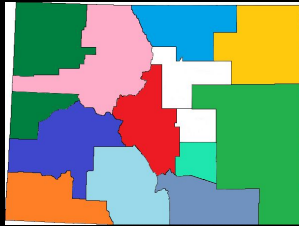


2019 Point-in-Time (PIT) Sheltered and Unsheltered Count Surveyor Training

This training focuses on surveyors who will be conducting surveys directly with clients. The Homeless Management Information System (HMIS) and/or another agency database that collects the information can be utilized to complete survey forms for those that stayed in the program on the night of January 29th, 2019. If the agency does not collect all data however, the surveys will need to be completed with participants.

CO BALANCE OF STATE CONTINUUM OF CARE (CO BOS COC)



The Colorado Balance of State Continuum of Care (“Continuum of Care”) was established in 2000 by service providers and other entities across Colorado’s rural and non-metro communities with technical assistance from Colorado Coalition for the Homeless.

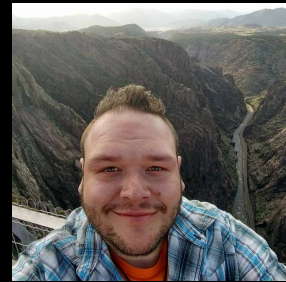
The purpose of forming the Continuum of Care was to combine the efforts of multiple regional continuums of care, and to improve the ability of homeless service providers in Colorado’s non-metro and rural counties to compete for homeless assistance funding, including HUD homeless assistance grants. An established CoC is required to request HUD Continuum of Care (CoC) & Emergency Solutions Grant (ESG) funding.

CoC funding serves homeless populations through **Permanent Supportive Housing (PSH), Transitional Housing (TH), Rapid Re-Housing (RRH), Supportive Services, HMIS Projects**, and is accessed through an **annual application process**.

The Point-in-Time Count (PIT) is a requirement of programs with CoC and ESG funding, however communities have adapted Point-in-Time Counts to cover a wide range of services for individuals and families experiencing homelessness.

Presenters:

Shawn Hayes
Balance of State Continuum of Care Coordinator
Colorado Coalition for the Homeless



Cheryl Secorski
Homeless Programs Specialist, Youth
Office of Homeless Youth Services



CONTENT OF PRESENTATION

- Intro to the Point-in-Time (PIT) Count in Colorado's Balance of State Continuum of Care (CO BoS CoC).
- Privacy. Security. Safety.
- Surveying individuals and families experiencing homelessness:
 - Introductory Script.
 - PIT Sheltered Survey Form - For individuals and families living in Emergency Shelters and Transitional Housing.
 - PIT Unsheltered Survey Form - For individuals and families living in a place not meant for human habitation.
 - Youth Supplemental Survey - Optional survey for participating regions focused on Youth experiencing homelessness.
- Main & Supplemental Form Outline

The presentation focuses on the main training areas HUD requires in the PIT Methodology Guide.


QUICK INTRO TO THE PIT COUNT

(PLEASE SEE THE "SHELTERED POINT-IN-TIME COUNT FACT SHEET" FOR MORE IN-DEPTH INFORMATION.)

A point-in-time (PIT) count is an annual survey of the number and characteristics of homeless persons at a single point in time, i.e., on a single night in January.



The PIT Count is a requirement of HUD, but it's purpose expands far beyond that. The data helps us **Understand** the number and characteristics of homeless persons on a county and CoC level, **Helps** us identify local needs, **Helps** us advocate for homeless families and individuals, and **Helps** us measure our progress in ending homelessness.



QUICK INTRO TO THE PIT COUNT CONTINUED...

(PLEASE SEE THE "SHELTERED POINT-IN-TIME COUNT FACT SHEET" FOR MORE IN-DEPTH INFORMATION.)

We are counting individuals living in those program types on the night of Tuesday January 29th, 2019.

Because of this, surveys for a sheltered count will begin on Wednesday the 30th of January, 2019.

