

# Thank you for taking this survey; we greatly appreciate your input!

This survey will help us understand the current and future housing needs of veterans in Minnesota. The Minnesota Housing Finance Agency intends to use the responses from this survey, among other sources, to make decisions about housing priorities.

As you complete this survey, please:

1. Carefully read each question or statement.
2. Answer questions honestly.
3. Remember there are no right or wrong answers.

The survey should take about 15-20 minutes to complete. You will receive a Visa gift card as a “thank you” for participating.

An independent research company, the Improve Group, is conducting this survey. They will keep your individual responses anonymous. If you have questions, please contact [danielled@theimprovegroup.com](mailto:danielled@theimprovegroup.com). Thank you!

## Veteran Status

Q1 In which branch (or branches) of the United States military have you served? (Select all that apply)

- ☐ Air Force
- ☐ Army
- ☐ Coast Guard
- ☐ Marine Corps
- ☐ Navy

Q2 Type of Military Service? (Select all that apply)

- ☐ Active Duty
- ☐ National Guard
- ☐ Reserves

Q3 When was your period of service? (Select all that apply)

- ☐ September 2001 or later
- ☐ August 1990 to August 2001
- ☐ September 7, 1980 to July 1990
- ☐ May 1975 to September 6, 1980
- ☐ August 1964 to April 1975
- ☐ February 1955 to July 1964
- ☐ July 1950 to January 1955
- ☐ January 1947 to June 1950
- ☐ December 1941 to December 1946
- ☐ November 1941 or earlier

Q4 Did you serve in a combat zone?

- ☐ Yes
- ☐ No

Q5 What was your longest period of continuous service?

- ☐ Less than 3 months (less than 90 days)
- ☐ 3 to 6 months (90 to 180 days)
- ☐ 6 months to 2 years (181 days to 2 years)
- ☐ More than 2 years
- ☐ Do not know

Q6 What kind of discharge did you receive?

- ☐ Honorable
- ☐ Medical
- ☐ Other than honorable
- ☐ Dishonorable
- ☐ Do not know

# Housing

Q7 Which of the following best describes your current living situation?

- ☐ Own my home
- ☐ Rental housing (private apartment/ house)
- ☐ Subsidized rental housing
- ☐ Veteran's home or domiciliary
- ☐ Assisted or customized living facility
- ☐ Nursing home or long-term care facility
- ☐ Retirement community
- ☐ Permanent subsidized housing (HUD-VASH, section 8, GPD TIP, et)
- ☐ Temporarily staying with friends or relatives
- ☐ Permanently living with friends or relatives
- ☐ Transitional Housing/Living Program
- ☐ Halfway House
- ☐ Mental Health Treatment Facility
- ☐ Substance Abuse Treatment Facility
- ☐ Motel/Hotel as emergency shelter
- ☐ Emergency Housing/Emergency Shelter
- ☐ Literally homeless (anywhere outside, in a vehicle, an abandoned building, et)
- ☐ Other

If other, please specify: \_\_\_\_\_

Q8 Since your period of service ended have you been... (select all that apply)

- ☐ Hospitalized for an extended period of time
- ☐ Incarcerated
- ☐ In treatment for substance abuse
- ☐ None of the above

Q9 Are you worried or concerned that in the next two months you may not have stable housing that you own, rent, or stay in?

- ☐ Yes, worried about housing in the near future
- ☐ No, not worried about housing in the near future

Q10 Have you experienced housing instability in the past?

- ☐ Yes
- ☐ No

If you have not experienced housing instability in the past, please skip to Question 19. If you have experienced housing instability, please continue on to the next question.

Q11 In the past two months, have you been living in stable housing that you own, rent, or stay in?

- ☐ Yes, living in stable housing
- ☐ No, not living in stable housing

Q12 If no, what has prevented you from maintaining stable housing?

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Q13 If yes, what helps you to maintain stable housing?

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Q14 How long have you experienced housing instability over the past two years?

- ☐ Less than 3 months
- ☐ 3-6 months
- ☐ More than 6 months, but less than 1 year
- ☐ More than 1 year, but less than 2 years
- ☐ More than 2 years

Q15 In the past 12 months have you spent at least one night in any of the following places? (Select all that apply)

- ☐ Emergency Housing/Emergency Shelter
- ☐ Temporarily staying with friends or relatives
- ☐ Substance Abuse Treatment Facility
- ☐ Halfway House
- ☐ Transitional Housing/Living Program
- ☐ Literally homeless (anywhere outside, in a vehicle, an abandoned building, et)
- ☐ Motel/Hotel as emergency shelter
- ☐ With a stranger
- ☐ None of the above

Q16 In general, how accessible do you feel VA Services are to homeless veterans in your community?

- ☐ Not accessible
- ☐ Rarely accessible
- ☐ Sometimes accessible
- ☐ Always accessible
- ☐ Not applicable

Q17 How able is the VA at coordinating services for homeless veterans?

- ☐ Not able
- ☐ Rarely able
- ☐ Occasionally able
- ☐ Mostly able
- ☐ Not applicable

Q18 How aware of veterans' needs and resources are community homelessness agencies?

