

2020 Youth Addendum Point-in-Time (PIT) Count Survey

This survey/form is to be used ***IN ADDITION TO*** a Point-in-Time Count Form

Script: In addition to the questions we just asked today, we also are asking youth some additional questions to better understand their housing status. It is up to you whether you want to participate and your answers will not be shared with anyone outside of our team. If you choose not to respond, it will not prevent you from accessing any services you might be eligible for.

Interviewer/Agency Name:	
Client Name: _____	Date of Birth: ____/____/____
Gender: _____	
On Tuesday, January 28, 2020, where will you/did you sleep?	<input type="checkbox"/> Street or sidewalk <input type="checkbox"/> Park <input type="checkbox"/> Bus, train station, airport <input type="checkbox"/> Woods or outdoor encampment <input type="checkbox"/> Vehicle <input type="checkbox"/> Under bridge/overpass <input type="checkbox"/> Abandoned Building <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Emergency shelter (including hotel/motel paid for by shelter voucher) <input type="checkbox"/> Transitional Housing for homeless persons <input type="checkbox"/> Safe Haven

Can I have about 5 more minutes of your time? Yes [*Go to Q1*] No [*Thank respondent; end interview*]

Questions	Answers
1. How old are you?	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24
2. In the past 30 days, were you living in any of the following situations? (Select all that apply)	<input type="checkbox"/> On the couch or other extra space at the home of a friend, family member, teacher or other person not related to you <input type="checkbox"/> In a house, apartment or room that you are not on the lease and/or you could be asked to leave without notice <input type="checkbox"/> In any housing that you must pay for with food stamps, sex, drug trafficking/sales, criminal activity or other non-cash resources. If you are comfortable telling me why, please specify: _____ <input type="checkbox"/> In an unoccupied or vacant cabin, house or apartment that is not yours <input type="checkbox"/> In a trailer, camper, shed, barn, garage or railroad car on someone else's property <input type="checkbox"/> In a jail, hospital, or treatment program <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> In any other housing not described above where may be asked to leave without notice by the owner, permanent resident or lessee Please specify: _____
3. Is this the first time that you have been living on the street, in a shelter, transitional housing program or one of the situations listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused to Answer
4. Which of the following best represents how you think of yourself?	<input type="checkbox"/> Lesbian or gay <input type="checkbox"/> Something else - Please specify: _____ <input type="checkbox"/> Straight <input type="checkbox"/> I don't know <input type="checkbox"/> Bisexual <input type="checkbox"/> I'd rather not say
5. Have you ever received services or felt like you needed help with your mental health?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused to Answer
6. In the past 12 months, have you been tested for or been concerned about a sexually transmitted disease or sexually transmitted infection?	<input type="checkbox"/> Yes - Please specify: _____ <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused to Answer

7. In the past 12 months have you had unprotected sex?	<input type="checkbox"/> Yes – Please specify: _____ <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused to Answer
8. If female, are you currently pregnant? If male or 'other', are you expecting to become a parent in the next 9 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused to Answer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused to Answer
9. Have any of the following issues: alcohol or drug use, physical or mental disabilities, your mental health, learning difficulties, sexual orientation, gender identity or HIV/AIDS ever kept you from getting a job or obtaining or staying in stable housing?	<input type="checkbox"/> Yes - Please specify: _____ <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused to Answer
10. Do you receive a disability check, such as a Social Security check (SSI or SSDI) or a Veteran Disability Compensation check?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused to Answer
11. Have you 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused to Answer
12. Have you ever been placed in foster care or stayed in a group home? If you left in the past 3 years, did anyone help you get housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused to Answer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused to Answer
13. Have you stayed overnight or longer in jail, prison, or a juvenile detention facility? If you left in the past 3 years, did anyone help you get housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused to Answer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused to Answer
14. Have you stayed overnight or longer in a treatment or healthcare facility? If you left in the past 3 years, did anyone help you get housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused to Answer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused to Answer
15. Are you currently enrolled in school?	<input type="checkbox"/> Yes, and attend regularly <input type="checkbox"/> No, expelled <input type="checkbox"/> Yes, and attend irregularly <input type="checkbox"/> No, dropped out within last 6 months <input type="checkbox"/> Yes, suspended <input type="checkbox"/> No, dropped out 6 months ago or more <input type="checkbox"/> No, graduated from high school <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused to Answer <input type="checkbox"/> No, obtained GED
16. What is the highest grade or level of schooling you completed?	<input type="checkbox"/> Less than 5 th grade <input type="checkbox"/> School program does not have grade levels <input type="checkbox"/> 5 th to 6 th grade <input type="checkbox"/> GED completion <input type="checkbox"/> 7 th to 8 th grade <input type="checkbox"/> Some post-secondary education/college <input type="checkbox"/> 9 th to 11 th grade <input type="checkbox"/> Doesn't Know <input type="checkbox"/> 12 th grade <input type="checkbox"/> Refused to Answer
17. In the past year, in what ways did you make money? (Select all that apply)	<input type="checkbox"/> Full time job <input type="checkbox"/> Sex work <input type="checkbox"/> Working under the table <input type="checkbox"/> Money from friends or family <input type="checkbox"/> Hustling <input type="checkbox"/> Panhandling/Flying a sign <input type="checkbox"/> Selling weed or other drugs <input type="checkbox"/> Part time job including on-call or irregular hours <input type="checkbox"/> Government program (disability, welfare, food stamps, unemployment, etc.) <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused to Answer <input type="checkbox"/> Other (Specify): _____