The BoS completes sheltered counts every even year. We complete unsheltered and sheltered counts every odd year. (Add any regional Count info here)
During a sheltered count, HMIS and/or agency databases that collect the specific survey form information can use those mediums to complete surveys for their participants.

Unsheltered Counts

Counties/regions of the CO BoS will be conducting unsheltered counts in addition to the sheltered count. Coinciding directions will be given to surveyors conducting Unsheltered Counts.



Unsheltered: Homeless persons who are living in a place not designed or ordinarily used as a regular sleeping accommodation for humans.

Privacy. Security. Safety.

PRiVACY

SECURITY



SAFETY
WARNING:



Privacy & Security

Please use the introductory script, which helps:

- Identify a private, safe space to ask survey questions an/or make sure participants are comfortable in the space you're in.
- Inform participants about the nature of the survey questions.
- Inform participants about how data is collected and how their information is used/protected.

It's important to respect participants privacy when conducting surveys.

Feel free to work out a plan with your agency Lead/Point Person in advance to make sure safety of the surveyor and the survey participant are respected.



Safety

Maintain personal safety and honor client safety.

Some things to focus on:

- Does the place where survey is being conducted offer a clear exit route if inside, or is it visible to other surveyors if outside?
- Will other surveyors, agency staff, etc. have easy access to the space in case of emergency?
- Trust your instincts. If something feels off, reach out to your agency Lead/Point Person or another trained employee for direction.

Connection to other services

Make sure to have information about additional service referrals should they exist in your community. Your Point Person should be able to provide this.



This may include connecting survey participants to another agency.



Introductory Script

A template of introductory instructions and script will be provided to regions.

This includes:

- Instructions for the Surveyor
- Introductory Script for conducting the surveys

Familiarize yourself with the Introductory Script. Get used to the language in the script and follow privacy and safety directions.

Introductory Instructions and Script for the 2019 Point-in-Time Count

Colorado Balance of State (BoS) Continuum of Care (CoC) 2018 Point-in-Time (PIT) Sheltered & Unsheltered Count Introductory Instructions & Script

For the Surveyor:

Work with the PIT Coordinator/Agency Lead/Point Person to identify a safe space to conduct the survey if indoors. Many people are comfortable completing the surveys where you encounter them, it depends on the person/family!

When outdoors you'll largely want to see if you and the person/family you're surveying feel comfortable completing the survey in the space you're in. Someone may want to walk away from a group if you're at a camp. Make sure you feel comfortable doing so if this is the case and that you're in visual range of your buddy/team. Keep multiple pers on you, especially in the cold! You'll want to have options if the ink freezes.

Make sure:

- Any space provides an easy exit for you and participant.
- Any space offers privacy for the participant if that is important to them. (if it's an open space and client isn't comfortable in the exact spot you're approaching them, suggest other options you've worked out with the Lead/Point Person in advance.)
- prior to conducting surveys, develop a safety plan with the Lead/Point Person. This might include but is not limited to:
 - o Coded language to use with staff/other surveyors if you're feeling unsafe.
 - o Excusing yourself from the survey to check-in with a staff or lead members.
 - o When part of an unsheltered count, utilize the "Protocol for Unsheltered Count Volunteers – 2019 Point-in-Time" for personal & group safety/needs.

Familiarize yourself with the following language to survey participants:

Introduce yourself:

Hello, I'm [insert name] with the BoS CoC (Colorado Balance of State Continuum of Care) and [lead organization name].

1. Confirm Homelessness & if already surveyed:

Are you/have you been experiencing homelessness? (Sleeping in emergency shelter, on the streets, in abandoned buildings, vehicles, tents, etc.) Has anyone else asked you to do a survey about your current experience of homelessness? (If yes, discontinue. If no, continue.)