- ☐ Not aware
- ☐ Rarely aware
- ☐ Occasionally aware
- ☐ Mostly aware
- ☐ Not applicable

Q19 Approximately what percent of your household income (include all types of income) do you spend on housing (rent or mortgage payments)?

- ☐ Less than 30%
- ☐ 30%-60%
- ☐ 60% or more
- ☐ Do not know

Q20 How concerned are you, if at all, about not having enough money to pay your rent or mortgage?

- ☐ Very concerned
- ☐ Somewhat concerned
- ☐ Not too concerned
- ☐ Not at all concerned

Q21 Do you currently have, or do you anticipate having, medical expenses which may threaten your ability to pay your rent or mortgage?

- ☐ Yes
- ☐ No

Q22 If given the option, what type of housing would you prefer to live in? Please rank them 1-5 with 1 being your top choice.  
Own my house \_\_\_\_\_

Own my own apartment/  
condominium \_\_\_\_\_

Rental apartment \_\_\_\_\_

Rental house \_\_\_\_\_

Veteran's home or domiciliary \_\_\_\_\_

Assisted/customized living facility \_\_\_\_\_

Sober living facility \_\_\_\_\_

Retirement (55+) community \_\_\_\_\_

Nursing home or long-term care  
facility \_\_\_\_\_

Permanent subsidized apartment \_\_\_\_\_

Permanent subsidized house \_\_\_\_\_

Permanently living with friends or  
relatives \_\_\_\_\_

Other \_\_\_\_\_  
If other, please specify:

Q23

If given the option, would you prefer to:

- ☐ Continue living in your current community
- ☐ Move to a different community
- ☐ No preference

Q24

How important are the following items to you when choosing where to live?

	Not important	Somewhat important	Important	Very important
Living with family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living with other veterans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proximity to services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proximity to medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proximity to public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proximity to family and/or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proximity to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proximity to shopping/entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proximity to parks/recreational areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing affordability (how much housing costs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being within an easy walk of other places and things in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sidewalks and places to take walks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High quality public schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying in my current community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of living in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If other, please explain:				

Q25

Please help us understand how often your needs are being met in the following medical treatment areas:

	I have not had needs in this area	Never met	Rarely met	Usually met	Always met
Medical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment for Dual Diagnosis (substance abuse and co-occurring mental health disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q26

In the next 3 years, do you anticipate needing this type of assistance?

	Yes	No	Do not know
Medical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment for Dual Diagnosis (substance abuse and co-occurring mental health disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Q27

Please help us understand how well your needs for assistance are being met in the following areas:

	I have not needed assistance in this area	Never met	Rarely met	Usually met	Always met
Day programming such as planned activities and group meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chore assistance (vacuuming, laundry, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Companion services (offer friendship, visiting, socialization and support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with activities of daily living (bathing, grooming, meal prep, moving around the home, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-home nursing (medication monitoring, blood pressure and blood sugar monitoring, wound care, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home modifications for a disability or due to aging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q28

In the next 3 years, do you anticipate needing this type of assistance?

	Yes	No	Do not know
Day programming such as planned activities and group meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chore assistance (vacuuming, laundry, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Companion services (offer friendship, visiting, socialization and support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with activities of daily living (bathing, grooming, meal prep, moving around the home, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-home nursing (medication monitoring, blood pressure and blood sugar monitoring, wound care, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q29 Please help us understand how well your needs for assistance are being met in the following transportation service areas:

	I have not needed assistance in this area	Never met	Rarely met	Usually met	Always met
Help paying for transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door-to-door transportation services (such as a volunteer driver or Metro Mobility)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation services that operate on a set route (such as a bus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to medical, mental health and/or dental appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation for daily living such as getting groceries and running errands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to social or recreational activities such as family gatherings, church, or physical fitness classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other transportation needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If other please specify:	<hr/>				

Q30 In the next 3 years, do you anticipate needing this type of assistance?

	Yes	No	Do not know
Help paying for transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door-to-door transportation services (such as a volunteer driver or Metro Mobility)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation services that operate on a set route (such as a bus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to medical, mental health and/or dental appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation for daily living such as getting groceries and running errands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Transportation to social or recreational activities such as family gatherings, church, or physical fitness classes

☐☐☐

Other transportation needs

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Q31 Please help us understand how well your needs for assistance are being met in the following education and job service areas:

	I have not needed assistance in this area	Never met	Rarely met	Usually met	Always met
Education assistance and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding a job or gaining employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational rehabilitation (A process that enables people with functional, psychological, developmental, cognitive, or emotional impairments or health conditions to overcome barriers to accessing, maintaining, or returning to employment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q32 In the next 3 years, do you anticipate needing this type of assistance?

