

2024 Balance of State Unsheltered PIT Survey

PIT NIGHT IS January 24, 2024, 5pm to 7am

Please Print Neatly: Use these categories, un-answered questions will not be "interpreted"

Include notes at the end if necessary, but answer all questions.

Surveyor's Name:

Organization/Agency:

County Survey Conducted In:

City Survey Conducted In:

Where is survey conducted?

Street

Service-based

Cross-streets or

relative position

\*Street: if survey was conducted on the street between 5pm Wednesday, 1/24 and 7am Thursday, 1/25. Anything after that, whether on the street or at an event, is considered Service-based.

survey took place:

Surveyor: Read to each respondent.

We are conducting a statewide survey about people experiencing a housing crisis that will take about 10 minutes.

- Participation is completely voluntary.

- 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.

Consent was read to respondent:

Yes

Are you willing to participate and share your information?

Yes

No

STOP: This individual/household does not wish to be included. Thank them and move on.

Initials Of Client

First letter of first name

First 3 letters of last name

All members in Household under age 25?

Yes

Youth: Complete all Youth items.

No

Are you the only person in the household?

Yes

No

Head of household?

Yes

No

Begin with the Head of Household.

If more than 1 person in household, complete this form for every household member.

TOTAL number of people in Household: ##

Is this person a dependent child:

Yes

No

Where did you spend the night of January 24, 2024?

Unsheltered

Abandoned Building

Vehicle/Car

On Streets / Homeless Camp

Campground

Park

Youth Options:

Prefers not to answer but Unsheltered

24-Hour Business

Sheltered: If 'yes' to any of these choices, this individual/house does not need to be counted in the Unsheltered Count

Family/Friends (doubled up/couch surfing)

Youth Options:

Foster Home

Group Home

Juvenile Detention Center

Hotel/Motel

Prefers not to answer but Sheltered

Reasons for Homelessness

Check all that apply

Eviction History

Divorce/Separation

Substance or Drug Use History

Disability

Mental Health

No Income or Unemployment

Sexual Orientation

Natural Disaster/Flooding

Fleeing Domestic Violence/Sexual Assault/Trafficking/Stalking, Neglect, or Abuse

Client does not know/prefers not to answer

Other: \_\_\_\_\_

Youth-Specific Additional Options:

Can't get along with Parents or Guardian

Juvenile Justice Jail History

Parents Abandoned

Can't Afford My Own Housing

Lack of Employment

Can't Sign My Own Lease

Unsafe or Unsanitary Family Home

I Ran Away and am Not Welcome Back

Other: \_\_\_\_\_

Age Category:

Under 18

18-24

25-34

35-44

45-54

55-64

65 +

Gender

(select all that may apply)

Woman (girl, if child)

Man (boy, if child)

Culturally Specific Identity (e.g. Two-Spirit)

Transgender

Questioning

Different Identity

Client does not know/prefers not to answer

Race

(select all that may apply)

American Indian, Alaska Native, or Indigenous

Asian or Asian American

Black, African American, or African

Hispanic/Latin(a)(o)(x)

Middle Eastern or North African

Native Hawaiian or Pacific Islander

Has this household been homeless continuously for a year or more?

Yes

No

Client does not know/prefers not to answer

White

Client does not know/prefers not to answer

Has this household experienced 4 or more episodes of homelessness in the past 3 years?

Yes

No

Client does not know/prefers not to answer

Do any members of the household have a disability?

Yes

No

Client does not know/prefers not to answer

Add together all the months in the last 3 years in which you spent at least one day on the streets or in emergency shelters: \_\_\_\_\_ months

Continue Survey On Back



Do YOU have a disability?  
MARK ALL THAT APPLY

Drug Use Disorder <input type="checkbox"/>	Alcohol Use Disorder <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Physical <input type="checkbox"/>	Client does not know/ prefers not to answer <input type="checkbox"/>
NONE <input type="checkbox"/>	Developmental <input type="checkbox"/>	Chronic Health <input type="checkbox"/>	HIV/AIDS <input type="checkbox"/>	

Have you ever been a victim of domestic violence?

No <input type="radio"/>	Yes <input type="radio"/>	Currently Fleeing? <input type="checkbox"/>	No <input type="radio"/>	Yes <input type="radio"/>	Client does not know/ prefers not to answer <input type="checkbox"/>
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Would you like assistance calling the National Domestic Violence Hotline? 1-800-799-7233 or 1-800-787-3224 (TTY)

Are you currently serving or have you previously served in the Armed Forces?

Yes <input type="radio"/>	No <input type="radio"/>	Client does not know/ prefers not to answer <input type="checkbox"/>
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Have you ever been in foster care or placed with a foster family?

Yes <input type="radio"/>	No <input type="radio"/>	Client does not know/ prefers not to answer <input type="checkbox"/>
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Thank you for your time and understanding during this survey.

**Surveyors Notes.** Put any notes to the data analyst here.

**YOUTH ADDENDUM**

Is this individual a parent or guardian?	Yes <input type="radio"/>	No <input type="radio"/>	Client does not know/prefers not to answer <input type="checkbox"/>
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Sexual Orientation	Straight <input type="checkbox"/>	Gay or lesbian <input type="checkbox"/>	Bisexual <input type="checkbox"/>	Unsure or Questioning <input type="checkbox"/>	Client does not know/prefers not to answer <input type="checkbox"/>
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Do you have a high school diploma?	Yes <input type="radio"/>	No <input type="radio"/>	Client does not know/prefers not to answer <input type="checkbox"/>
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Are you currently attending or enrolled in school or another program?	Yes <input type="radio"/>	No <input type="radio"/>	Client does not know/prefers not to answer <input type="checkbox"/>
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Do you currently receive a paycheck or any other non-governmental financial support?	Yes <input type="radio"/>	No <input type="radio"/>	Client does not know/prefers not to answer <input type="checkbox"/>
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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"/>	Client does not know/prefers not to answer <input type="checkbox"/>
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Have you ever been in juvenile detention, prison, or jail?	Yes <input type="radio"/>	No <input type="radio"/>	Client does not know/prefers not to answer <input type="checkbox"/>
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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"/>	Client does not know/prefers not to answer <input type="checkbox"/>
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