COMMUNITY DEVELOPMENT DIVISION
MAYOR'S COMMITTEE ON HOMELESSNESS
BILLINGS ADDENDUM

Please help the Mayor's Committee on Homelessness identify priorities for the 10-Year Plan to impact homelessness in the Billings area by answering a few questions. Your experience, insights and capabilities are an integral part of our plan.

1. During the past year, have you spent time in (answer all that apply):	*# of Days Used in 2006*
City or County Jail	
State or Federal Prison	
Chemical dependency inpatient treatment	
Chemical dependency outpatient treatment	
Mental health inpatient treatment	
Mental health outpatient treatment	
Emergency Room	
Hospital	
Ambulance	
Emergency Shelter	
Transitional Shelter	

2. What would it take to end homelessness for you? Please choose your top three items.

❑ Help getting a job	❑ Alcohol / drug treatment
❑ Help keeping a job – job coaching	❑ Mental health care / counseling
❑ Job training	❑ Health / dental / vision care
❑ Clearing background check	❑ Case management
❑ Credit repair	❑ Prescription medications
❑ Monthly rental assistance	❑ Reliable transportation
❑ Rent deposit / application fee	❑ Legal assistance
❑ Utility deposits	❑ Victim's assistance
❑ Payment of back rent	❑ Child care
❑ Payment of a past utility bill	❑ Help with money management

3. Are you actively seeking housing?	❑ Yes	❑ No
If not, why?		

4. If you could access housing today, your first choice would be:

❑ Shelter – night by night
❑ Hotel / Motel voucher
❑ Temporary housing / apartment – up to 24 months
❑ Permanent housing / apartment with support services
❑ Permanent housing
❑ Other: