**Unsheltered Point-in-Time Count Survey 2023**

*This survey should be used when you are able to speak with the identified unsheltered person during either the overnight street/known location count associated with the semi-annual PIT count OR the service-based post-PIT count.*

**Name of Person completing this form:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Exact Time of Contact: \_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exact location** (e.g. east side of Main St. between Broadway and 1st; on bench in SW corner of Central Park):

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

**Does the individual (family) consent to survey?** Check one: 🞏 Yes 🞏 No (refused – use Observation Form)

1. **Where did you sleep on Wednesday night? Check 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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*If none of the above, please ask options below. If “yes” to the items below, 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

1. **Did another volunteer already ask you about where you stayed Wednesday night?**

🞏 No 🞏 Yes\* \***If Yes, STOP the interview**.

1. **Demographics**

*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.*

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

First letter of Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (DOB): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age:** 🞏 Under 18 🞏 18-24 🞏 25-34 🞏 35-44 🞏 45-54 🞏 55-64 🞏 65 and older

**Gender:** 🞏 Female 🞏 Male 🞏 Transgender 🞏 Questioning

🞏 Gender other than singularly female or male (e.g. nonbinary, genderfluid, agender, culturally specific)

**Ethnicity:** **🞏**  Non-Hispanic/Non-Latin(a)(o)(x) **🞏**  Hispanic/Latin(a)(o)(x)

**Race: 🞏**  White **🞏** Black, African American, or African **🞏** Asian or Asian American

 **🞏** American Indian, Alaskan Native, or Indigenous **🞏**  Native Hawaiian or Pacific Islander **🞏** Multiple Races

Total number of people in household: \_\_\_\_\_\_\_\_\_ # Adults \_\_\_\_ # Children (under 18) \_\_\_\_

Is this a: 🞏 Household with children 🞏 Household with no children 🞏 Household with only children

\*Complete a separate survey for all adults in household (18+ or unaccompanied youth) & submit together.

**Additional Information (Encouraged, but Not Required)**

Have you ever served on active duty in the Armed Forces of the US? 🞏 Yes 🞏 No

Are you fleeing or attempting to flee domestic violence, dating violence, or stalking? 🞏 Yes 🞏 No

Have you ever been in the foster care system? 🞏 Yes 🞏 No

Is this the first time you’ve been homeless? 🞏 Yes 🞏 No

How long have you been homeless? 🞏 Less than one year 🞏 One year or more

How long have you been homeless this time? Check 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

Including this time, how many separate times have you stayed in shelters or on the streets in the past three years (since Jan. 2017)? 🞏 4 or more times 🞏 Less than 4 times

How long did you stay in each of those shelters or the streets (could be days, weeks, months, etc.)?

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

Do you have, or have you ever been diagnosed with, any of the following? Check 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

Have you ever received special education services for more than 6 months?

🞏 Yes 🞏 No 🞏 Don’t know/refused

Do you receive any disability benefits such Social Security Income (SSI), Social Security Disability Income (SSDI), or Veteran’s Disability Benefits? 🞏 Yes 🞏 No 🞏 Don’t know/refused

**\*If the person has a disability, is currently homeless, and has been homeless for at least 1 year or 4 separate times that total 1 year, the person may meet the chronic homeless definition.**

**Chronic Homeless:** Does individual/family meet the chronic homeless definition? 🞏 **YES** 🞏 **NO**

Any other information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Additional Information (Optional)**

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

Check all that apply:

🞏 Alimony 🞏 child support 🞏 earned income 🞏 pension 🞏 retirement

🞏 SSDI 🞏 SSI 🞏 TANF 🞏 Unemployment 🞏 Worker Comp

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

1. 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

1. What type of health insurance do you have? Check all that apply:

🞏 Medicaid 🞏 Medicare 🞏 Badgercare 🞏 None 🞏 Other? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_