2. Complete Intro:

I have a quick survey I'd like to complete with you and it shouldn't take more than 10 minutes. I'll ask questions about where you're staying tonight / stayed last night and some other questions that will help us understand the reasons you're experiencing homelessness right now.

Your privacy is important to us so the questions are confidential and voluntary, so you may choose not to answer. We only take some of your personal information to help us make sure we're not duplicating your survey, but the information we take isn't able to identify you to anyone else. (We'll ask things like the first three letters of your first and last name along with questions about your gender, race and family makeup). Would you be okay with me asking these questions?

3. Begin Sheltered or Unsheltered PIT Survey

4. Youth Supplemental Survey (if participating): if a Youth under the age of 25 (14-24):

Would you like to participate in an additional survey for youth? The questions were developed by youth experiencing homelessness and will be anonymous. It will be used to look at what resources exist, or you feel are lacking in the community. The questions are voluntary, and you may skip any question you do not want to answer. Do you have any questions for me? Would you like to participate? [Begin Youth Supplemental Survey](#)

For the Surveyor:

Work with the PIT Coordinator/Agency Lead/Point Person to identify a safe space to conduct the survey if indoors. Many people are comfortable completing the surveys where you encounter them, it depends on the person/family!

When outdoors you'll largely want to see if you and the person/family you're surveying feel comfortable completing the survey in the space you're in. Someone may want to walk away from a group if you're at a camp. Make sure you feel comfortable doing so if this is the case and that you're in visual range of your buddy/team. Keep multiple pens on you, especially in the cold! You'll want to have options if the ink freezes.

Make sure:

- Any space provides an easy exit for you and participant.
- Any space offers privacy for the participant if that is important to them. (If it's an open space and client isn't comfortable in the exact spot you're approaching them, suggest other options you've worked out with the Lead/Point Person in advance.)
- Prior to conducting surveys, develop a safety plan with the Lead/Point Person. This might include but is not limited to:
 - Coded language to use with staff/other surveyors if you're feeling unsafe.
 - Excusing yourself from the survey to check-in with a staff or lead members.
 - When part of an Unsheltered Count, utilize the "Protocol for Unsheltered Count Volunteers – 2019 Point-in-Time" for personal & group safety/needs.

The Introductory part of the script helps you as the surveyor remember appropriate steps for conducting surveys with participants. It offers quick reminders of good safety practices during counts.

Familiarize yourself with the following language to survey participants:

Introduce yourself:

Hello, I'm (insert name) with the BoS CoC (Colorado Balance of State Continuum of Care) and (lead organization name).

1. Confirm Homelessness & if already surveyed:

Are you/have you been experiencing homelessness? (*Sleeping in emergency shelter, on the streets, in abandoned buildings, vehicles, tents, etc.*)? Has anyone else asked you to do a survey about your current experience of homelessness? (If yes, discontinue. If no, continue.)

2. Complete Intro:

I have a quick survey I'd like to complete with you and it shouldn't take more than 10 minutes. I'll ask questions about where you're **staying tonight / stayed last night** and some other questions that will help us understand the reasons you're experiencing homelessness right now.

Your privacy is important to us so the questions are confidential and voluntary, so you may choose not to answer. We only take some of your personal information to help us make sure we're not duplicating your survey, but the information we take isn't able to identify you to anyone else. (We'll ask things like the first three letters of your first and last name along with questions about your gender, race and family makeup). Would you be okay with me asking these questions?

