

Attention Point in Time Count Surveyor:

- Thank you for your time and effort to execute the Point in Time Count.
- Adhere to all expectations determined in training to carry out this survey.
- Complete the first and second pages of this survey with the Head of Household.
- Complete the Additional Household Members form for members of that household.
- Ensure that household information and surveys stay together.
- The Youth Addendum is only completed if the Head of Household is 24 years or younger.
- Print off extra copies of surveys as needed, Additional Household Member Information Forms may be needed for one household.

Thank you again for your time in these efforts.

Please Print Neatly

Use these categories: Un-answered questions will not be “interpreted”
Include notes at the bottom if necessary, but answer all questions.

Surveyor’s Name:		Surveyor’s Organization/Agency:	
County Survey Conducted In:		City Survey Conducted In:	
Where Conducted?	Street <input type="radio"/>	Service-based <input type="radio"/>	Cross-streets or relative position survey took place:
<small>*Street: if survey was conducted on the street between 5pm Wednesday, 1/25 and 7am Thursday, 1/26. Anything after that, whether on the street or at an event, is considered Service-based.</small>			

Surveyor: Read to each respondent. We are conducting a statewide survey about people experiencing a housing crisis that will take about 10 minutes.		<ul style="list-style-type: none"> If you change your mind, we can stop at any time. We can also skip questions. The survey is confidential and is used for reporting and planning purposes only. We will store the information you provide in a secured system.
Participation is completely voluntary.		
Consent was read to respondent:	Yes <input type="checkbox"/>	Are you willing to participate and share your information?
	Yes <input type="checkbox"/>	No <input type="checkbox"/> STOP: This individual/household does not wish to be included. Thank them and move on.

Initials of Homeless Person	First letter of first name	First 3 letters of last name	All members in Household under age 25?	No <input type="checkbox"/>	Yes <input type="checkbox"/> Youth: Complete Youth Addendum
With household?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Head of household?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			<small>Begin with the Head of Household.</small>	TOTAL number of people in household #	<small>If more than 1 person in household, complete 1 form for every household member.</small>

Where did you spend the night of <u>January 25, 2023</u> ?	Unsheltered			Sheltered			Other _____ _____
	Abandoned Building <input type="checkbox"/>	Vehicle/Car <input type="checkbox"/>	On Streets / Homeless Camp <input type="checkbox"/>	Family/Friends (doubled up) <input type="checkbox"/>			
	Campground <input type="checkbox"/>		Park <input type="checkbox"/>	Youth Options: Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/>			
Youth Options:			Juvenile Detention Center <input type="checkbox"/> Hotel / Motel <input type="checkbox"/> Refused but Sheltered <input type="checkbox"/>				
Refused but Unsheltered <input type="checkbox"/> 24-Hour Business <input type="checkbox"/>							

Reasons for Homelessness <small>Check all that apply</small>	Eviction History <input type="checkbox"/>	Divorce/Separation <input type="checkbox"/>	Substance or Drug Use History <input type="checkbox"/>	Disability <input type="checkbox"/>	Mental Health <input type="checkbox"/>	No Income or Unemployment <input type="checkbox"/>	Other _____ _____
	Sexual Orientation <input type="checkbox"/>	Natural Disaster/Flooding <input type="checkbox"/>	Fleeing Domestic Violence/Sexual Assault/Trafficking/Stalking, Neglect, or Abuse <input type="checkbox"/>		Refused <input type="checkbox"/>		
	Youth-Specific Options:						
Can't get along with Parents or Guardian <input type="checkbox"/>		Juvenile Justice/Jail History <input type="checkbox"/>	Parents Abandoned <input type="checkbox"/>	Can't Afford My Own Housing <input type="checkbox"/>	Lack of Employment <input type="checkbox"/>		
Can't Sign My Own Lease <input type="checkbox"/>		Unsafe or Unsanitary Family Home <input type="checkbox"/>	I Ran Away and am Not Welcome Back <input type="checkbox"/>				

