or apartment looking for new roommate
<input type="checkbox"/>	<input type="checkbox"/>	Someone to take you around to look at apartments
<input type="checkbox"/>	<input type="checkbox"/>	Help filling out housing applications and other forms
<input type="checkbox"/>	<input type="checkbox"/>	Help fixing problems with your credit history
<input type="checkbox"/>	<input type="checkbox"/>	Help clearing up your criminal record.
<input type="checkbox"/>	<input type="checkbox"/>	Assistance with first and last months rent and security deposit.
<input type="checkbox"/>	<input type="checkbox"/>	Assistance with reviewing or negotiating lease with a landlord/property manager.
<input type="checkbox"/>	<input type="checkbox"/>	Other kind of housing service: _____

Thank You! Please return the completed survey to the person who gave it to you.