<p>18. Think about the last time you felt that you were living in safe and stable housing (someplace you lived longer than 6 months). How long ago was that?</p>	<input type="checkbox"/> Less than 1 month ago <input type="checkbox"/> More than 1 year <input type="checkbox"/> 1 month to less than 3 months ago <input type="checkbox"/> Never felt stably housed <input type="checkbox"/> 3 months to less than 6 months ago <input type="checkbox"/> Doesn't Know <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> Refused to Answer
<p>19. Who did you live with the last time you lived in stable housing?</p>	<input type="checkbox"/> Family member <input type="checkbox"/> Friend(s)/roommates <input type="checkbox"/> Partner/significant other <input type="checkbox"/> Alone <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused to Answer <input type="checkbox"/> Other (Specify): _____
<p>20. What is the primary reason you left or lost your last stable housing situation?</p>	<input type="checkbox"/> Chose to leave (Describe)_____ <input type="checkbox"/> Forced to leave (Describe)_____ <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused to Answer
<p>21. In order to stay in any housing situation, have you ever...? (Select all that apply)</p>	<input type="checkbox"/> Stayed with someone you didn't know or trust <input type="checkbox"/> Stayed somewhere that didn't feel safe <input type="checkbox"/> Stayed with a sexual partner that you would not have otherwise <input type="checkbox"/> Stayed on a couch or floor for longer than one week <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused to Answer <input type="checkbox"/> None of the above
<p>22. In the past year, what services or supports, for example from government programs or social service agencies, have you accessed? (Select all that apply)</p>	<input type="checkbox"/> Free meals/food(soup kitchens/food pantries) <input type="checkbox"/> Legal assistance <input type="checkbox"/> Substance abuse treatment/services <input type="checkbox"/> Housing services <input type="checkbox"/> Transportation assistance or bus passes <input type="checkbox"/> Drop-in/day services <input type="checkbox"/> Job training or employment services <input type="checkbox"/> Health services <input type="checkbox"/> Mental health services <input type="checkbox"/> Education services <input type="checkbox"/> Doesn't Know <input type="checkbox"/> None <input type="checkbox"/> Refused to Answer <input type="checkbox"/> Other (Specify): _____
<p>23. In the past year, what issues have you encountered in trying to get help or access services? (Select all that apply)</p>	<input type="checkbox"/> Did not have ID/personal documents <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Did not know where to go for help <input type="checkbox"/> Couldn't access because of age <input type="checkbox"/> Placed on a waitlist and never heard back <input type="checkbox"/> Language barrier <input type="checkbox"/> No issues accessing services/assistance <input type="checkbox"/> Did not qualify for service <input type="checkbox"/> No health insurance <input type="checkbox"/> Moved or relocated <input type="checkbox"/> Asked to leave or discharged because of behavior <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused to Answer <input type="checkbox"/> Other (Specify): _____

Those are all the questions we have for you. We realize that some of the topics covered are personal and can be difficult to talk about. As a reminder, your responses will not be shared with anyone outside of our team. Thank you for taking the survey and being a part of this important data collection effort.

END OF SURVEY

2020 Youth Addendum Point-in-Time (PIT) Count Reference Sheet

Please fill out ONE survey/form for EACH person surveyed

The circles that run across the top of the survey indicate that this survey/form is to be used for the Youth PIT.