3. Begin Sheltered or Unsheltered PIT Survey

4. Youth Supplemental Survey (if participating): If a Youth under the age of 25 (14-24):

Would you like to participate in an additional survey for youth? The questions were developed by youth experiencing homelessness and will be anonymous. It will be used to look at what resources exist, or you feel are lacking in the community. The questions are voluntary, and you may skip any question you do not want to answer. Do you have any questions for me? Would you like to participate? **Begin Youth Supplemental Survey**

The survey instructions offer customizable instructions for conducting surveys with participants. We encourage volunteers to become familiar with this script and make sure to focus on the following key points:

1. Introducing yourself and letting the participant know which organizations you're with.
2. Confirming homelessness to help you understand if it's appropriate to administer the survey.
3. Letting the participant know about their privacy when taking the survey as well as their rights, what kinds of questions they'll be answering, and informing them that any personal information is only to be used in de-duplicating surveys, not in any final reports themselves. **It's important that both you and the participant know that it's okay for the participant to refuse to answer any question on the survey. That is one of the reasons we want to let them know how their data is used, to help them understand that they won't be able to be identified by the information they give us.**
4. After completing the survey and if your region is participating in the Youth Supplemental Survey, ask if anyone between the ages of 14 and 24 would like to participate and provide the Youth Supplemental Survey, utilizing the language on this script.

Yes Yes

**Bring
on the survey, I cant wait.**

quickmeme.com

IMPORTANT!

This can't be emphasized enough. It's extremely important to answer EVERY applicable question on the survey forms LEGIBLY.



Incomplete or hard to read survey forms can not be used.

If possible check-in with your point person after some surveys have been complete to make sure the forms are being completed in the necessary way and to answer any questions that come up.

Note if a question is refused either on front of the survey itself or on the back if there's not enough space.

2019 POINT IN TIME COUNT – SHELTERED COUNT SURVEY FORM

Jan 2019

Name of Housing Program: Program Type: ES <input type="checkbox"/> TH <input type="checkbox"/> Interviewer:	County: Email: Phone:
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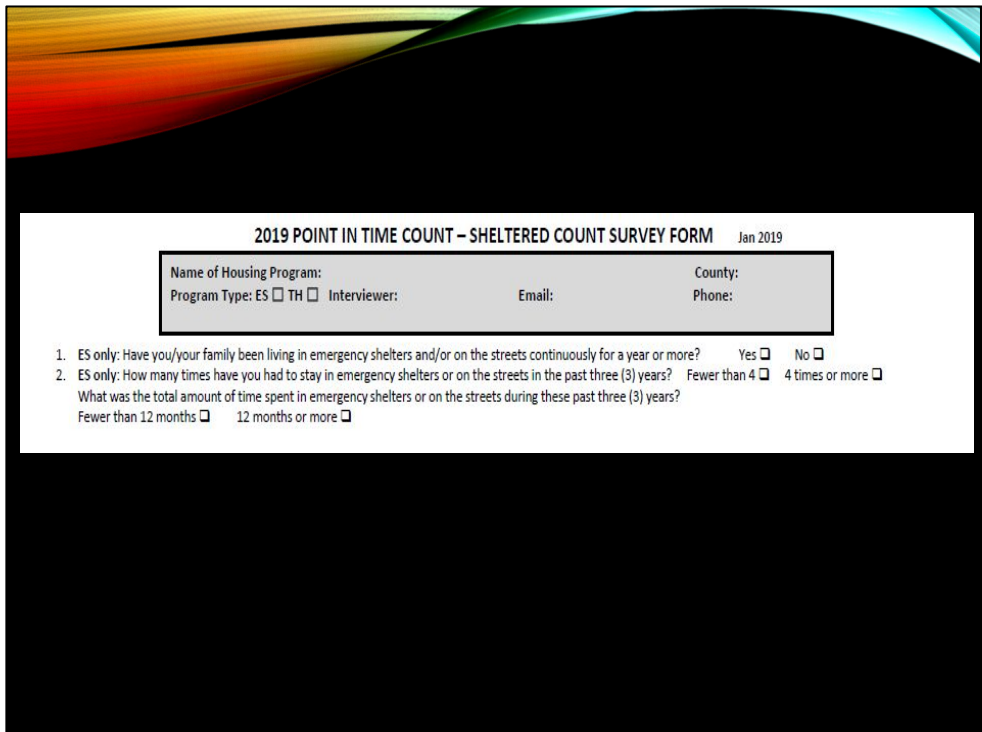
1. ES only: Have you/your family been living in emergency shelters and/or on the streets continuously for a year or more? Yes No
 2. ES only: How many times have you had to stay in emergency shelters or on the streets in the past three (3) years? Fewer than 4 4 times or more
- What was the total amount 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)
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

This survey is for any Emergency Shelters or Transitional Housing programs that do not or have not captured this information in the Homeless Management Information System (HMIS). Any HMIS utilizing agencies should be able to run a report containing this information instead of conducting surveys directly. Feel free to reach out to me with any questions in the meantime.

