2019 POINT IN TIME COUNT – SHELTERED COUNT SURVEY FORM **Jan 2019**

Name of Housing Program:		**County:**	
Program Type: ES ☐ TH ☐	**Interviewer:**	**Email:**	**Phone:**

1. **ES only**: Have you/your family been living in emergency shelters and/or on the streets continuously for a year or more? Yes ❑ No ❑
2. **ES only**: How many times have you had to stay in emergency shelters or on the streets in the past three (3) years? Fewer than 4 ❑ 4 times or more ❑
   What was the total amount of time spent in emergency shelters or on the streets during these past three (3) years?
   Fewer than 12 months ❑ 12 months or more ❑

Please fill in the following information for yourself as well as any family member staying in the same place with you:

Person #1 (you)	Person #2 (not you)	Person #3 (not you)	Person #4 (not you)	Person #5 (not you)
1st 3 letters of First Name:	**1st 3 letters of First Name:**	**1st 3 letters of First Name:**	**1st 3 letters of First Name:**	**1st 3 letters of First Name:**
1st 3 letters of Last Name:	**1st 3 letters of Last Name:**	**1st 3 letters of Last Name:**	**1st 3 letters of Last Name:**	**1st 3 letters of Last Name:**
Gender: ❑ Male ❑ Female ❑Transgender ❑ Gender Non-Conforming (i.e. does not identify as exclusively male or female)	**Gender:** ❑ Male ❑ Female ❑Transgender ❑ Gender Non-Conforming (i.e. does not identify as exclusively male or female)	**Gender:** ❑ Male ❑ Female ❑Transgender ❑ Gender Non-Conforming (i.e. does not identify as exclusively male or female)	**Gender:** ❑ Male ❑ Female ❑Transgender ❑ Gender Non-Conforming (i.e. does not identify as exclusively male or female)	**Gender:** ❑ Male ❑ Female ❑Transgender ❑ Gender Non-Conforming (i.e. does not identify as exclusively male or female)
Age: ❑ 0 to 17 ❑18-24 ❑25+	**Age:** ❑0 to 17 ❑18-24 ❑25+	**Age:** ❑0 to 17 ❑18-24 ❑25+	**Age:** ❑0 to 17 ❑18-24 ❑ 25+	**Age:** ❑ 0 to 17 ❑18-24 ❑ 25+
Head of Household	**Relationship to you:** ❑Spouse/Partner ❑Biological/Legal Child ❑Other Family ❑Friend	**Relationship to you:** ❑Spouse/Partner ❑Biological/Legal Child ❑Other Family ❑Friend	**Relationship to you:** ❑Spouse/Partner ❑Biological/Legal Child ❑Other Family ❑Friend	**Relationship to you:** ❑Spouse/Partner ❑Biological/Legal Child ❑Other Family ❑Friend
Hispanic or Latino: ❑ Non-Hispanic/Non-Latino ❑ Hispanic/Latino	**Hispanic or Latino:** ❑ Non-Hispanic/Non-Latino ❑ Hispanic/Latino	**Hispanic or Latino:** ❑ Non-Hispanic/Non-Latino ❑ Hispanic/Latino	**Hispanic or Latino:** ❑ Non-Hispanic/Non-Latino ❑ Hispanic/Latino	**Hispanic or Latino:** ❑ Non-Hispanic/Non-Latino ❑ Hispanic/Latino
Race: ❑ American Indian/Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander. ❑ White ❑ Multiple Races	**Race:** ❑ American Indian/Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ White ❑ Multiple Races	**Race:** ❑ American Indian/Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ White ❑ Multiple Races	**Race:** ❑ American Indian/Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ White ❑ Multiple Races	**Race:** ❑ American Indian/Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ White ❑ Multiple Races
Veteran: ❑Yes ❑No	**Veteran:** ❑Yes ❑No	**Veteran:** ❑Yes ❑No	**Veteran:** ❑Yes ❑No	**Veteran:** ❑Yes ❑No
Currently Fleeing Domestic Violence: ❑Yes ❑No	**Currently Fleeing Domestic Violence:** ❑Yes ❑No	**Currently Fleeing Domestic Violence:** ❑Yes ❑No	**Currently Fleeing Domestic Violence:** ❑Yes ❑No	**Currently Fleeing Domestic Violence:** ❑Yes ❑No
Disabling Condition(s)? **Check any reported/known:** ❑ Serious Mental Illness ❑ Developmental Disability ❑ Substance Use Disorder ❑ HIV/AIDS ❑ PTSD ❑ Brain Injury ❑ Chronic physical illness/disability	**Disabling Condition(s)?** **Check any reported/known:** ❑ Serious Mental Illness ❑ Developmental Disability ❑ Substance Use Disorder ❑ HIV/AIDS ❑ PTSD ❑ Brain Injury ❑ Chronic physical illness/disability	**Disabling Condition(s)?** **Check any reported/known:** ❑ Serious Mental Illness ❑ Developmental Disability ❑ Substance Use Disorder ❑ HIV/AIDS ❑ PTSD ❑ Brain Injury ❑ Chronic physical illness/disability	**Disabling Condition(s)?** **Check any reported/known:** ❑ Serious Mental Illness ❑ Developmental Disability ❑ Substance Use Disorder ❑ HIV/AIDS ❑ PTSD ❑ Brain Injury ❑ Chronic physical illness/disability	**Disabling Condition(s)?** **Check any reported/known:** ❑ Serious Mental Illness ❑ Developmental Disability ❑ Substance Use Disorder ❑ HIV/AIDS ❑ PTSD ❑ Brain Injury ❑ Chronic physical illness/disability