

2015 HOMELESS POINT IN TIME COUNT – OBSERVATION TOOL

1. Please indicate why you are using the observation tool:

- You are unable to enter a site
- You cannot conduct a PIT survey (person refused to answer questions, language or other problems)
- You do not wish to disturb people sleeping

2. Total persons staying together as household: (USE SEPARATE OBSERVATION FORMS FOR EACH HOUSEHOLD)

a. Adults _____ b. Children _____ c. Not sure if Adult/Child _____ TOTAL _____

	Person 1	Person 2	Person 3	Person 4	Person 5
3. <u>Location</u> where observed <i>Example: northwest corner of 1st Avenue and Main Street</i>					
4. Is this person <u>homeless</u>? How certain are you that the person meets HUD's criteria of staying in a place not meant for human habitation (e.g., tent, vehicle, park bench, etc.)?	<input type="checkbox"/> Definitely <input type="checkbox"/> Possibly <input type="checkbox"/> Not sure	<input type="checkbox"/> Definitely <input type="checkbox"/> Possibly <input type="checkbox"/> Not sure	<input type="checkbox"/> Definitely <input type="checkbox"/> Possibly <input type="checkbox"/> Not sure	<input type="checkbox"/> Definitely <input type="checkbox"/> Possibly <input type="checkbox"/> Not sure	<input type="checkbox"/> Definitely <input type="checkbox"/> Possibly <input type="checkbox"/> Not sure
5. What is this person's <u>age</u>?	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> Not sure	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> Not sure	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> Not sure	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> Not sure	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> Not sure
6. What is the person's <u>gender</u>?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender (Male to Female) <input type="checkbox"/> Transgender (Female to Male) <input type="checkbox"/> Not Sure	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender (Male to Female) <input type="checkbox"/> Transgender (Female to Male) <input type="checkbox"/> Not Sure	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender (Male to Female) <input type="checkbox"/> Transgender (Female to Male) <input type="checkbox"/> Not Sure	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender (Male to Female) <input type="checkbox"/> Transgender (Female to Male) <input type="checkbox"/> Not Sure	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender (Male to Female) <input type="checkbox"/> Transgender (Female to Male) <input type="checkbox"/> Not Sure

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	Person 1	Person 2	Person 3	Person 4	Person 5
<p>7. What is this person’s race? <i>[SELECT ALL THAT APPLY]</i></p>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Sure	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Sure	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Sure	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Sure	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Sure
<p>8. What is this person’s ethnicity?</p>	<input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> non-Hispanic / non-Latino <input type="checkbox"/> Not sure	<input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> non-Hispanic / non-Latino <input type="checkbox"/> Not sure	<input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> non-Hispanic / non-Latino <input type="checkbox"/> Not sure	<input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> non-Hispanic / non-Latino <input type="checkbox"/> Not sure	<input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> non-Hispanic / non-Latino <input type="checkbox"/> Not sure
<p>9. Other information or identifying characteristics If possible, please include:</p> <ul style="list-style-type: none"> • Clothing (hats, accessories, any military or other emblems) • Other physical characteristics or conditions like tattoos, scars, braces, casts, etc. 					