**2018 Point-in-Time (PIT) Count UNSHELTERED Form**

 **Night of Count AND Post Nights Count**

**PLEASE COMPLETE ONE FORM FOR EACH PERSON SERVED**

**WHETHER THEY ARE AN INDIVIDUAL OR A FAMILY MEMBER**

**Town of Survey**: \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_ **County:** \_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_ **Zip Code: \_\_\_\_ \_\_\_\_\_\_\_\_\_**

 **Interviewer: \_\_\_\_\_\_**\_ \_\_\_\_\_\_\_\_\_ **Date: 01/\_\_\_\_\_ \_/2018**  **Time:** \_ \_\_\_\_ **AM/PM**

|  |  |
| --- | --- |
| Questions | Answers |
| 1. On Tuesday, January 23, 2018, where will you/did you sleep?
 |  Street or sidewalk  Park  Bus, train station, airport  Woods or outdoor encampment Vehicle  Under bridge/overpass  Abandoned Building  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  |
| 1. If client answers one of the last three, let them know they will be counted at that location. ***Stop survey and thank them for their time.***
 |  Emergency shelter (including hotel/motel paid for by shelter voucher) Transitional Housing for homeless persons Safe Haven |
| 1. Did another volunteer already ask you these questions?
 |  Yes (Stop survey and thank them for their time)  No  Client doesn’t know/Refused  |
| 1. What is your full name?
 |  |
| 1. Are you a U.S. Military Veteran? (only ask if client is 18+ years old)
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?

***c.*** Do you receive any disability benefits such as Social Security Disability Income or Veteran’s Disability Benefits? | Yes No Client Doesn’t Know/Refused Yes No Client Doesn’t Know/RefusedYes No Client Doesn’t Know/RefusedYes No Client Doesn’t Know/Refused |
| 1. Including yourself, how many adults and children in your household are sleeping in the same location as you on **January 23, 2018**?
 | \_\_\_\_\_\_\_Adults (Age 18 and older)\_\_\_\_\_\_\_Children (Age 17 and younger) |
| 1. Are you the head of the household?
 | Yes, self No, full name of head of household:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 1. What is your relationship to Head of Household?
 | Self Other relationChild Non-RelationSpouse or Partner  |
| 1. What is your date of birth?
 | \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ [***If under age 25 (born since 1993), also fill out the youth addendum form.]***  |
| 1. What is your gender?
 |  Male  Transgender Female to Male Female  Gender Non-Conforming Transgender Male to Female  Client doesn’t know/Refused |
| 1. Are you Hispanic or Latino?
 | Yes No Client Doesn’t Know/Refused |
| 1. What is your primary race?
 |  American Indian or Alaska Native  Asian Black/African American Native Hawaiian or Other Pacific Islander  White  Client doesn’t know/Refused |
| 1. What is your secondary race?
 |  American Indian or Alaska Native  Asian Black/African American Native Hawaiian or Other Pacific Islander  White  Client doesn’t know/Refused |
| 1. What is the zip code of your last permanent address, where you lived for 90 days or more?
 |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client doesn’t know/Refused |
| 1. Approximately what date did you start staying on the streets, in shelters, or safe havens?
 |  \_\_\_\_/\_\_\_\_/\_\_\_\_ Client doesn’t know/Refused |
| 1. Including this time, how many separate times have you stayed on the streets, in shelters or safe havens during the past 3 years?
 | **** 1 Time  3 Times**** 2 Times  4 or more times Client doesn’t know/Refused |
| 1. In total, how many months did you stay on the streets, in shelters or safe havens during the past 3 years?
 |  Months |
| 1. Do you have a disabling condition?
 |  Yes  No  Client doesn’t know/Refused  |

**If client answers yes to Question 18, continue with the following disability subset questions.**

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| --- | --- | --- |
| **Disability Type** | **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently** | **Documentation of the disability and severity on file?**  |
| **Physical**Yes No Client Doesn’t Know/Refused | Yes No Client Doesn’t Know/Refused | Yes No |
| **Developmental**Yes No Client Doesn’t Know/Refused  | Yes No Client Doesn’t Know/Refused | Yes  No |
| **Chronic Health Condition**Yes No Client Doesn’t Know/Refused  | Yes No Client Doesn’t Know/Refused  | Yes  No |
| **HIV/AIDS**Yes No Client Doesn’t Know/Refused | Yes No Client Doesn’t Know/Refused | Yes  No |
| **Mental Health Problem**Yes No Client Doesn’t Know/Refused | Yes No Client Doesn’t Know/Refused  | Yes  No |
| **Alcohol Abuse**Yes No Client Doesn’t Know/Refused | Yes No Client Doesn’t Know/Refused |  Yes  No |
| **Drug Abuse**Yes No Client Doesn’t Know/Refused | Yes No Client Doesn’t Know/Refused | Yes  No |

|  |  |
| --- | --- |
| **Have you ever been a victim of domestic violence?** |  Yes  No  Client doesn’t know/Refused |
| **If Yes, how long ago?** |  Within the past three months  More than a year ago  Three to six months ago  Client Doesn't know/Refused  From six to twelve months ago  |
| **If Yes, are you currently fleeing?** |  Yes  No  Client doesn’t know/Refused |