**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**

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| 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 |

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| --- | --- |
| **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 |