**Unsheltered Point-in-Time Count Survey Instructions 2020**

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 This is important to for the PIT lead.

2. Local Coalition name Name the coalition – i.e. Northwest, Winnebagoland, Northeast

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

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

* + Agency staff – an employee of a homeless service provider or emergency shelter
	+ Community Volunteer – a volunteer for the purposes of the PIT count
	+ Partner Agency – an employee from a community partner, such as the human services or public health

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)?

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

These questions are important to reduce duplication.

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

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

This question is only for those using the survey during the post-PIT count process.

**Part 2: Eligibility for Survey**

1. *Hello, my name is [Name] and I am a volunteer for the [Name of Local Coalition]. 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 read 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 did you sleep on Wednesday night? 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 stayed Wednesday night?

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.

Questions 1-9 are important and used for the PIT data collection process.

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 Gender Non-Conforming

5. Race – Circle ONE that applies:

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

6. 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 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’ve been homeless? 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? *This can only include time spent staying in shelters and/or on the streets*

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 Jan. 2015)? *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. If the answer to #5 is 4 of more times, how long did you stay in each of those shelters or the streets (could be days, weeks, months, etc)? *To meet the CH def. this total must be >12 mo.*

 (1) \_\_\_\_\_\_\_\_\_\_\_\_ (2) \_\_\_\_\_\_\_\_\_\_\_\_ (3) \_\_\_\_\_\_\_\_\_\_\_\_ (4) \_\_\_\_\_\_\_\_\_\_\_\_

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. Chronic Homeless: *Surveyor answer only* - Fill out based on answers to questions #2-9.

 Does individual/family meet the chronic homeless definition (Circle correct answer): YES NO

11. Are you fleeing domestic violence, dating violence, or stalking?

 Circle one: Yes No Don’t know/refused

*HUD requires that “Yes” is limited to those currently experiencing homelessness because they are fleeing domestic violence, dating violence, sexual assault, or stalking. Do not mark “Yes” if the person has experienced this in the past, but not currently experiencing it.*

**Part 4: Household Type**

1. Was anyone staying with you Wednesday night? “Staying with” means sleeping in the same location. Circle one: YES NO

2. If yes, please describe the household that was with you Wednesday overnight. Circle one:

 Single person (under 18) and at least 1 child under age 18

 Single person (18-24) and at least 1 child under age 18

Single person (over 24) and at least 1 child under age 18

Single person (under 18) without child(ren) 2 people (both under 18) with child(ren) under age 18

Single person (18-24) without child(ren) 2 people (both 18-24) with child(ren) under age 18

Single person (over 24) without child(ren) 2 people (at least 1 over age 24) with child(ren) under age 18

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

2 people (all 18-24) without child(ren)

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

**Part 5: Optional Questions**

These questions are completely optional for your community to use or ask.

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

2. How many times in the last 12 months spent the night in jail or prison? \_\_\_\_\_\_\_\_\_

3. How many times in the last 12 months have you spent the night in a motel/hotel paid for by an organization or agency (i.e. American Red Cross, School District, Police Department, other non-profit)? \_\_\_\_\_\_\_\_\_

4. Do you have income? Yes No

Circle all that apply:

Alimony child support earned income pension retirement

SSDI SSI TANF Unemployment Worker Comp.

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

5. 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

6. What type of health insurance do you have?

Circle all that apply:

Medicaid Medicare Badgercare 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).**

**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 Gender Non-Conforming

5. Race – Circle ONE that applies:

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

6. 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’ve been homeless? 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? *This can only include time spent staying in shelters and/or on the streets*

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 Jan. 2015)? *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. If the answer to #5 is 4 of more times, how long did you stay in each of those shelters or the streets (could be days, weeks, months, etc)? *To meet the CH def. this total must be >12 mo.*

 (1) \_\_\_\_\_\_\_\_\_\_\_\_ (2) \_\_\_\_\_\_\_\_\_\_\_\_ (3) \_\_\_\_\_\_\_\_\_\_\_\_ (4) \_\_\_\_\_\_\_\_\_\_\_\_

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. Chronic Homeless: *Surveyor answer only* - Fill out based on answers to questions #2-9

 Does individual/family meet the chronic homeless definition (Circle correct answer): YES NO

11. Are you fleeing domestic violence, dating violence, or stalking?

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