This form should be completed for any unaccompanied youth under the age of 25 (born after January 28, 1995). It must be attached to either the Unsheltered or Non-HMIS Participating Surveys completed for the respondent. Unless the respondent is staying in a shelter.

Please be sure to ask and answer **EVERY** question. If the question is left blank, we will identify this answer as “Data not Collected” in HMIS.

The top of the form should be filled out to include information about the Respondent and the Interviewer/Agency.

Begin with the following script: “In addition to the questions we just asked today, we are also asking youth some additional questions to better understand their housing status. It is up to you whether you want to participate and your answers will not be shared with anyone outside of our team. If you choose not to respond, it will not prevent you from accessing any services you might be eligible for.”

If respondent answers “**yes**”, begin the survey. If they answer “**no**”, thank them for their time and move on.

Question #	Additional explanation
1. How old are you?	If respondent is over the age of 25 (born before January 28, 1995), stop the interview and thank them for their time. This form is specifically for unaccompanied youth under the age of 25 – born AFTER January 28, 1995.
2. In the past 30 days, were you living in any of the following situations?	Ask the respondent where they have been living over the last 30 days and select all that apply . Be sure to note any location that is mentioned, but not listed.
3. Is this the first time that you have been living on the street, in a shelter, transitional housing program or one of the situations listed above?	Ask the respondent if this is their first time living at any of the answers supplied in Question 2 above.
4. Which of the following best represents how you think of yourself?	Related to gender identification.
5. Have you ever received services for or felt like you needed help with your mental health?	Some examples of services could be counseling, therapy, psychiatry, social work groups, hospitalization, rehabilitation, outpatient groups, etc.
6. In the past 12 months, have you been tested for or been concerned about a sexually transmitted disease or sexually transmitted infection?	Provides insight on healthcare accessibility. For ‘yes’ responses, please specify which STD/STI and number of times engaged in unprotected sex.
7. In the past 12 months, have you had unprotected sex?	
8. Have any of the following issues: alcohol or drug use, physical or mental disabilities, your mental health, learning difficulties, sexual orientation, gender identity or HIV/AIDS ever kept you from getting a job or obtaining or staying in stable housing?	Determines barriers. Please specify the appropriate issue.

9. Do you receive a disability check such as a Social Security check (SSI or SSDI) or a Veteran Disability Compensation check?	Confirms disability and/or Veteran status.
10. Have you ever been physically, emotionally or sexually abused by a relative or another person you have stayed with, such as a spouse, partner, brother, sister or parent?	Helps determine if the abuse is a direct cause to their current housing status.
11. Have you ever been placed in foster care or stayed in a group home? If you left in the past 3 years, did anyone help you get housing?	Only ask the second question if the respondent answers 'yes' to the first question.
12. Have you stayed overnight or longer in jail, prison or a juvenile detention facility? If you left in the past 3 years, did anyone help you get housing?	Only ask the second question if the respondent answers 'yes' to the first question.
13. Have you stayed overnight or longer in a treatment or healthcare facility? If you left in the past 3 years, did anyone help you get housing?	Only ask the second question if the respondent answers 'yes' to the first question.
14. Are you currently enrolled in school?	Please select one answer.
15. What is the highest grade or level of schooling you completed?	Please select one answer.
16. In the past year, in what ways did you make money?	Select all applicable answers.
17. Think about the last time you felt that you were living in safe and stable housing (someplace you lived longer than 6 months ago). How long ago was that?	Please select the approximate timeframe.
18. Who did you live with the last time you lived in stable housing?	If respondent answers 'Other', please specify.
19. What is the primary reason you left or lost your last stable housing situation?	Please have respondent briefly describe the circumstances surrounding their departure.
20. In order to stay in any housing situation, have you ever...?	Please select all applicable answers.
21. In the past year, what services or supports, for example, from government programs or social service agencies, have you accessed?	Please select all applicable answers. If respondent answers 'Other', please specify.
22. In the past year, what issues have you encountered in trying to get help or access services?	Please select all applicable answers. If respondent answers 'Other', please specify.

Communicate to respondent:

“Those are all the questions I have for you. We realize that some of the topics covered are personal and can be difficult to think about. We appreciate your willingness to participate tonight. Thank you for taking the survey!”



