

2014 ME PIT Collection Form – Non-HMIS Participating Shelters, Transitional Housing, and Safe Havens

Please complete one sheet for each person served, whether they are an individual or a family member

Agency: _____ Town: _____ Zip Code: _____ County: _____

Interviewer: _____ Date: _____ Time: _____ AM/PM

“We are conducting a survey to count homeless people to provide better programs and services to them. Your participation is voluntary. The information collected will be used in a non-identifying manner for statewide statistics and research. Can I have about 10 minutes of your time?”

Where are you sleeping tonight?

[SELECT ONLY ONE CATEGORY.]

- Emergency Shelter
Transitional Housing for homeless persons
Safe Haven

If part of a Household, Name of Head of Household _____

Relationship to Head of Household _____

Client name: First: _____ MI: _____ Last: _____

DOB: _____ DOB Type: Full Approximate or Partial AGE: _____ [if DOB not given]

Race: (P= Primary S= Secondary) White Black/African American Asian American Indian or Alaska Native
Native Hawaiian or Other Pacific Islander Don't know Refused (P= primary S= Secondary)

Ethnicity: Hispanic/Latino Other (Non-Hispanic /Latino) Don't know Refused

Gender: Female Male Transgender[Male to Female] Transgender[Female to Male] Other
Don't know Refused

Where did you stay last night?

- Emergency shelter Rental by Client no subsidy Safe Haven
Transitional housing for homeless Owned by Client no subsidy Rental by client w VASH
Permanent housing for homeless Staying / living w family Rental by client w other subsidy
Psychiatric Hospital / facilities Staying / living w friend Owned by client w subsidy
Substance Abuse facility Hotel / Motel no ES subsidy Other
Hospital (non-psychiatric) Foster care home / group home Don't know
Jail, Prison or JD facility Place not for habitation Refused

How long did you stay at that location? 1 week or less More than 1 week but less than 1 month
1 to 3 months More than 3 months but less than 1 year 1 year or longer Don't know Refused

Zip code of last permanent address (90 days or more): _____ Don't know Refused

Have you been homeless in the past?

Yes No Don't know Refused

[IF YES] How many times in the past 3 years (since January 2011) have you been homeless?

- 1 2 3 4 or more Don't know Refused

[IF YES] In total, how long did you stay on the streets or in shelters for those times?

Days Weeks Months Years Don't Know Refused

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Health, Substance Abuse, and Disabilities

Do you have:

Physical Disability? : ____ Yes ____ No ____ Don't know ____ Refused

Developmental Disability?: ____ Yes ____ No ____ Don't know ____ Refused

Chronic Health Condition?: ____ Yes ____ No ____ Don't know ____ Refused

HIV / AIDS?: ____ Yes ____ No ____ Don't know ____ Refused

Mental Health: ____ Yes ____ No ____ Don't know ____ Refused

Substance abuse problem: ____ No ____ Alcohol abuse ____ Drug abuse ____ Both ____ Don't know ____ Refused

Do any of these keep you from holding a job or living in stable housing? ____ Yes ____ No ____ Don't know ____ Refused

U.S. Military Veteran (only ask clients 18 and older): ____ Yes ____ No ____ Don't know ____ Refused

National Guard or Reserve called to active duty (only ask clients 18 and older): ____ Yes ____ No
____ Don't know ____ Refused

Are You Employed? ____ Yes ____ No ____ Don't know ____ Refused

What is the highest level of education you have attained?

- ____ No schooling completed ____ Nursery school to 4th grade ____ 5th grade or 6th grade ____ 7th grade or 8th grade
- ____ 9th grade ____ 10th grade ____ 11th grade ____ 12th grade no diploma ____ High School diploma ____ GED
- ____ Post-secondary school ____ Don't know ____ Refused

Have you experienced Domestic Violence? ____ Yes ____ No ____ Don't know ____ Refused

DV How long ago:: ____ Within the past three months ____ Three to six months ago ____ From six to twelve months ago
____ More than a year ago ____ Don't know ____ Refused

For children ages 5-17 only:

Presently attending school ____ Yes ____ No ____ Don't know ____ Refused

Child Enrollment difficulties

____ Yes ____ No ____ Don't Know ____ Refused

If YES, Has McKinney-Vento Homeless Liaison Been Contacted: ____ Yes ____ No ____ Don't know ____ Refused

Enrollment problem

- ____ Residency Requirements ____ Availability of school records ____ Birth Certificates
- ____ Legal guardianship requirements ____ Transportation ____ Lack of available preschool programs
- ____ Immunization requirements ____ Physical examination records ____ Other
- ____ None ____ Don't know ____ Refused