For those conducting the Sheltered Count Survey, I'll break down the survey and point out changes to the survey from last year.



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

Name of Housing Program:	County:	
Program Type: ES <input type="checkbox"/> TH <input type="checkbox"/>	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

The differences between the Sheltered Count and the Unsheltered Count lie in the top part of the survey. This information from the Sheltered Count Survey helps our consultant understand whether someone is experiencing “chronic homelessness” and identifies their current sheltered situation. In the next slides we’ll go through each question to make sure it’s clear what information should be entered either by the surveyor or by the Lead agency(ies).

Sheltered Survey Program Information

Name of Housing Program

- Name of the housing program/shelter where the person spent the night as reflected in the 2019 Housing Inventory. (E.g. Chaya House, Abraham Connection Winter Shelter, Elko Shelter)

Continued...

It's recommended that the PIT Coordinator or Lead/Point Person complete this information for surveyors and make copies with the appropriate name of the housing program to lessen confusion. Please encourage programs NOT to change the name of the program to a "nickname" they generally use. If that will lessen confusion with surveyors please ask them to add it in quotations so it's known that it is a nickname used. When compiling data, having the accurate program name lessens confusion and makes sure all of the data is being compiled with the appropriate program.

An example of what seems to happen could be "Abraham Connection Winter Shelter", which is located in Delta City/County, might be known as "Delta Winter Shelter" by people in the community. The Surveyor might then cross out "Abrahamd Connection Winter Shelter" and put in "Delta Winter Shelter" instead. While this might help the surveyors it is confusing for those compiling the data and can cause surveys to be discarded.

PROGRAM INFORMATION CONTINUED...

Program Type:

- **ES** – Emergency Shelter
- **TH** – Transitional Housing

This is based on the Housing Inventory "Programs to be Surveyed" list(s) sent to Coordinators and Regions by CCH. If you're a volunteer/surveyor the person organizing the count will have this information.

Continued...

Your Regional PIT Coordinator should have the list of programs CCH sent regions, and the survey form. They may already be checked, but make sure you confirm the program type with them if there's any confusion.

Quick Definitions:

Emergency Shelter (ES) "...any facility, the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless."

Transitional Housing (TH) "A project that has as its purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months). Transitional housing includes housing primarily designed to serve deinstitutionalized homeless individuals and other homeless individuals with mental or physical disabilities and homeless families with children."

PROGRAM INFORMATION CONTINUED...

County:

- The county where the program resides. (E.G. Pueblo, La Plata, Morgan, Larimer, Grand, Weld, etc.)

Interviewer:

- Name of the surveyor

Email:

- Contact email for the surveyor

Phone:

- Phone number for the surveyor

Continued...

We ask for the contacts of the actual surveyor in case we need to reach out with questions. *Go to next slide.



Why Ask for Contact Information on the Surveyor Directly?

We want CCH/our consultant and/or the BoS Coordinator to be able to speak directly with the person who completed the form if there are any questions or clarifications.

We want our PIT Consultant to be able to contact the actual person who completed the survey with any questions or clarifications. Some PIT Coordinators either act as the main surveyors or add their information in these spots because they have easy ways of contacting the surveyors with questions. When CCH receives the surveys we do go through and try and make sure every answer is completed and if there isn't a listed reason of why they are not answered we'll reach out to surveyors directly to see if they might be able to answer the question.