2020 UNSHELTERED Point-in-Time (PIT) Count Survey

Night of Count AND Post Nights Count

Complete one survey for EACH PERSON served - Keep ALL household surveys together!

Town of Survey: _____ County: _____ Zip Code: _____

Interviewer: _____ Date: 01/_____/2020 Time: _____ AM/PM

Questions	Answers
1. On Tuesday, January 28, 2020, where are you staying?	<input type="checkbox"/> Street or sidewalk <input type="checkbox"/> Park <input type="checkbox"/> Bus, train station, airport <input type="checkbox"/> Woods/outdoor encampment <input type="checkbox"/> Vehicle <input type="checkbox"/> Under bridge/overpass <input type="checkbox"/> Abandoned Building <input type="checkbox"/> Other (Specify)_____
2. If client answers one of the last three, let them know they will be counted at that location. <i>Stop survey and thank them for their time.</i>	<input type="checkbox"/> Emergency shelter(including hotel/motel paid for by ES) <input type="checkbox"/> Transitional Housing for homeless persons <input type="checkbox"/> Safe Haven
3. Did another volunteer already ask you these questions?	<input type="checkbox"/> Yes (<i>Stop survey and thank them for their time</i>) <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> Client Refused
4. What is your full name?	
5. Are you a U.S. Military Veteran? a. <i>If yes</i> , were you ever called into active duty as a member of the National Guard or as a Reservist? b. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> Client Refused <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> Client Refused <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> Client Refused <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> Client Refused
6. Including yourself, how many adults and children in your household are sleeping in the same location as you on <u>January 28, 2020</u> ? <i>For each family member, fill out an additional survey and keep them together.</i>	_____ Adults (Age 18 and older) _____ Children (Age 17 and younger)
7. Are you the head of the household?	<input type="checkbox"/> Yes, Self <input type="checkbox"/> No, Name of head of household: _____ Relationship to head of household: <input type="checkbox"/> HoH's spouse or partner <input type="checkbox"/> HoH's Child <input type="checkbox"/> HoH's other relation <input type="checkbox"/> Other non-relation
8. What is your date of birth?	_____/_____/_____ <i>If under age 25 (born after January 28, 1995), also fill out the Youth Addendum Form.</i>
9. What is your primary race?	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> CDK <input type="checkbox"/> Client Refused <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
10. What is your secondary race?	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> CDK <input type="checkbox"/> Client Refused <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
11. Are you Hispanic or Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> Client Refused
12. What is your gender?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender Male <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Transgender Female <input type="checkbox"/> CDK <input type="checkbox"/> Client Refused
13. Prior Living Situation	<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Foster Care Home or Foster Care Group Home <input type="checkbox"/> Hospital or Residential Non-Psychiatric Medical Facility

	<input type="checkbox"/> Jail, Prison or Juvenile Detention Facility <input type="checkbox"/> Long-term Care Facility or Nursing Home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance Abuse Treatment Facility or Detox Center <input type="checkbox"/> Residential Project/Halfway House w/ no homeless criteria <input type="checkbox"/> Hotel/Motel paid for w/out an emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Staying/living in family member's room/apartment/ house <input type="checkbox"/> Rental by client with GPD TIP housing subsidy <input type="checkbox"/> Rental by client with VASH housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless person <input type="checkbox"/> Rental by client with RRH or equivalent subsidy <input type="checkbox"/> Rental by client with HCV voucher <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, with no ongoing housing subsidy <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
14. Length of stay in Previous Place	<input type="checkbox"/> 1 night or less <input type="checkbox"/> 90 days or more, but less than 1 year <input type="checkbox"/> 2 to 6 nights <input type="checkbox"/> 1 year or longer <input type="checkbox"/> CDK <input type="checkbox"/> Client Refused <input type="checkbox"/> 1 week or more, but less than 1 month <input type="checkbox"/> 1 month or more, but less than 90 days
15. Approximately, what date did you start staying on the streets?	<input type="checkbox"/> ____/____/____ <input type="checkbox"/> CDK <input type="checkbox"/> Client Refused
16. Regardless of where you stayed last night, Number of times the client has been on the streets, in ES, or SH in the past 3 years including today?	<input type="checkbox"/> 1 Time <input type="checkbox"/> 3 Times <input type="checkbox"/> CDK <input type="checkbox"/> 2 Times <input type="checkbox"/> 4 or more times <input type="checkbox"/> Client Refused
17. Total number of months homeless on the street, in ES or SH in the past 3 years?	_____ Months
18. What is the zip code of your last permanent address, where you lived for 90 days or more?	<input type="checkbox"/> _____ <input type="checkbox"/> CDK <input type="checkbox"/> Client Refused
19. Do you have a disabling condition?	<input type="checkbox"/> Yes , continue with following disability subset questions <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> Client Refused

