**2020 Non-HMIS Participating Point-in-Time (PIT) Count Survey**

**PLEASE complete ONE survey/form for EACH PERSON SERVED**

**Keep ALL households/family surveys together!**

**Agency**: \_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ **Town:** \_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_ **Zip Code: \_\_\_\_ \_\_\_\_\_\_\_\_\_**

**County: \_**\_ \_\_\_\_\_\_\_\_\_\_\_\_ **Interviewer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ **Date: 01/\_\_\_ \_/2020** **Time:** \_ \_\_\_\_ **AM/PM**

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| Questions | Answers |
| 1. **On January 28, 2020, where will you/did you sleep?**
 |  Emergency shelter. Name of Shelter: \_\_\_\_ \_\_\_\_\_\_\_ \_\_ \_\_\_\_  Transitional Housing for homeless persons. Name: \_\_\_ \_\_\_\_\_\_\_\_  Safe Haven. Name of Safe Haven: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_  Hotel/Motel Paid for by: Name of Agency/Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 1. **What is your full name?**
 |  |
| 1. **Are you a U.S. Military Veteran?**
2. ***If yes***, were you ever called into active duty as a member of the National Guard or as a Reservist?
3. Have you ever received health care or benefits from the Veteran’s Administration medical center?
4. Do you receive any disability benefits such as Social Security Disability Income or Veteran’s Disability Benefits?
 | Yes No Client Doesn’t Know  Client Refused Yes No Client Doesn’t Know  Client Refused Yes No Client Doesn’t Know  Client RefusedYes No Client Doesn’t Know  Client Refused  |
| 1. **What is your date of birth?**
 | \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_***If under age 25 (born after January 28, 1995), also fill out the Youth Addendum survey.*** |
| 1. **What is your primary race?**
 |  American Indian or Alaska Native  White  Asian  Client Doesn’t Know Black/African American  Client Refused Native Hawaiian or Other Pacific Islander  |
| 1. **What is your secondary race?**
 |  American Indian or Alaska Native  White  Asian  Client Doesn’t Know Black/African American  Client Refused Native Hawaiian or Other Pacific Islander  |
| 1. **Are you Hispanic or Latino?**
 | Yes No Client Doesn’t Know  Client Refused |
| 1. **What is your gender?**
 |  Female  Transgender Male Male  Gender Non-Conforming Transgender Female  Client Doesn’t Know  Client Refused |
| 1. **Are you the head of household?**
 | Yes, Self **No,** Name of head of household:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Relationship to head of household:**HoH’s spouse or partner HoH’s Child HoH’s other relation Other non-relation |
| 1. **Prior Living Situation**
 | Place not meant for habitationEmergency ShelterSafe HavenFoster Care Home or Foster Care Group HomeHospital or other Residential Non-Psychiatric Medical FacilityJail, Prison or Juvenile Detention FacilityLong-term Care Facility or Nursing HomePsychiatric hospital or other psychiatric facilitySubstance Abuse Treatment Facility or Detox CenterResidential Project or Halfway House with no homeless criteriaHotel or Motel paid for without an emergency shelter voucherTransitional housing for homeless persons-includes homeless youthHost Home (non-crisis)Staying or living in a friend’s room, apartment or houseStaying or living in a family member’s room, apartment or houseRental by client with GPD TIP housing subsidyRental by client with VASH housing subsidyPermanent housing (other than RRH) for formerly homeless personRental by client with RRH or equivalent subsidyRental by client with HCV voucherRental by client in a public housing unitRental by client, no ongoing housing subsidyRental by client, with other ongoing housing subsidyOwned by client, with ongoing housing subsidyOwned by client, with no ongoing housing subsidyClient Doesn’t Know Client Refused  |
| 1. **Length of stay in Previous Place**
 | 1 night or less 90 days or more, but less than 1 year2 to 6 nights 1 year or longer1 week or more, but less than 1 month Client Doesn’t Know 1 month or more, but less than 90 days Client Refused |
| 1. **Approximately, what date did you start staying on the streets?**
 |  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Client Doesn’t Know Client Refused |
| 1. **Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past 3 years including today?**
 | **** 1 Time  3 Times**** 2 Times  4 or more times Client Doesn’t Know Client Refused |
| 1. **Total number of months homeless on the street, in ES or SH in the past 3 years?**
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Months |
| 1. **What is the zip code of your last permanent address, where you lived for 90 days or more?**
 |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Doesn’t Know  Client Refused |
| 1. **Do you have a disabling condition?**
 |   **Yes,** continue with following disability subset questions  No Client Doesn’t Know Client Refused  |

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|  **Disability Type****16a.** | **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently** |
| **Physical**Yes No Client Doesn’t Know Refused | Yes No Client Doesn’t Know Refused |
| **Developmental**Yes No Client Doesn’t Know Refused  | Not required |
| **Chronic Health Condition**Yes No Client Doesn’t Know Refused  | Yes No Client Doesn’t Know Refused  |
| **HIV/AIDS**Yes No Client Doesn’t Know Refused | Not Required |
| **Mental Health Problem**Yes No Client Doesn’t Know Refused | Yes No Client Doesn’t Know Refused  |
| **Alcohol Abuse**Yes No Client Doesn’t Know Refused | Yes No Client Doesn’t Know Refused |
| **Drug Abuse**Yes No Client Doesn’t Know Refused | Yes No Client Doesn’t Know Refused |

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| 1. **Have you ever been a domestic violence victim or survivor?**
 |  Yes  No  Client Doesn’t Know  Client Refused  |
| **17a.** If Yes, when did experience occur? |  Within the past three months  More than a year ago  Three to six months ago  Client Doesn't Know  From six to twelve months ago  Client Refused  |
| **17b.** If Yes, are you currently fleeing? |  Yes  No  Client Doesn’t Know  Client Refused  |

**\*\*\*END OF SURVEY\*\*\***