

2019 POINT IN TIME COUNT – UNSHELTERED COUNT SURVEY FORM

Jan 2019

Have you already completed a Homeless Count Survey? Yes ☐ (Discontinue) No ☐
 Did you sleep outside or in any place not fit for human habitation on
 Tuesday Jan. 29, 2019 Yes ☐ No ☐ (Discontinue Survey)

Agency: _____ Program Name: _____ County: _____
 Interviewer: _____ Email: _____ Phone: _____

1. Have you/your family been living in emergency shelters and/or on the streets continuously for a year or more? Yes ☐ No ☐
2. 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)
1 st 3 letters of First Name:	1 st 3 letters of First Name:	1 st 3 letters of First Name:	1 st 3 letters of First Name:	1 st 3 letters of First Name:
1 st 3 letters of Last Name:	1 st 3 letters of Last Name:	1 st 3 letters of Last Name:	1 st 3 letters of Last Name:	1 st 3 letters of Last Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Gender Non-Conforming (i.e. does not identify as exclusively male or female)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Gender Non-Conforming (i.e. does not identify as exclusively male or female)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Gender Non-Conforming (i.e. does not identify as exclusively male or female)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Gender Non-Conforming (i.e. does not identify as exclusively male or female)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Gender Non-Conforming (i.e. does not identify as exclusively male or female)
Age: <input type="checkbox"/> 0 to 17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25+	Age: <input type="checkbox"/> 0 to 17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25+	Age: <input type="checkbox"/> 0 to 17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25+	Age: <input type="checkbox"/> 0 to 17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25+	Age: <input type="checkbox"/> 0 to 17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25+
Head of Household	Relationship to you: <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Biological/Legal Child <input type="checkbox"/> Other Family <input type="checkbox"/> Friend	Relationship to you: <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Biological/Legal Child <input type="checkbox"/> Other Family <input type="checkbox"/> Friend	Relationship to you: <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Biological/Legal Child <input type="checkbox"/> Other Family <input type="checkbox"/> Friend	Relationship to you: <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Biological/Legal Child <input type="checkbox"/> Other Family <input type="checkbox"/> Friend
Hispanic or Latino: <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	Hispanic or Latino: <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	Hispanic or Latino: <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	Hispanic or Latino: <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	Hispanic or Latino: <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander. <input type="checkbox"/> White <input type="checkbox"/> Multiple Races	Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiple Races	Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiple Races	Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiple Races	Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiple Races
Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
Currently Fleeing Domestic Violence: <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently Fleeing Domestic Violence: <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently Fleeing Domestic Violence: <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently Fleeing Domestic Violence: <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently Fleeing Domestic Violence: <input type="checkbox"/> Yes <input type="checkbox"/> No
Disabling Condition(s)? Check any reported/known: <input type="checkbox"/> Serious Mental Illness <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Substance Use Disorder <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> PTSD <input type="checkbox"/> Brain Injury <input type="checkbox"/> Chronic physical illness/disability	Disabling Condition(s)? Check any reported/known: <input type="checkbox"/> Serious Mental Illness <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Substance Use Disorder <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> PTSD <input type="checkbox"/> Brain Injury <input type="checkbox"/> Chronic physical illness/disability	Disabling Condition(s)? Check any reported/known: <input type="checkbox"/> Serious Mental Illness <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Substance Use Disorder <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> PTSD <input type="checkbox"/> Brain Injury <input type="checkbox"/> Chronic physical illness/disability	Disabling Condition(s)? Check any reported/known: <input type="checkbox"/> Serious Mental Illness <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Substance Use Disorder <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> PTSD <input type="checkbox"/> Brain Injury <input type="checkbox"/> Chronic physical illness/disability	Disabling Condition(s)? Check any reported/known: <input type="checkbox"/> Serious Mental Illness <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Substance Use Disorder <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> PTSD <input type="checkbox"/> Brain Injury <input type="checkbox"/> Chronic physical illness/disability