	Yes	No	Do not know
Education assistance and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding a job or gaining employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational rehabilitation (A process that enables people with functional, psychological, developmental, cognitive, or emotional impairments or health conditions to overcome barriers to accessing, maintaining, or returning to employment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Q33 Which of the following categories best describes your current employment status?
- ☐ Permanently employed, working 40 or more hours per week
  - ☐ Underemployed, working 40 or more hours per week (due to over-qualification, or seasonal work)
  - ☐ Permanently employed, working 1-39 hours per week
  - ☐ Underemployed, working 1-39 hours per week (due to over-qualification, involuntary part-time work, or seasonal work)
  - ☐ Temporarily employed, working 1-40 or more hours per week
  - ☐ Not employed, looking for work
  - ☐ Not employed, NOT looking for work
  - ☐ Retired
  - ☐ Disabled, not able to work
  - ☐ Disabled, paperwork pending

- Q34 What is the highest degree or level of education you have completed?
- ☐ No schooling completed
  - ☐ Some elementary school
  - ☐ Some high school
  - ☐ Graduated from high school/ GED high school equivalency
  - ☐ Some college/ vocational/ technical school credit, but less than one year of college credit
  - ☐ 1 or more years of college/ vocational/ technical school credit, no degree
  - ☐ Associate's degree (for example: AA, AS)
  - ☐ Bachelor's degree (for example: BA, BS)
  - ☐ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
  - ☐ Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
  - ☐ Doctorate degree (for example: PhD, EdD)

- Q35 Are you currently enrolled in the VA?
- ☐ Yes
  - ☐ No
  - ☐ Do not know

- Q36 Do you have a VA service-connected disability rating?
- ☐ Yes
  - ☐ No

- Q37 If yes, what is your service-connected disability rating?
- ☐ 0%
  - ☐ 10% or 20%
  - ☐ 30% or 40%
  - ☐ 50% or 60%
  - ☐ 70% or higher

- Q38 Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?
- ☐ Yes
  - ☐ No
  - ☐ Sometimes
- Q39 Because of a physical, mental or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
- ☐ Yes
  - ☐ No
  - ☐ Sometimes
- Q40 Do you have serious difficulty walking or climbing stairs?
- ☐ Yes
  - ☐ No
  - ☐ Sometimes
- Q41 Do you have difficulty dressing or bathing?
- ☐ Yes
  - ☐ No
  - ☐ Sometimes

## Alcohol / Drug use

Q42 In the past six months have you used any of the following? (Select all that apply)

- ☐ Cigarettes or other tobacco products
- ☐ Alcohol (beer, wine, hard liquor)
- ☐ Marijuana (reefer, hash, THC, pot)
- ☐ Opium
- ☐ Crack or any other kind of cocaine
- ☐ Inhalants (aerosol sprays, glue, amyl nitrite, poppers)
- ☐ Ecstasy
- ☐ Meth (Methamphetamines)
- ☐ Amphetamines (non-medically)
- ☐ Methadone (non-medically)
- ☐ Oxycodone (non-medically)
- ☐ Heroin
- ☐ LSD
- ☐ Synthetic stimulants ("bath salts")
- ☐ Prescription or pharmaceutical drugs not intended for you or in a way not intended
- ☐ None of the above

Q43 In an average week, how many alcoholic drinks do you have daily?

- ☐ 0
- ☐ 1
- ☐ 2-3
- ☐ 3-4
- ☐ 5+

Q44 How frequently do you use illegal drugs and prescription drugs in a way not intended?

- ☐ Monthly
- ☐ Weekly
- ☐ 2-4 times weekly
- ☐ Daily
- ☐ Never

## Demographics

Q45 How old are you?

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 44-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75-84
- ☐ 85 and older

Q46 What races/ethnicities do you most strongly identify with (select all that apply)?

- ☐ American Indian or Alaskan Native
- ☐ Asian or Pacific Islander
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ White / Caucasian
- ☐ Prefer not to answer
- ☐ Other

If other, please specify:

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Q47 Gender:

- ☐ Male
- ☐ Female
- ☐ Other

Q48 What county do you currently live in? \_\_\_\_\_

Q49 What is your zip code?

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Q50 Which best describes where you live?

- ☐ A rural area
- ☐ A small town
- ☐ A city
- ☐ A suburban area

Q51 Which of the following best describes your current relationship status?

- ☐ Married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ In a domestic partnership or civil union
- ☐ Single, but co-habiting with a significant other
- ☐ Single, never married

Q52 What are your primary sources of income? (Select up to 2)

- ☐ Wage/salary
- ☐ Interest/dividends
- ☐ SSI
- ☐ VA disability
- ☐ Retirement
- ☐ Military retirement
- ☐ Survivor or disability payments
- ☐ Self-employment
- ☐ Social Security
- ☐ Government assistance/MFIP
- ☐ Other VA payments
- ☐ Other

If other, please specify:

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Q53 How much total combined money did all members of your family household earn last year?

- ☐ \$0 to \$9,999
- ☐ \$10,000 to \$14,999
- ☐ \$15,000 to \$19,999
- ☐ \$20,000 to \$24,999
- ☐ \$25,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 to \$124,999
- ☐ \$125,000 to \$149,999
- ☐ \$150,000 to \$174,999
- ☐ \$175,000 to \$199,999
- ☐ \$200,000 and up
- ☐ Prefer not to answer



Q54

How many dependents under the age of 25 are residing in your household?

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ More than 4

Thank you for your time!