19a	Disability Type	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently
	Physical: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> Client Refused
	Developmental: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> Client Refused	Not Required
	Chronic Health Condition: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> Client Refused
	HIV/AIDS: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> Client Refused	Not Required
	Mental Health Problem: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> Client Refused
	Alcohol Abuse: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> Client Refused
	Drug Abuse: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> Client Refused


20. Have you ever been a domestic violence victim/survivor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> Client Refused
21a. If Yes, when did experience occur?	<input type="checkbox"/> Within the past three months <input type="checkbox"/> More than a year ago <input type="checkbox"/> Three to six months ago <input type="checkbox"/> CDK <input type="checkbox"/> From six to twelve months ago <input type="checkbox"/> Client Refused
21b. If Yes, are you currently fleeing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> Client Refused

END OF SURVEY



2020 UNSHELTERED Point-in-Time (PIT) Count Reference Sheet

Please fill out ONE survey/form for EACH person interviewed

The stars  that run across the top of the survey indicate that this form is to be used for the **Unsheltered** PIT.

If respondent is part of a household, please complete a survey for each member and keep all surveys for a household together.

Please be sure to ask and answer **EVERY** question. If the question is left blank, we will identify this answer as “Data not Collected” in HMIS.

If the individual is under the age of 25, fill out the Youth Addendum survey as well.

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

Begin with the following script: *“Hello, my name is _____ and I’m a volunteer for _____. We are conducting a survey to count persons experiencing homelessness to provide better programs and services to them. Your participation is voluntary. The information collected will be entered into the Homeless Management Information System (HMIS) and may be used in a **non-identifying** manner for statewide statistics and research. May I have about 10 minutes of your time?”*

If respondent answers “**yes**”, begin the survey. If they answer “**no**”, thank them for their time and move on.

Question #	Additional explanation
1 and 2. Where did the individual sleep on January 28, 2020?	<p>DO NOT READ CATEGORIES. SELECT ONLY ONE CATEGORY.</p> <p>1, 2 & 3 - The goal of these questions are to confirm the person is unsheltered and to prevent surveying the same person twice</p> <p>If their answer is one of the last 3 choices (emergency shelter, transitional housing or safe haven, stop the survey and thank them). They will be counted at the agency/location they are staying.</p> <p>Remember that there is only one PIT Count night which is January 28th. January 29th, 30th, and 31st are post nights that must reflect the individual was homeless on the night of January 28th.</p>
3. Did another volunteer already ask questions?	If they answer yes, thank them and stop the survey. Someone else has already counted them. CDK means Client doesn’t know
4. Full name?	Full first name and full last name. If the respondent questions the need for names, explain that they are used only to be sure that they are not counted more than once at different locations that night.
5. 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.
6. Including yourself, how many adults and children in your household are sleeping in the same location as you on January 28, 2020?	The goal of the following questions are is to determine the individuals (adults/children) who staying together the night of the count, their relationship, and their homeless status on that night. The questions are necessary to establish who to include in the household when submitting our counts. This is the total number of adults (age 18 +) and children (age 17 and under) within the same household. If part of a household, please indicate and keep all forms together.
7. Are you the Head of Household?	Answer self if yes. If the person answers No , ask them the name of who is the head of household and the relationship to the head of household. Be sure to enter this information here. Keep all households/family forms together. HH is for Head of Households



