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

2. Local Coalition 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 5:00 pm

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

**Part 2: Eligibility for Survey**

1. 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:

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.

**NOTE: You must provide information on coordinated entry access. With consent, you may complete the pre-screen & assessment as part of the PIT process.**

**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 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 (in a shelter or in a place not meant for sleeping)?

Circle one: Less than one year One year or more

4. How long have you been homeless this time (in a shelter or in a place not meant for sleeping)?

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)? 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 currently fleeing DV, dating violence, or stalking? Circle one: Yes No Don’t know/refused

**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)

**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 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

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

8. 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’ve been homeless? Circle one: Yes No

3. How long have you been homeless (in a shelter or in a place not meant for sleeping)?

Circle one: Less than one year One year or more

4. How long have you been homeless this time (in a shelter or in a place not meant for sleeping)?

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)? 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 currently fleeing DV, dating violence, or stalking? Circle one: Yes No Don’t know/refused

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

**Otherwise, the survey is complete.**

**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

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

**Otherwise, the survey is complete.**

**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 (in a shelter or in a place not meant for sleeping)?

Circle one: Less than one year One year or more

4. How long have you been homeless this time (in a shelter or in a place not meant for sleeping)?

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)? 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 currently fleeing DV, dating violence, or stalking? Circle one: Yes No Don’t know/refused

**The survey is complete.**