**Unsheltered Point-in-Time Count Survey**

This survey should be used with both the overnight street/known location count associated with the semi-annual PIT count and the service-based post-PIT count.

**Part 1: Please answer the following questions about the person administering the survey**

1. Surveyor name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Local Continua name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Please circle one: Agency Staff Community Volunteer Partner Agency

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

4. For the Unsheltered Count – overnight street count/known location

a. What city are you currently in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. What specific location (i.e. street or bridge or park name, landmark, etc)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. For the Service Based Count – Thursday 6:00 am – Friday noon

a. What agency conducted the survey? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 2: Eligibility for Survey**

1. *Hello, my name is [Name] and I am a volunteer for the [Name of Local Continua]. We are conducting a survey to count people experiencing homelessness in order to provide better programs and services. Your participation is voluntary and your responses to questions will not shared with anyone outside of our group. I need to reach each question all the way through. Can I have about 10 minutes of your time?*

Does the individual (family) consent to survey? Circle one:

Yes No (refused)

No (person is sleeping and didn’t or couldn’t wake them) No (site is not safe/accessible)

2. Where are you sleeping or where did you sleep (Wednesday overnight)? Circle one:

*Unsheltered persons must have “a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for humans, including a car, park, abandoned building, bus/train station, airport, or camping ground.” You cannot ask people to project where they might sleep; they can only say where they are currently staying or where they did sleep.*

Street or sidewalk Park

Vehicle (car, trailer, camper) Abandoned building

Bus/train station or airport Under bridge/overpass

Commercial establishment (e.g. Walmart, laundromat, as station) Woods or outdoor encampment

Other: (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please ask, but if “yes” they cannot be counted in the unsheltered count and STOP the interview.*

Emergency Shelter – facility or voucher (includes youth and domestic violence)

Transitional Housing – apartment or scattered site

Motel/Hotel – paid by self or others

House or apartment – renting, owning, or staying with friends/family

Hospital, jail, or treatment program

3. Did another volunteer already ask you about where you’re staying tonight (unsheltered count)/where you stayed on Wednesday (service-based count)? Circle one: No Yes\*

\*If Yes, STOP the interview.

**Part 3: Head of Household**

Please enter as much information as the person is comfortable with providing. Name and DOB are used only to de-duplicate survey results and will not be reported.

1. First Name (if individual is unwilling to provide, attempt to collect 1st letter of 1st name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. First letter of Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Date of Birth (DOB) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Gender - Circle one: Female Male Transgender M-F Transgender F-M

5. Race – Circle all that apply:

White Black of African American Asian American Indian or Alaskan Native Native Hawaiian/Other Pacific Isl.

6. Racial Make-up: *Surveyor answer only* - Fill out according to responses to previous question

Individual reports one race Individual reports more than one race (2+)

7. Are you Hispanic or Latino? Circle one: Yes No

8. Have you ever been in the foster care system? Circle one: Yes No

9. Age Range? Circle one: Under 18 18-24 25 or older

**Part 3a: Subpopulation Information for Head of Household**

1. Have you ever served on active duty in the Armed Forces of the US? Circle one: Yes No

2. Is this the first time you have experienced homelessness? Circle one: Yes No

3. How long have you been homeless? *This can only include time spent staying in shelters and/or on the streets, but can include multiple times in each.*

Circle one: Less than one year One year or more

4. How long have you been homeless this time? Circle one:

1 day or less 2 days – 1 week

more than 1 week – less than 1 month 1 – 3 months

more than 3 months – less than 1 year 1 year or more

5. Including this time, how many separate times have you stayed in shelters or on the streets in the past three years (since July 2012)? *This can only include shelter stays and/or on the streets and must be different episodes.* Circle one: 4 or more times Less than 4 times

6. How long did you stay in each of those shelters or on the streets? *(ex: 1st time shelter, 3 days; 2nd time street, 1 day, etc)*

Enter each time separately (days, weeks, months, years): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Do you have, or have you ever been diagnosed with, any of the following? Circle all that apply:

Ongoing health problems or medical conditions such as diabetes, cancer, or health disease

Physical disability

Psychiatric or emotional conditions such as depression or schizophrenia

PTSD (Post Traumatic Stress Disorder)

Substance Abuse Disorder (alcohol, drug, or both)

Traumatic brain or head injury

AIDS or HIV-related illness

Don’t know/refused

None of the above

8. Have you ever received special education services for more than 6 months? Circle one:

Yes No Don’t know/refused

9. Do you receive any disability benefits such Social Security Income (SSI), Social Security Disability Income (SSDI), or Veteran’s Disability Benefits? Circle one:

Yes No Don’t know/refused

10. Are you, or have you been, a victim/survivor of domestic violence? Circle one:

*Have you ever been physically, emotionally, or sexually abused by a relative or another person you have stayed with, such as a spouse, partner, brother or sister, or parent?*