EMERGENCY SHELTER QUESTIONS

1. ES only: Have you/your family been living in emergency shelters and/or on the streets continuously for a year or more?

1. 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

Surveyors should not worry about over explaining these questions. Participants should be directed to give their best answer with the question as listed and surveyors should record those accordingly. These questions establish whether or not the person or family would be considered “Chronically Homeless”, which HUD defines using this criteria along with the demographics in the bottom half of the Surveys.



Permanent Supportive Housing (PSH) and Rapid Re-Housing (RRH) Survey Forms

Forms collect total number of persons housed on the night of Tuesday January 29th, 2019 in each program.

**COLORADO BALANCE OF STATE CONTINUUM OF CARE
January 29th, 2019 Sheltered Point-in-Time (PIT) Count**

Persons in Permanent Supportive Housing

+	+	
Name of organization:		
Name of program:		

For permanent supportive housing (PSH) programs, please provide the number of persons, including all adults and all children, residing in the program on the night of the count:

Total number of persons housed on the night of Tuesday January 29 th , 2019:	
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Permanent
Supportive
Housing
(PSH)
Survey Form



Permanent Supportive Housing (PSH) and Rapid Re-Housing Survey Forms

Information Collected:

- **Name of Organization** - Organization that operates the PSH and/or RRH Program. (Example: Grand Valley Catholic Outreach "GVCO")
- **Name of Program** - There should be a separate form for each program. (For example: St. Benedict PSH, St. Martin PSH would each have a separate form even though they are operated under GVCO.)
- **Total Number of persons housed on the night of January 29th, 2019**- No other information but this number is required.

COLORADO BALANCE OF STATE CONTINUUM OF CARE
January 29th, 2019 Sheltered Point-in-Time (PIT) Count

Persons in Rapid Re-Housing

Name of organization:	
Name of program:	

For Rapid Rehousing (RRH) programs, please provide the number of persons, including all adults and all children, enrolled in the program on the night of the count in order of the following breakdown:

A. List total # of Year-round beds for households without children (Adults Only) here:	
B. List total # of Year-round beds for households with adults and children here:	
C. List total # of Year-round beds for households with children only (under 18) here:	
Total number of persons enrolled on the night of Tuesday January 29 th , 2018:	

**Rapid
Rehousing
(RRH)
Survey Form**



Rapid Re-Housing Survey Forms

Information Collected:

- We will be collecting information on the Household Types in Rapid Rehousing this year. This is a change from previous years.
- This will be the Household Information we collect in the Housing Inventory Count to better understand the breakdown in your RRH programs.
 - # of Households without children
 - # of Households with adults & children
 - # of Households with children only (under 18)
 - Total number of persons enrolled on the night of Tuesday January 29th, 2018



Permanent Supportive Housing
(PSH) and Rapid Re-Housing
Survey Forms

*Yes.
That's it.*

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

The Unsheltered Count Survey Form is looking for the same identifying and demographic information as the Sheltered Count Form, but asks key initial questions to make sure we understand whether or not the participant being surveyed is considered homeless under HUD's definition.

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



Unsheltered Survey Breakdown

"Have you completed a Homeless Count Survey?"

Yes (Discontinue) No"

This question helps deduplication efforts.



Unsheltered Survey Breakdown Continued...

Did you sleep outside or in any place not fit for human habitation on
Tuesday, January 29th, 2019: Yes (Continue Survey) No (Discontinue Survey)

This question helps us understand if the person/family was considered "Homeless" by HUD standards on the night of the count. If they are then you should continue the survey. If not, see if they fit in to the category of "Sheltered" and provide the Sheltered Count Survey or if not, discontinue.

Unsheltered Survey Program Information

Name of Housing Program

- Name of the housing program/shelter where the person spent the night as reflected in the 2019 Housing Inventory. (E.g. Chaya House, Abraham Connection Winter Shelter, Elko Shelter)

Continued...