Age	Under 18 <input type="checkbox"/>	18-24 <input type="checkbox"/>	25-34 <input type="checkbox"/>	35-44 <input type="checkbox"/>	45-54 <input type="checkbox"/>	55-64 <input type="checkbox"/>	65 and older <input type="checkbox"/>
-----	-----------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	---------------------------------------

Gender (select all)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>	A gender other than singularly female or male <input type="checkbox"/>	Questioning <input type="checkbox"/>	Refused <input type="checkbox"/>
---------------------	-------------------------------	---------------------------------	--------------------------------------	--	--------------------------------------	----------------------------------

Race (select all)	White <input type="checkbox"/>	Black, African American, or African <input type="checkbox"/>	Asian or Asian American <input type="checkbox"/>	American Indian, Alaska Native, or Indigenous <input type="checkbox"/>	Native Hawaiian or Pacific Islander <input type="checkbox"/>	Refused <input type="checkbox"/>
-------------------	--------------------------------	--	--	--	--	----------------------------------

Hispanic/Latin(a)(o)(x)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Refused <input type="checkbox"/>
-------------------------	------------------------------	-----------------------------	----------------------------------

Have you ever been in foster care or placed with a foster family?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Refused <input type="checkbox"/>
---	------------------------------	-----------------------------	----------------------------------

Complete 2nd page for all Heads of Households.

HEAD OF HOUSEHOLD ONLY

Has this household been homeless continuously for a year or more?	Yes <input type="radio"/>	No <input type="radio"/>	Refused <input type="radio"/>	Add together all the months in the last 3 years in which you spent at least one day <u>on the streets</u> or <u>in emergency shelters</u> :
Has this household experienced 4 or more episodes of homelessness in the past 3 years?	Yes <input type="radio"/>	No <input type="radio"/>	Refused <input type="radio"/>	
Do any members of the household have a disability ?	Yes <input type="radio"/>	No <input type="radio"/>	Refused <input type="radio"/>	

Do you have a disability related to... MARK ALL THAT APPLY	No Disability <input type="radio"/>	Substance Use Disorder <input type="radio"/>	Developmental <input type="radio"/>	HIV/AIDS <input type="radio"/>	Refused <input type="radio"/>	
		Physical <input type="radio"/>	Mental Health <input type="radio"/>	Chronic Health <input type="radio"/>		
Have you ever been a victim of domestic violence?	No <input type="radio"/>	Yes <input type="radio"/>	Currently Fleeing? <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	Refused <input type="radio"/>
Have you served in the military?	Yes <input type="radio"/>	No <input type="radio"/>				Refused <input type="radio"/>

Surveyors Notes. Put any notes to the data analyst here. Please, still pick categories on the previous page.

Additional Household Members Information

Use these categories: Un-answered questions will not be “interpreted”
 Include notes at the bottom if necessary, but answer all questions.

Initials of Homeless Person	First letter of first name	First 3 letters of last name					
Age	Under 18 <input type="checkbox"/>	18-24 <input type="checkbox"/>	25-34 <input type="checkbox"/>	35-44 <input type="checkbox"/>	45-54 <input type="checkbox"/>	55-64 <input type="checkbox"/>	65 and older <input type="checkbox"/>
Gender (select all)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>	A gender other than singularly female or male <input type="checkbox"/>	Questioning <input type="checkbox"/>	Refused <input type="radio"/>	
Race (select all)	White <input type="checkbox"/>	Black, African American, or African <input type="checkbox"/>	Asian or Asian American <input type="checkbox"/>	American Indian, Alaska Native, or Indigenous <input type="checkbox"/>	Native Hawaiian or Pacific Islander <input type="checkbox"/>	Refused <input type="radio"/>	
Hispanic/Latin(a)(o)(x)	Yes <input type="radio"/>	No <input type="radio"/>	Refused <input type="radio"/>				
Have you ever been in foster care or placed with a foster family?	Yes <input type="radio"/>	No <input type="radio"/>	Refused <input type="radio"/>				

