

Downtown Austin Community Court

Thank you for taking the time to complete this survey. This survey is for people who have had 25 or more citations through the Community Court. We are hoping to have a better idea of what social services you have been able to get in Austin, and what services you feel like you could use in order to improve your living situation or to get medical care. If you want help to obtain social services, please speak to a DACC case manager.

Housing

1. Where do you currently live? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Camp/Streets | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> House you rent | <input type="checkbox"/> Transitional housing |
| <input type="checkbox"/> A program (ex. Residential drug treatment program) | |
| <input type="checkbox"/> Other: Please explain: _____ | |

2. Would you like to change/improve your situation?

- ☐ Yes ☐ No

What have you tried to do change/improve your situation?

What was the result?

What barriers did you face? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Not enough income | <input type="checkbox"/> Money owed to previous property owner |
| <input type="checkbox"/> Money owed to utilities | <input type="checkbox"/> No ID/ Proper Documentation |
| <input type="checkbox"/> Criminal background | <input type="checkbox"/> Other: Please explain: _____ |
| <input type="checkbox"/> Eviction on record | |

Which agencies or people have been most helpful to you? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> ARCH | <input type="checkbox"/> VA |
| <input type="checkbox"/> Salvation Army | <input type="checkbox"/> Community Court |
| <input type="checkbox"/> Caritas | <input type="checkbox"/> Other: Please explain: _____ |
| <input type="checkbox"/> Trinity Center | |

Medical Treatment

1. Do you currently have a primary care doctor?

- ☐ Yes ☐ No

If yes, which clinic do you go to?

- | | |
|--|---|
| <input type="checkbox"/> ARCH clinic | <input type="checkbox"/> Brackenridge clinic |
| <input type="checkbox"/> William Cannon walk-in clinic | <input type="checkbox"/> VA |
| <input type="checkbox"/> Emergency room | <input type="checkbox"/> Other: Please explain: _____ |
| <input type="checkbox"/> CommUnity Care | |

If no, have you tried to see doctor in the last year?

- ☐ Yes ☐ No

What health issues were you trying to address?

2. Do you have a M.A.P. card?

- ☐ Yes ☐ No

If no, why not?

- ☐ No ID
- ☐ I had one and lost it
- ☐ I have VA benefits
- ☐ I have Medicaid/Medicare
- ☐ I don't know where to get one

If yes, where did you get it?

- ☐ ARCH
- ☐ Salvation Army
- ☐ CommUnity Care
- ☐ On my own/MAP Clinic
- ☐ Other: Please explain: _____

3. Have you been prescribed medication in the last year?

- ☐ Yes
- ☐ No

If yes, where did the prescription come from?

- ☐ Doctor at _____
(NAME OF THE CLINIC)

- ☐ ATCIC

Did you have follow up appointments made for you?

- ☐ Yes
- ☐ No

4. Have you sought treatment for a substance abuse disorder or mental health disorder in the last year?

- ☐ Yes
- ☐ No

If yes, identify for which disorder you sought treatment.

- ☐ Substance abuse disorder
- ☐ Mental health disorder

Were you able to obtain treatment?

- ☐ Yes
- ☐ No

Which agencies or people were most helpful to you?

- ☐ ARCH
- ☐ Community Court
- ☐ Commitment to Change
- ☐ Project Recovery
- ☐ Other: Please explain: _____

If no, why do you think you were not able to get treatment?

Income

1. Do you currently receive: Social Security/Disability check?

- ☐ Yes
- ☐ No

If no, and you believe yourself to be disabled?

- ☐ Yes
- ☐ No

If yes, have you applied and been denied?

- ☐ Yes
- ☐ No

Have you ever received a monthly check from social security?

- ☐ Yes
- ☐ No

Would you like assistance to reapply?

- ☐ Yes
- ☐ No

2. Do you currently have employment?

- ☐ Yes
- ☐ No

If yes, is your income sufficient to meet your needs (pay rent, bills, food, transportation, etc)

- ☐ Yes
- ☐ No

If no, have you applied for jobs and been denied?

☐ Yes

☐ No

What do you see as your major barrier to getting a job? (Check all that apply)

- ☐ No stable living situation
- ☐ Criminal background checks
- ☐ Drug testing checks
- ☐ Lack of job skills/education
- ☐ No jobs out there
- ☐ Health issues
- ☐ Not presentable
- ☐ Other: Please explain: _____

3. Does your source of income come from panhandling/flying signs? _____

☐ Yes

☐ No

4. Do you currently have:

- ☐ No income
- ☐ Unemployment check
- ☐ Other income: Please explain: _____

5. What agencies or people have you worked with to improve your income? _____

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Workforce | <input type="checkbox"/> Goodwill |
| <input type="checkbox"/> Easter Seals | <input type="checkbox"/> Community Court |
| <input type="checkbox"/> ARCH | <input type="checkbox"/> Other: Please explain: _____ |
| <input type="checkbox"/> Caritas | |

6. Who or which agencies have been the most helpful? _____

- | | |
|--|---|
| <input type="checkbox"/> ARCH | <input type="checkbox"/> Easter Seals |
| <input type="checkbox"/> Caritas | <input type="checkbox"/> Workforce |
| <input type="checkbox"/> Community Court | <input type="checkbox"/> Other: Please explain: _____ |
| <input type="checkbox"/> Goodwill | |