

2019 Point in Time Homeless Count

Directions for using this survey form:

This form is to be used to collect information about people who are homeless and who are willing and able to answer some questions. Pay attention to the questions that are ***required** – there are only a few of them but the accuracy of the report depends on these responses. Otherwise, skip any questions the respondent refuses and conclude the survey if the respondent does not wish to continue. Do not wake anyone sleeping in order to conduct this survey.

Always follow the guidance provided by your Count administrators. This form can be used in either a project/ shelter, or for someone who is unsheltered. A separate tally form is available for observations.

1. *** Is this survey being done within a project?** This might be emergency shelters that don't use HMIS, faith-based programs, motels paid for with shelter funds, etc.

Yes No

If Yes, name of the project: _____

Project Type: Emergency Shelter Transitional Housing Program Safe Haven

2. *** Closest Street Address or Closest Approximate Street Address (INCLUDING STREET NUMBER):**

3. ***Have you already been interviewed today for the Point in Time Count?** Yes No (If Yes --- STOP)

4. ***Where are you sleeping on the night of the Count? (Pick One)**

Street or Sidewalk Vehicle/ Boat / RV Park Abandoned building Bus/ Train station
 Under bridge/ overpass Outdoor encampment Emergency shelter Transitional housing
 Motel/ hotel – paid for by an agency Motel/ Hotel – paid for with own funds House or apt – rent/own
 Jail Hospital Treatment program w/ a friend or family in their house/ apt (couch surfing)
 In a place you are being evicted from within two weeks Other: _____

If vehicle, tent or structure, including yourself how many people are sleeping in it? _____

If an RV: Disrepair No access to sewer, water, or electricity parked in an unusual place Habitable

5. **What is your name? (if hesitant, ask What are your initials?)**

First Name (or Initial): _____ Last Name (or Initial): _____ Person Refused

6. **What is your gender?**

Male Female Trans (M2F) Trans (F2M) Non-Conforming/ Non-Binary Don't Know Refused

7. *** What age range do you fall into?**

<5 5-12 13-17 18-24 25-34 35-44 45-54 55-61 62+

8. **What is your date of birth (mm/dd/yyyy) ___/___/_____** Person doesn't know Person Refused

If refused, ask age: _____

9. **What is your race?** (select all that apply)

White American Indian or Alaska native Native Hawaiian or other Pacific Islander Asian
 Black or African American Other: _____ Person doesn't know Person Refused

10. **Are you Hispanic/Latino?** Yes No Person doesn't know Person Refused

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11. Is this the first time you have been homeless? Yes No Person doesn't know Person Refused
12. How many months have you been homeless this time? Only include time spent staying in shelters and/or on the streets. _____
13. How many months did you stay in shelters or on the streets during the past 3 years? _____
14. How long in months have you been in this community? _____
15. How many separate times have you stayed in shelters or on the streets in the past 3 years?
 Fewer than 4 times 4 or more times Person doesn't know Refused

Disabling Conditions: These questions should be asked of respondents 13 and older.

16. Do you have any Substance Abuse Issues? No Alcohol Abuse Drug Abuse Both Alcohol and Drug
 Person Doesn't Know Person Refused
- 16a. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?
 Yes No Person Doesn't Know Person refused
17. Do you have a Chronic Health Condition? Yes No Person Doesn't Know Person refused
- 17a. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?
 Yes No Person Doesn't Know Person refused
18. Do you have a Mental Health Problem? Yes No Person Doesn't Know Person refused
- 18a. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?
 Yes No Person Doesn't Know Person refused
19. Do you have a Physical Disability? Yes No Person Doesn't Know Person refused
- 19a. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?
 Yes No Person Doesn't Know Person refused
20. Do you have a Developmental Disability? Yes No Person Doesn't Know Person refused
21. Do you receive disability benefits? Yes No Person Doesn't Know Person refused
22. Do you have HIV/AIDS? Yes No Person Doesn't Know Person refused

These questions should be asked of respondents 18 and older:

23. Are you experiencing homelessness because you are fleeing Domestic Violence, Sexual Assault, or Stalking?
 Yes No Person doesn't know Person Refused
24. Are you a veteran? (served in the US Armed Forces OR been called into a duty as a member of the National Guard or as a Reservist): Yes No Person doesn't know Person Refused

If respondent has family currently with them, please provide the following (use additional form for more children):

Household Member	Date of Birth	Gender	Race	Ethnicity	Veteran (Y/N)	DisablingCondition (Y/N)
Partner/ Spouse						
Child 1						
Child 2						
Child 3						

NOTES: