



2007 NATIONAL RESCUE MISSIONS SNAPSHOT SURVEY

ASSOCIATION OF GOSPEL RESCUE MISSIONS

Please use the following sheet at your check-in desks in your men's, women's and family facilities on **one day during the week of October 8 - 14**. Make copies of this form so that each check-in area has one. Please ask those you serve today the following questions and tally their responses (in some cases you may mark without asking). **Please return to AGRM by Friday October 19.**

(Sample)		Total
Age: Under 18: IIII		4
18-25: III		3

For instructions on how to complete this survey, please see below.

		Total
1.(a) Number of Males:	_____	1.(a)
(b) Number of Females:	_____	(b)
(c) Total Individuals Served:	_____	(c)
2.(a) Under 18:	_____	2.(a)
(b) 18-25:	_____	(b)
(c) 26-35:	_____	(c)
(d) 36-45:	_____	(d)
(e) 46-64:	_____	(e)
(f) 65+:	_____	(f)
3. Racial/Ethnic Data:		
(a) White:	_____	3.(a)
(b) Black:	_____	(b)
(c) Hispanic:	_____	(c)
(d) Asian:	_____	(d)
(e) Native American (Indian):	_____	(e)
(f) Other Ethnic Groups:	_____	(f)
4. Are you a Veteran?	Male	Female
(a) Yes:	_____	_____
(b) No:	_____	_____
	Male	Female
	/	/
	_____	_____
	/	/
	_____	_____
For Veterans, which of the following (if any) are true?		
(c) I served in Korea during the Korean War		(c)
(d) I served in Vietnam during the Vietnam Conflict		(d)
(e) I served in the Persian Gulf (Afghanistan or Iraq) Wars		(e)
5. Families Served	No. of Families	No. of Individuals
(a) Couple Together:	_____	_____
(b) Woman with Child(ren):	_____	_____
(c) Man with Child(ren):	_____	_____
(d) Family (Man/Woman/Child(ren)):	_____	_____
6. Have you been homeless more than one year?		
(a) Yes:		6.(a)
(b) No:		(b)
7. How many times have you been homeless before this time?		
(a) Never:		7.(a)
(b) Once:		(b)
(c) Twice:		(c)
(d) 3+ times:		(d)
8. Have you stayed in this city more than six months?		
(a) Yes:		8.(a)
(b) No:		(b)
9. While homeless, in the last twelve months, have you been the victim of physical violence?		
(a) Yes:		9.(a)
(b) No:		(b)
10. How often do you come to the mission for assistance?		
(a) Every day:		10.(a)
(b) At least once a week:		(b)
(c) At least once a month:		(c)
11. Have you lost government benefits in the past twelve months?		
(a) Yes:		11.(a)
(b) No:		(b)
12. Do you prefer to receive services from an agency with a spiritual emphasis?		
(a) Yes:		12.(a)
(b) No:		(b)
13. <u>For Mission's Staff</u> : How many people are staying in long-term rehab programs?		
	Men _____	Women _____

Please note the number of clients staying in your facilities (i.e. rehab) who were not counted elsewhere on this form.

Men _____ Women _____ Children _____

PLEASE COMPILE THE TOTALS AND RETURN TO AGRM BY FRIDAY OCTOBER 19 (FAX 816-471-3718). THANK YOU!

Mission Name _____ City _____ State/Prov _____

Executive's Name _____ AGRM District _____

Name of the individual who completed this form _____ Phone _____

Each year, the SNAP SHOT SURVEY presents a communication barrier for those who ask the questions, and those who tabulate the results, to understand just what information is desired from the question. The following guide is designed to help those who use the form to complete it, providing appropriate data for publication.

Please remember that the purpose of the survey is to **provide accurate information on demographics** for those individuals coming to rescue missions across the country. It is not designed to assess the viability of your local ministry. Therefore, please be as complete and accurate as possible.

PLEASE NOTE: List the **numbers** of the individuals for each category, **not percentages**. Percentages will be calculated by the Association of Gospel Rescue Missions staff and included with the information returned to you once all of the surveys have been tabulated.

1. Number of individuals using your facility, include children. $1a+1b=1c$
2. Number of individuals using your facility by age group. 2a through 2f should equal 1c
3. Number of individuals using your facility by race/ethnic group. 3a through 3f =1c
4. Number of individuals using your facility who are veterans, broken down by gender.
Males 4a+4b should equal 1a
Females 4a+4b should equal 1b
Questions 4c to 4e, list total number of responses.
5. We want to know about your ministry to families. List the number of families **and** the number of individuals served in each of the categories listed (i.e., A couple is one family and two individuals, or a woman with three children is one family and four individuals, or a husband and wife with one child is one family and three individuals).
- 6-12. Children and some other guests will not respond to questions 6, 7, 8, 9, 10, 11 and 12. List actual responses.
13. List the number of men and women in your mission rehab programs on the survey date, regardless of whether they responded to the survey.

There is also a place to list any individuals using the mission facilities whose responses were not included in the survey.

Please tally your count sheets and send **only one compiled sheet** to the association office. We will send you your local results along with the national figures when the count is complete.

Association of Gospel Rescue Missions
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Fax: 816-471-3718

You may also report your results on the web at:
www.agrm.org/member/snap-form.html

Complete the form and e-mail it to the Association office
Make sure you include the name and city of your mission so that we can return the results to you.