**2019 Point-in-Time (PIT) Count UNSHELTERED Survey**

 **Night of Count AND Post Nights Count**

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

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

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

 **Interviewer: \_\_\_\_\_\_**\_ \_\_\_\_\_\_\_\_\_ **Date: 01/\_\_\_\_\_ \_/2019**  **Time:** \_ \_\_\_\_ **AM/PM**

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| Questions | Answers |
| 1. On Tuesday, January 22, 2019, 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?
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/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 22, 2019**?

**For each family member, fill out an additional survey and keep them together.** | \_\_\_\_\_\_\_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 after January 22, 1994), 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  |

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| --- | --- | --- |
|  **Disability Type**18a. | **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 |

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

|  |  |
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| 1. **Have you ever been a victim of domestic violence?**
 |  Yes  No  Client Doesn’t Know/Refused |
| 19a. **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  |
| 19b. **If Yes, are you currently fleeing?** |  Yes  No  Client Doesn’t Know/Refused |