8. Date of Birth?	Exact birthdate. A complete date of birth is needed to effectively ensure the person is not counted more than once. If this person is unaccompanied and under the age of 25 (born after January 28, 1995), be sure to fill out the Youth Addendum survey <u>in addition to</u> the Unsheltered survey. BOTH surveys are needed.	
9. Primary race?	This is what they believe is their primary race. Read all categories. When asking this question, you 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.	
10. Secondary race?	If they identify as being multi-racial, indicate what they believe to be their secondary race.	
11. Hispanic or Latino?	Ethnicity question - yes or no	
12. Gender?	Select one of the following Male, Female, Transgender Female to Male, Male to Female or Gender Non-Conforming (i.e. not exclusively male or female).	
13. Prior Living Situation	<p>The goal of the next few 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.</p> <p>Where they lived or stayed before the current situation</p>	
14. Length of stay in previous place	Length of stay in the previous living situation from the above	
15. Approximately what date did you start staying on the streets?	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]	
16. Regardless of where you stayed last night, Number of times the client has been on the streets, in ES, or SH in the past 3 years including today?	Example - 1 time, 2 times, 3, times, 4 or more times	
17. In total, how many months did you stay on the streets, in shelters or safe havens during the <u>past 3 years</u> ?	This question is asking for the total number of months that the person was homeless during the occasions listed above. <i>Partial months should be rounded up to the next number of months.</i>	
18. Zip code of last permanent address where you lived for 90 days or more	The zip code of the last place they lived for more than 90 days.	
19. Disabling condition?	<p>Before asking these questions, inform the respondent again that their responses to disability questions are voluntary and that their refusal will not result in a denial of services. 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 “Doesn’t Know” ,“Refused” 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.</p>	
	Chronic Health Condition	ongoing health problems or medical conditions such as diabetes, cancer, heart disease



Examples of Disabling Conditions:	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 brain injury from a bump, blow, or wound to the head
	Developmental	Has received special education services for more than 6 months
Three Domestic Violence questions	The following 3 questions are related to Domestic Violence. If respondent answers yes for Domestic Violence victim/survivor, ask "Are you currently fleeing?". HUD requires that data reported on survivors of domestic violence should be limited to reporting on those who are currently experiencing homelessness because they are fleeing domestic violence, dating violence, sexual assault or stalking, as opposed to reporting on survivors who have ever experienced these circumstances.	

If respondent is an unaccompanied youth under the age of 25, continue on with the Youth Addendum survey.

Otherwise, tell respondent:

"Those are all the questions I have for you. We realize that some of the topics covered are personal and can be difficult to think and talk about. We appreciate your willingness to participate tonight. Thank you for taking the survey!"

2020 Non-HMIS Participating Point-in-Time (PIT) Count Survey

PLEASE complete ONE survey/form for EACH PERSON SERVED

Keep ALL households/family surveys together!

Agency: _____ Town: _____ Zip Code: _____

County: _____ Interviewer: _____ Date: 01/____/2020 Time: _____ AM/PM

Questions	Answers
1. On January 28, 2020, where will you/did you sleep?	<input type="checkbox"/> Emergency shelter. Name of Shelter: _____ <input type="checkbox"/> Transitional Housing for homeless persons. Name: _____ <input type="checkbox"/> Safe Haven. Name of Safe Haven: _____ <input type="checkbox"/> Hotel/Motel Paid for by: Name of Agency/Organization _____
2. What is your full name?	
3. Are you a U.S. Military Veteran? a. <i>If yes</i> , were you ever called into active duty as a member of the National Guard or as a Reservist? b. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
4. What is your date of birth?	_____/_____/_____ <i>If under age 25 (born after January 28, 1995), also fill out the Youth Addendum survey.</i>
5. What is your primary race?	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Black/African American <input type="checkbox"/> Client Refused <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
6. What is your secondary race?	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Black/African American <input type="checkbox"/> Client Refused <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
7. Are you Hispanic or Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
8. What is your gender?	<input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Male <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Transgender Female <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
9. Are you the head of household?	<input type="checkbox"/> Yes, Self <input type="checkbox"/> No , Name of head of household: _____ Relationship to head of household: <input type="checkbox"/> HoH's spouse or partner <input type="checkbox"/> HoH's Child <input type="checkbox"/> HoH's other relation <input type="checkbox"/> Other non-relation
10. Prior Living Situation	<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Foster Care Home or Foster Care Group Home <input type="checkbox"/> Hospital or other Residential Non-Psychiatric Medical Facility <input type="checkbox"/> Jail, Prison or Juvenile Detention Facility <input type="checkbox"/> Long-term Care Facility or Nursing Home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance Abuse Treatment Facility or Detox Center <input type="checkbox"/> Residential Project or Halfway House with no homeless criteria <input type="checkbox"/> Hotel or Motel paid for without an emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons-includes homeless youth