Yes No Don’t know/refused

**Part 4: Household Type**

1. What is the total number of people in your current household (including yourself) are/were staying where you are/were staying on Wednesday night? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Which of the following describes the household that is/was with you Wednesday night? Circle one:

Single adult (18-24) with child(ren) Single adult (over 25) with child(ren)

Single minor parent (under 18) with child(ren)

Single adult (18-24) without child(ren) Single adult (over 25) without child(ren)

Single minor (under 18) without child(ren)

2 adults (both 18-24) with child(ren) 2 adults (at least 1 over age 24) with child(ren)

2 minor parents (both under 18) with child(ren)

2 adults or more (all 18-24) without child(ren)

2 adults or more (at least 1 over age 24) – non parental (e.g. singles, friends, couple) without child(ren)

2 minors or more (under 18) – non parental (e.g. siblings, friends, couple) without children

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

**Part 5: Optional Questions**

1. How many times in the last 12 months have you used the emergency room? \_\_\_\_\_\_\_\_\_

2. Do you have income? Yes No

Circle all that apply:

Alimony child support earned income pension retirement

SSDI SSI TANF Unemployment Worker Comp.

VA non-service connected disability pension VA service connected disability pension

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

3. Do you receive food stamps? Yes No

Do you receive WIC? Yes No

Do you receive TANF (child care)? Yes No

Do you receive TANF (transportation)? Yes No

4. What type of health insurance do you have?

Circle all that apply:

Medicaid Medicare Badgercare Veteran None

Other? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If single, the survey is complete.**

**If more than one member of the household, please complete corresponding questions for additional adults and child(ren).**

**Additional Adult in Household**

1. First Name (if individual is unwilling to provide, attempt to collect 1st letter of 1st name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. First letter of Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Date of Birth (DOB) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Gender - Circle one: Female Male Transgender M-F Transgender F-M

5. Race – Circle all that apply:

White Black of African American Asian American Indian or Alaskan Native Native Hawaiian/Other Pacific Isl.

6. Racial Make-up: *Surveyor answer only* - Fill out according to responses to previous question

Individual reports one race Individual reports more than one race (2+)

7. Are you Hispanic or Latino? Circle one: Yes No

8. Have you ever been in the foster care system? Circle one: Yes No

9. Age Range? Circle one: Under 18 18-24 25 or older

**Subpopulation Information**

1. Have you ever served on active duty in the Armed Forces of the US? Circle one: Yes No

2. Is this the first time you have experienced homelessness? Circle one: Yes No

3. How long have you been homeless? *This can only include time spent staying in shelters and/or on the streets, but can include multiple times in each.*

Circle one: Less than one year One year or more

4. How long have you been homeless this time? Circle one:

1 day or less 2 days – 1 week

more than 1 week – less than 1 month 1 – 3 months

more than 3 months – less than 1 year 1 year or more

5. Including this time, how many separate times have you stayed in shelters or on the streets in the past three years (since July 2012)? *This can only include shelter stays and/or on the streets and must be different episodes.* Circle one: 4 or more times Less than 4 times

6. How long did you stay in each of those shelters or on the streets? *(ex: 1st time shelter, 3 days; 2nd time street, 1 day, etc)*

Enter each time separately (days, weeks, months, years): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Do you have, or have you ever been diagnosed with, any of the following? Circle all that apply:

Ongoing health problems or medical conditions such as diabetes, cancer, or health disease

Physical disability

Psychiatric or emotional conditions such as depression or schizophrenia

PTSD (Post Traumatic Stress Disorder)

Substance Abuse Disorder (alcohol, drug, or both)

Traumatic brain or head injury

AIDS or HIV-related illness

Don’t know/refused

None of the above

8. Have you ever received special education services for more than 6 months? Circle one:

Yes No Don’t know/refused

9. Do you receive any disability benefits such Social Security Income (SSI), Social Security Disability Income (SSDI), or Veteran’s Disability Benefits? Circle one:

Yes No Don’t know/refused

10. Are you, or have you been, a victim/survivor of domestic violence? Circle one:

*Have you ever been physically, emotionally, or sexually abused by a relative or another person you have stayed with, such as a spouse, partner, brother or sister, or parent?*

Yes No Don’t know/refused

**Part 4: Optional Questions**

1. How many times in the last 12 months have you used the emergency room? \_\_\_\_\_\_\_\_\_

2. Do you have income? Yes No

Circle all that apply:

Alimony child support earned income pension retirement

SSDI SSI TANF Unemployment Worker Comp.

