**2018 Non-HMIS Participating - Point-in-Time Count (PIT) Reference Sheet**

**Please fill out ONE form for EACH person surveyed**

The square that runs across the top of the form indicates that this form is to be used for the **Non-HMIS** agency’s PIT count

Please be sure to ask and answer ***EVERY*** question. If the question is left blank we will identify this answer as “data not collected”.

**If the individual is under the age of 25 (born since 1993) please fill out the Youth Addendum form in addition to the unsheltered form.**

The top of the form should be filled out with information about Agency, date/time, and interviewer.

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| Question # | Additional explanation |
| 1. Where did they sleep on January 23, 2018 | Check only one answer. Enter the name of the facility. Remember that there is only one PIT Count night which is January 23rd. The January 24th, 25th, and 26th are post nights that have to reflect the individual was homeless on the night of January 23rd. |
| 2. Full name? | Full first name and full last name. Full names are used only to be sure that they are not counted more than once at different locations for that night. |
| 3. U.S. Military veteran? | If answer to this question is yes, be sure to ask the following questions a, b, and c. These questions should only be asked of respondents 18 and older, and are related to Veteran status and benefits. |
| 4. Date of Birth? | Exact birthdate. If this person is under the age of 25 (born since 1993), be sure to fill out the **Youth Addendum** also. |
| 5. Primary race? | This is what they believe is their primary race. We are looking for the racial group or groups with which the person most closely identifies. If respondents identify with more than one race, check all boxes that apply. |
| 6. Secondary race? | If they identify as being multi-racial, indicate what they believe to be their secondary race |
| 7. Hispanic or Latino? | Ethnicity question yes or no |
| 8. Gender? | Select one of the following Male, Female, Transgender Female to Male or Male to female or Gender Non-Conforming (i.e. not exclusively male or female). |
| 9. Approximately what date did you start staying on the streets? | The goal of the next couple questions is to establish whether the person is chronically homeless. To be considered chronically homeless, a person must be: living in a place not meant for habitation, a safe haven, or in an emergency shelter, and having been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year, or on at least four separate occasions in the last 3 years with the total time of those episodes equaling 12 months or more and can be diagnosed with one or more of the following disorders: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.  Approximately what date did you start staying on the streets, in shelters, or safe haven this time? [INCLUDE TOTAL TIME IN ALL OF THESE LOCATIONS IF THERE WERE NO BREAKS IN HOMELESSNESS] |
| 10. Regardless of where you stayed, how many separate times have you stayed on the streets, in shelters or safe havens during the past 3 years? | In the past 3 years, how many separate times have they stayed on the streets, in shelters or safe havens?  Example - 1 time, 2 times, 3, times, 4 or more times |
| 11. In total, how many months did you stay on the streets, in shelters or safe havens during the past 3 years? | This question is asking for the total number of months that the person was homeless during the occasions listed above. *Partial months should be rounded up to the next number of months.* |
| 12. Are you the Head of Household? | Self or If the person answering is **NOT** the head of household, be sure to fill in the name of the head of household. Please keep all Household forms together. |
| 13. Relationship to Head of Household? | What is this person’s relationship to the head of household, i.e., self, husband, wife, son, daughter, brother, sister, grandparent, niece, nephew, partner, etc. |
| 14. Zip code of last permanent address | The zip code of the last place they lived for more than 90 days. |
| 15. Disabling condition? | The goal of these questions is to compile a cross-section of information that identifies sub-populations that HUD requires all CoC communities to identify. The answers to these questions are designed to be self-reported and do not call for your personal evaluation or interpretation. While the objective is to get a response to every question, the respondents may choose not to reply to any particular question or the entire set of questions. Ask the respondent each of the questions and check a box indicating “Yes”, “No” or “DK/REF” if the client does not know the answer or refuses to answer the question. Remind them that their answers are confidential and will be used in a non-identifying manner. |
| Examples | |  |  | | --- | --- | | Chronic Health Condition | ongoing health problems or medical conditions such as diabetes, cancer, heart disease | | Mental Health Problem | post-traumatic stress disorder or PTSD | | Mental Health Problem | psychiatric or emotional conditions such as depression or schizophrenia | | Chronic Health Condition | traumatic injury to your brain from a bump, blow, or wound to the head | | Developmental | Has received special education services for more than 6 months | |
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| Three Domestic Violence questions | The following 3 questions are related to Domestic Violence. Has the individual ever been physically, emotionally, or sexually abused by a relative or another person you have stayed with, such as a spouse, partner, brother or sister, or parent? |
| Residence Prior to Project Entry | Choose ONE answer |
| Length of stay at above location | Choose ONE answer |

Be sure to thank the individual for their time and cooperation. Remember to fill out this form for ***EACH*** person regardless of household. Keep all household member’s forms together and if they are under the age of 25, also complete the Youth Addendum form.