	<input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Rental by client with GPD TIP housing subsidy <input type="checkbox"/> Rental by client with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless person <input type="checkbox"/> Rental by client with RRH or equivalent subsidy <input type="checkbox"/> Rental by client with HCV voucher <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, with no ongoing housing subsidy <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
11. Length of stay in Previous Place	<input type="checkbox"/> 1 night or less <input type="checkbox"/> 90 days or more, but less than 1 year <input type="checkbox"/> 2 to 6 nights <input type="checkbox"/> 1 year or longer <input type="checkbox"/> 1 week or more, but less than 1 month <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> 1 month or more, but less than 90 days <input type="checkbox"/> Client Refused
12. Approximately, what date did you start staying on the streets?	<input type="checkbox"/> ____/____/_____ <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
13. Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past 3 years including today?	<input type="checkbox"/> 1 Time <input type="checkbox"/> 3 Times <input type="checkbox"/> 2 Times <input type="checkbox"/> 4 or more times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
14. Total number of months homeless on the street, in ES or SH in the past 3 years?	_____ Months
15. What is the zip code of your last permanent address, where you lived for 90 days or more?	<input type="checkbox"/> _____ <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
16. Do you have a disabling condition?	<input type="checkbox"/> Yes, continue with following disability subset questions <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused


16a.	Disability Type	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently
	Physical <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Refused
	Developmental <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Refused	Not required
	Chronic Health Condition <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Refused
	HIV/AIDS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Refused	Not Required
	Mental Health Problem <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Refused
	Alcohol Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Refused
	Drug Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Refused

17. Have you ever been a domestic violence victim or survivor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
17a. If Yes, when did experience occur?	<input type="checkbox"/> Within the past three months <input type="checkbox"/> More than a year ago <input type="checkbox"/> Three to six months ago <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> From six to twelve months ago <input type="checkbox"/> Client Refused
17b. If Yes, are you currently fleeing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

*****END OF SURVEY*****

2020 Non-HMIS Participating Point-in-Time Count (PIT) Reference Sheet

Please fill out **ONE** survey/form for **EACH** person interviewed

The square  that runs across the top of the form indicates that this form is to be used for the **Non-HMIS Participating** 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 unaccompanied and under the age of 25 (born after January 28, 1995) please fill out the Youth Addendum survey in addition to the Non-HMIS Participating survey.

It is important to explain that the data will be entered into the HMIS and used in a non-identifying manner for statewide statistics and research in an effort to better serve the homeless population in Maine.

The top of the form should be filled out with information about the Agency, town/zip/county of the location you are interviewing, Interviewers name and date/time.

Question #	Additional explanation
1. Where did they sleep on January 28, 2020?	Check only one answer. Enter the name of the facility. Remember that there is only one PIT Count night which is January 28th. January 29th, 30 th , and 31st are post nights that must reflect the individual was homeless on the night of January 28th.
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 after January 28, 1995), be sure to fill out the Youth Addendum survey 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, Male to Female or Gender Non-Conforming (i.e. not exclusively male or female).
9. Are you the head of household?	Yes to this question indicate you are interviewing the head of household. If no, to this question it is extremely important to get the name of who is the head of household and your relation to the head of household. Please keep all Household forms together. HH means Head of Household
10. Prior Living Situation?	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]	
11. Length of stay in Previous Place	How long did they stay here before being where they are tonight	
12. Approximately, what date did you start staying on the streets?	When did the client start staying on the streets, an approximate date is fine.	
13. Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past 3 years including today?	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	
14. In total, how many months did you stay on the streets, in shelters or safe havens during the <u>past 3 years</u> ?	This question is asking for the total number of months that the person was homeless during the occasions listed above. <i>Partial months should be rounded up to the next number of months.</i>	
15. What is the zip code of your last permanent address, where you lived for 90 days or more?	The zip code of the last place they lived for more than 90 days.	
16. Does the client have a 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”, “Doesn’t Know or ‘Refused” 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. If Yes, to the question continue with the 16a.	
16a.	Chronic Health Condition	ongoing health problems or medical conditions such as diabetes, cancer, heart disease
Examples	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
17. Three Domestic Violence questions	The following 3 questions are related to Domestic Violence. "If yes for Domestic Violence victim/survivor, are you currently fleeing?". This is because HUD is requiring that data reported on survivors of domestic violence should be limited to reporting on those who are currently experiencing homelessness because they are fleeing domestic violence, dating violence, sexual assault or stalking, as opposed to reporting on survivors who have ever experienced these circumstances	

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 unaccompanied and under the age of 25 (born after January 28, 1995), also complete the **Youth Addendum** survey.