Do you have a disability related to... No Disability

MARK ALL THAT APPLY

Substance Use Disorder <input type="radio"/>	Developmental <input type="radio"/>	HIV/AIDS <input type="radio"/>	Refused <input type="radio"/>
Physical <input type="radio"/>	Mental Health <input type="radio"/>	Chronic Health <input type="radio"/>	

Have you ever been a victim of domestic violence?	No <input type="radio"/>	Yes <input type="radio"/>	Currently Fleeing? <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	Refused <input type="radio"/>
Have you served in the military?	Yes <input type="radio"/>	No <input type="radio"/>	Refused <input type="radio"/>			

Additional Household Members Information

Use these categories: Un-answered questions will not be “interpreted”
 Include notes at the bottom if necessary, but answer all questions.

Initials of Homeless Person	First letter of first name	First 3 letters of last name					
Age	Under 18 <input type="checkbox"/>	18-24 <input type="checkbox"/>	25-34 <input type="checkbox"/>	35-44 <input type="checkbox"/>	45-54 <input type="checkbox"/>	55-64 <input type="checkbox"/>	65 and older <input type="checkbox"/>
Gender (select all)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>	A gender other than singularly female or male <input type="checkbox"/>	Questioning <input type="checkbox"/>	Refused <input type="radio"/>	
Race (select all)	White <input type="checkbox"/>	Black, African American, or African <input type="checkbox"/>	Asian or Asian American <input type="checkbox"/>	American Indian, Alaska Native, or Indigenous <input type="checkbox"/>	Native Hawaiian or Pacific Islander <input type="checkbox"/>	Refused <input type="radio"/>	
Hispanic/Latin(a)(o)(x)	Yes <input type="radio"/>	No <input type="radio"/>	Refused <input type="radio"/>				
Have you ever been in foster care or placed with a foster family?	Yes <input type="radio"/>	No <input type="radio"/>	Refused <input type="radio"/>				

Do you have a disability related to... No Disability

MARK ALL THAT APPLY

Substance Use Disorder <input type="radio"/>	Developmental <input type="radio"/>	HIV/AIDS <input type="radio"/>	Refused <input type="radio"/>
Physical <input type="radio"/>	Mental Health <input type="radio"/>	Chronic Health <input type="radio"/>	

Have you ever been a victim of domestic violence?	No <input type="radio"/>	Yes <input type="radio"/>	Currently Fleeing? <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	Refused <input type="radio"/>
Have you served in the military?	Yes <input type="radio"/>	No <input type="radio"/>	Refused <input type="radio"/>			

YOUTH ADDENDUM			
Is this individual a parent or guardian?	Yes <input type="radio"/>	No <input type="radio"/>	Refused <input type="radio"/>
Sexual Orientation	Straight <input type="checkbox"/>	Gay or lesbian <input type="checkbox"/>	Bisexual <input type="checkbox"/>
			Unsure or Questioning <input type="checkbox"/>
Do you have a high school diploma?	Yes <input type="radio"/>	No <input type="radio"/>	Refused <input type="radio"/>
Are you currently attending or enrolled in school or another program?	Yes <input type="radio"/>	No <input type="radio"/>	Refused <input type="radio"/>
Do you currently receive a paycheck or any other non-governmental financial support?	Yes <input type="radio"/>	No <input type="radio"/>	Refused <input type="radio"/>
Do you currently receive any public or government benefits, such as Medicaid, food stamps, SSI, or TANF?	Yes <input type="radio"/>	No <input type="radio"/>	Refused <input type="radio"/>
Have you ever been in juvenile detention, prison, or jail?	Yes <input type="radio"/>	No <input type="radio"/>	Refused <input type="radio"/>
Are you currently pregnant, have you ever been a parent, or do you expect to become a parent in the next 9 months?	Yes <input type="radio"/>	No <input type="radio"/>	Refused <input type="radio"/>