VA non-service connected disability pension VA service connected disability pension

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

3. Do you receive food stamps? Yes No

Do you receive WIC? Yes No

Do you receive TANF (child care)? Yes No

Do you receive TANF (transportation)? Yes No

4. What type of health insurance do you have?

Circle all that apply:

Medicaid Medicare Badgercare Veteran None

Other? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If more than one adult, copy and paste questions as needed.***

**Child(ren)**

1. First Name (if individual is unwilling to provide, attempt to collect 1st letter of 1st name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. First letter of Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Date of Birth (DOB) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Gender - Circle one: Female Male Transgender M-F Transgender F-M

5. Race – Circle all that apply:

White Black of African American Asian American Indian or Alaskan Native Native Hawaiian/Other Pacific Isl.

6. Racial Make-up: *Surveyor answer only* - Fill out according to responses to previous question

Individual reports one race Individual reports more than one race (2+)

7. Are you Hispanic or Latino? Circle one: Yes No

Then, if child is an unaccompanied youth (single or multiple unaccompanied youth, all under the age 18):

1. Have you ever been in the foster care system? Circle one: Yes No

2. Is this the first time you have experienced homelessness? Circle one: Yes No

3. How long have you been homeless? *This can only include time spent staying in shelters and/or on the streets, but can include multiple times in each.*

Circle one: Less than one year One year or more

4. How long have you been homeless this time? Circle one:

1 day or less 2 days – 1 week

more than 1 week – less than 1 month 1 – 3 months

more than 3 months – less than 1 year 1 year or more

5. Including this time, how many separate times have you stayed in shelters or on the streets in the past three years (since July 2012)? *This can only include shelter stays and/or on the streets and must be different episodes.* Circle one: 4 or more times Less than 4 times

6. How long did you stay in each of those shelters or on the streets? *(ex: 1st time shelter, 3 days; 2nd time street, 1 day, etc)*

Enter each time separately (days, weeks, months, years): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Do you have, or have you ever been diagnosed with, any of the following? Circle all that apply:

Ongoing health problems or medical conditions such as diabetes, cancer, or health disease

Physical disability

Psychiatric or emotional conditions such as depression or schizophrenia

PTSD (Post Traumatic Stress Disorder)

Substance Abuse Disorder (alcohol, drug, or both)

Traumatic brain or head injury

AIDS or HIV-related illness

Don’t know/refused

None of the above

8. Have you ever received special education services for more than 6 months? Circle one:

Yes No Don’t know/refused

9. Do you receive any disability benefits such Social Security Income (SSI), or Social Security Disability Income (SSDI)? Circle one:

Yes No Don’t know/refused

10. Are you, or have you been, a victim/survivor of domestic violence? Circle one:

*Have you ever been physically, emotionally, or sexually abused by a relative or another person you have stayed with, such as a spouse, partner, brother or sister, or parent?*

Yes No Don’t know/refused

**Part 4: Optional Questions**

1. How many times in the last 12 months have you used the emergency room? \_\_\_\_\_\_\_\_\_

2. Do you have income? Yes No

Circle all that apply:

Alimony child support earned income pension retirement

SSDI SSI TANF Unemployment Worker Comp.

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

3. Do you receive food stamps? Yes No

Do you receive WIC? Yes No

Do you receive TANF (child care)? Yes No

Do you receive TANF (transportation)? Yes No

4. What type of health insurance do you have?

Circle all that apply:

Medicaid Medicare Badgercare None

Other? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If more than one child, copy and paste.***

**Unsheltered Point-in-Time Count Observation Only Form**

This observation form should only be used in connection with the overnight street/known location count associated with the semi-annual PIT count. It cannot be used for the service-based post-PIT count.

**Part 1: Please answer the following questions about the person administering the survey**

1. Surveyor name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Local Continua name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Please circle one: Agency Staff Community Volunteer Partner Agency

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

4. For the Unsheltered Count – overnight street count/known location

a. What city are you currently in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. What specific location (i.e. street or bridge or park name, landmark, etc)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 2: Observations**

1. Total persons staying together as a household: \_\_\_\_\_\_\_\_\_

2. Number of adults (over 18): \_\_\_\_\_\_\_\_\_

3. Number of children (under 18): \_\_\_\_\_\_\_\_\_

4. Is this person/household with children homeless? Definitely\* Possibly Not Sure

*\*Note – only if you can say with reasonable certainty (definitely) that the household in question is experiencing homelessness can you potentially count them in the unsheltered PIT count.*

5. For each person in the household, answer the following questions:

a. Age Range: Under 18 18-24 25 or older Not Sure

b. Gender : Female Male Not Sure

c. Race (circle all that apply)

White Black or African American

Asian American Indian or Alaskan Native

Native Hawaiian/Other Pacific Islander Not Sure

d. Race: Person has single race Person has multiple races (2+) Not sure

e. Ethnicity: Non-Hispanic/Non-Latino Hispanic/Latino Not sure

f. Other information or identifying characteristics

*If possible, please include: clothing and other physical characteristics or conditions like tattoos, scars, braces, casts, etc.*

***For each observed household, copy and paste.***