

Backpack Bed Eligibility Survey

for Homeless

To be completed with every Backpack Bed recipient - return details below

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Date	//	Organization	
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All information is confidential - assist with funding, research & eligibility

First Name	Last Name			
Age	18-24 25-34 35-44 45-54 55-64 65+			
Gender	Male Female Other			
Ethnicity*	Non-hispanic / Non-latino Hispanic / Latino			
Race(s)* *using HUD definitions	Black White Asian Indigenous American Native Hawaiian / Pacific Islander Other			

Have you been given a Backpack Bed in the past?	YES NO			
Where did you spend last night?	street shelter			
Other	housing friends / family			
Do you have somewhere secure to stay tonight?				
Do you feel safe where you currently sleep?	YES NO			
Will you be sleeping on the street in the next week?				
OPTIONAL: Do you believe a Backpack Bed help improve your (can select more than one)				
Health Safety Comfort Dignity Self Esteem Steep Other				
OPTIONAL: Do you think this Backpack Bed is better than ONLY a (can select more than one)				
Blanket Tent Sleeping Bag Other				
Signature				
Comments				

Please return form promptly (us2.0): email survey@BackpackBed.org