

This Survey Template is designed to mirror the base “Unsheltered Survey” within the Counting Us app. The questions are color coded as noted below.

RED FONT = HUD required questions that are needed in order to produce the HUD Point in Time report.

GREEN FONT = Optional questions used to derive a multiplier for communities that chose the option to include the Vehicle and Makeshift Shelters survey in contract section 2.5.

BLUE FONT = This question is required for communities that chose to include the Miracle Messages Family Reunification survey in contract section 2.10.

PURPLE FONT = These are commonly asked research questions that can be removed without impacting any reporting or conditional logic.

BLACK FONT = Supporting questions designed to help improve the integrity of the data.

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

2. **Where are you sleeping on the night of the Count?** (If option in bold is selected, continue with the survey)

<input type="checkbox"/> Abandoned building	<input type="checkbox"/> Under bridge/ overpass	<input type="checkbox"/> Jail
<input type="checkbox"/> Bus/ Train station	<input type="checkbox"/> Vehicle/ Boat / RV	<input type="checkbox"/> Motel/Hotel paid for w/ own \$
<input type="checkbox"/> Motel/Hotel paid for by agency	<input type="checkbox"/> Emergency shelter	<input type="checkbox"/> Transitional housing
<input type="checkbox"/> Outdoor encampment	<input type="checkbox"/> House or apt – rent/own	<input type="checkbox"/> Treatment program
<input type="checkbox"/> Park	<input type="checkbox"/> Hospital	<input type="checkbox"/> w/ friend or family (couch surfing)
<input type="checkbox"/> Street or Sidewalk	<input type="checkbox"/> In a place being evicted from	<input type="checkbox"/> Other: _____

a. *What type of vehicle or structure are you sleeping in?*

<input type="checkbox"/> Car	<input type="checkbox"/> Boat	<input type="checkbox"/> Abandoned Building
<input type="checkbox"/> RV	<input type="checkbox"/> Tent	<input type="checkbox"/> Other
<input type="checkbox"/> Van	<input type="checkbox"/> Makeshift Shelter	

b. *Please provide details on the condition of the RV:*

Disrepair No access to sewer, water, or electricity Parked in an unusual place Habitable

c. *Including yourself, how many people are sleeping in this vehicle or structure?* _____

3. **What is your name?**

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

b. **If hesitant, ask “What are your initials?”** _____

4. **What is your gender?**

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

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

If refused to answer date of birth, ask “How old are you?” _____

If refused to answer age, “What age range do you fall into?”

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

6. **What is your race?** (select all that apply)
 American Indian or Alaska native Asian Black or African American
 Native Hawaiian/Pacific Islander White Other: _____
 Person doesn't know Person Refused
7. **Are you Hispanic/Latino?** Yes No Person Doesn't Know Person refused
8. **Is this the first time you have been homeless?** Yes No Person Doesn't Know Person refused
9. **How long have you been homeless this time?** (Only include time in shelters and/or streets)
 0 to 3 months 4 to 6 months 7 to 11 months 1 to 2 years 2 to 3 years 3 years or more
10. **How many months did you stay in shelters or on the streets over the past 3 years?**
 0 to 3 months 4 to 6 months 7 to 11 months 1 to 2 years 2 to 3 years 3 years or more
11. **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
12. **How long in months have you been in this community?**
 0 to 3 months 4 to 6 months 7 to 11 months 1 to 2 years 2 to 3 years 3 years or more
13. **Do you remember the address where you were living when you became homeless this time?** Yes No
 Person Doesn't Know Person refused
 a. **If yes:** Street: _____ City: _____ State: _____ Zip: _____
14. **Are you homeless as a result of a natural disaster?** Yes No Person Doesn't Know Person refused
 a. **Which natural disaster led to your homelessness?** Hurricane Fire / Mud Flood Other: _____
 b. **If Hurricane,** Harvey (Houston TX area) Florence (East Coast/ North Carolina)
 Michael (Southeastern US/ Florida panhandle) Other Hurricane
 c. **If Fire,** 2020 Fire 2019 Kincade fire (CA) Other 2019 Fire 2018 Hill/Woolsey (CA)
 2018 Camp (CA) 2018 Carr (CA) 2018 Thomas (CA) Other 2018 fire
 Wildfires in 2017 Fire prior to 2017
15. **Are you experiencing homelessness as a direct result of COVID-19?**
 Yes No Person Doesn't Know Person refused
If yes, did you experience job loss and/or eviction due to economic conditions surrounding the pandemic?
 Job loss Eviction Person doesn't know Person 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
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
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
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
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
25. **Do you have any friends or family you'd like to reconnect with, even if you do not know how to reach them?**
 Yes No Person Doesn't Know Person refused
(If the response is "Yes," please complete the *Reunification Survey* after completing this survey.)
26. **Notes** _____