

# 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:**

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

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)	Disabling Condition (Y/N)
Partner/ Spouse						
Child 1						
Child 2						
Child 3						

**NOTES:**