

MCAH Client Questionnaire

Decriminalizing Homelessness

Instructions:

- Please administer this questionnaire by asking the client questions and recording their responses during intake or within a week of admission. Do not provide answers on behalf of the client or provide suggestions for how the client should answer. Complete in one sitting. **Please ask if the client has already completed the questionnaire, and if they have, do not have them submit again.**
- This is an anonymous questionnaire. The client's information including name or other identifying factors will not be submitted with the answers. The only identifying information submitted with the questionnaire will be the agency's name and contact information.
- Information from questionnaires will be aggregated with others from your community as well as at the state-level. This information will guide the decriminalization committee of the Michigan Coalition Against Homelessness (MCAH) as they identify state policy priorities and the impact that barriers to housing have on clients with criminal records.
- Please submit these questionnaires along with a cover sheet identifying agency name and contact info by one of these methods at least once a month:
 - Mail to:
 - Michigan Coalition Against Homelessness
Attn: Laurel Burchfield
15851 S. Old US-27
Bldg 30, Suite 315
Lansing, MI 48906
 - Fax: 517-485-6682
 - Scan and email: lburchfield@mihomeless.org
- Any questions or concerns can be directed to:
 - Michigan Coalition Against Homelessness
Laurel Burchfield, Manager of Marketing, Growth and Development
517-853-3894 / lburchfield@mihomeless.org

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Our agency is assisting in collecting data on homelessness, discrimination, police engagement and barriers to housing or services for individuals with a criminal record. This information is used to identify areas of concern and policy priorities for the state of Michigan. This information will be submitted without your identity or other information that may be linked to you, other than the name and contact information for our agency. If you have any concerns or questions, you may contact the Michigan Coalition Against Homelessness (MCAH) at 517-853-3894.

1. Have you ever been harassed, cited, or arrested by the police while you have been homeless for any of these activities? SELECT ALL THAT APPLY WITH 'X' IN THE APPROPRIATE BOXES. IF YOU HAVE NOT EXPERIENCED ANY OF THESE, PLEASE SELECT 'NONE'

	Harassed	Cited/Ticketed	Arrested
Sleeping in public			
Sitting or lying down			
Panhandling or asking for money			
Receiving free food			
Loitering or hanging out			
Sleeping in a vehicle			
Appearing 'homeless'			
Public intoxication/drinking			
Other (<i>please describe</i>)			
None			

2. Do you feel your concerns and or safety are taken seriously by police officers?

- a. Yes _____
- b. No _____
- c. I don't know _____

3. Have the police ever taken or threatened to take your personal possessions?
- a. Yes _____
 - b. No _____
 - c. I don't know _____
4. How would you describe relationships between the police and individuals who are homeless in your community? SELECT ONLY ONE ANSWER
- a. Excellent: The police are allies to the homeless population and help us when they can _____
 - b. Good: We have respect for each other and I don't see issues of harassment by the police _____
 - c. Neutral: I don't see any interactions between the police and homeless population _____
 - d. Bad: I see occasional harassment from the police towards people who are homeless _____
 - e. Awful: I fear the police and try to avoid them _____
5. Do you have a criminal record? SELECT ALL THAT APPLY
- a. YES, Misdemeanor _____
Criminal Sexual Conduct _____ Violent _____ Drug _____
 - b. YES, Felony _____
Criminal Sexual Conduct _____ Violent _____ Drug _____
 - c. YES, I have a conviction other than above (please describe) _____
 - d. NO, I do not have any arrests or convictions _____
 - e. NO, I have been arrested but have not been convicted _____
 - f. I don't know _____

6. If you have had a case heard in court while homeless, what was the outcome of your case? SELECT ALL THAT APPLY

- a. Jail or Prison time _____
- b. Fine or Fees _____
- c. Social Services Plan _____
- d. Community Service _____
- e. Stay-Away or Restraining Order _____
- f. Other (*please describe below*) _____

7. PLEASE ANSWER ONLY IF YOU HAVE A CRIMINAL RECORD. If you have a criminal record, what is the largest difficulty you've experienced as a result of your criminal record? SELECT ALL THAT APPLY

- a. Can't access affordable housing _____
- b. Can't find a job _____
- c. Can't access services _____
- d. Other (*please describe below*) _____

8. PLEASE ANSWER ONLY IF YOU HAVE A CRIMINAL RECORD. Do you feel that you have ever been discriminated against with regards to accessing employment, housing, or other services due to your criminal record?

- a. Yes _____
- b. No _____
- c. I Don't Know _____

9. Are you currently working with any service provider to access any of these services? SELECT ALL THAT APPLY

- a. Access to housing _____
- b. Job training _____
- c. Legal aid _____
- d. Healthcare, including mental health _____
- e. Transportation _____
- f. Other _____

10. If you have you tried to get a shelter bed in the area, how often were you able to get a bed?

- a. Always _____
- b. Usually _____
- c. Sometimes _____
- d. Never _____
- e. Have not tried to get shelter _____
- f. I have been denied shelter because of my criminal record _____

11. Do you know of places where it is safe and legal for you to sleep outside?

12. How many times have you experienced homelessness?

- a. 1 _____
- b. 2-5 _____
- c. 6-10 _____
- d. More than 10 _____

13. What do you believe to be the most important issue(s) in your community regarding homelessness, specifically with regards to interaction with police and courts, and/or access to services with a criminal record?