Same as the Sheltered Count!

It's recommended that the PIT Coordinator or Lead/Point Person complete this information for surveyors and make copies with the appropriate name of the housing program to lessen confusion. Please encourage programs NOT to change the name of the program to a "nickname" they generally use. If that will lessen confusion with surveyors please ask them to add it in quotations so it's known that it is a nickname used. When compiling data, having the accurate program name lessens confusion and makes sure all of the data is being compiled with the appropriate program.

An example of what seems to happen could be "Abraham Connection Winter Shelter", which is located in Delta City/County, might be known as "Delta Winter Shelter" by people in the community. The Surveyor might then cross out "Abraham Connection Winter Shelter" and put in "Delta Winter Shelter" instead. While this might help the surveyors it is confusing for those compiling the data and can cause surveys to be discarded.

Unsheltered Program Information Continued...

County:

- The county where the program resides. (E.G. Pueblo, La Plata, Morgan, Larimer, Grand, Weld, etc.)

Interviewer:

- Name of the surveyor

Email:

- Contact email for the surveyor

Phone:

- Phone number for the surveyor

Continued...

We ask for the contacts of the actual surveyor in case we need to reach out with questions. Some PIT Coordinators either are the main surveyors or add their information in these spots because they have easy ways of contacting the surveyors with questions. When CCH receives the surveys we do go through and try and make sure every answer is completed and if there isn't a listed reason of why they are not answered we'll reach out to surveyors directly to see if they might be able to answer the question.

EMERGENCY SHELTER QUESTIONS

1. ES only: Have you/your family been living in emergency shelters and/or on the streets continuously for a year or more?
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

Surveyors should not worry about over explaining these questions. Participants should be directed to give their best answer with the question as listed and surveyors should record those accordingly. These questions establish whether or not the person or family would be considered “Chronically Homeless”, which HUD defines using this criteria along with demographics.

Identifying Questions & Demographics (Same questions on both Sheltered and Unsheltered PIT Surveys)

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



Intro to Household Questions

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

This helps to remind surveyors that participants know that we’re only recording answers for household members with them at the time of the survey. This may get confused at times by those in their lives that aren’t physically with them at the time of their homeless experience. (Example, a partner out of state or children living with an ex partner/spouse on the night of the count.)

Head of Household

A family should include one adult or minor head of household. The surveyor will put that person's information in the "Person #1 (You)" box.





GENDER IDENTITY

2019 options for "Gender" are the same as the 2018 options and include:

- Male
- Female
- Transgender
- Gender Non-Conforming (i.e. does not identify as exclusively male or female)

Gender Non-Conforming is a change from the 2017 surveys.



GENDER CONTINUED...

An assumption of gender or assuming individuals identify in gender binary terms (female/male) can be harmful to people who identify outside of gender binary definitions.

It's important to understand culturally sensitive ways of asking about gender identity and answering questions for those who do not understand the purpose of these distinctions.

“Gender binary” – noun : the idea that there are only two genders and that every person is one of those two.



Gender Identity Continued

Asking for Gender Identity:

"What gender do you identify with?"

If the person does not understand the question or asks for clarification...

"Examples include: Male, Female, Transgender, Gender non-conforming."

If there are further questions about Transgender or Gender non-conforming gender identities, a quick explanation can be:

"We want to respect the identity of all the people we survey and some do not identify with the sex/gender they might present with or that they're assigned at birth."

Sex refers to biological differences; chromosomes, hormonal profiles, internal and external sex organs.

Gender describes the characteristics that a society or culture delineates as masculine or feminine.

<http://www.med.monash.edu.au/gendermed/sexandgender.html>

Age

Enter age reported by participant for all household members as directed by the survey form and to the best of the head of households knowledge.



Race

HUD guidance allows for the following “Race” categories in PIT Surveys:

- White
- Black or African-American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Multiple Races

Answer the closest to the provided categories.



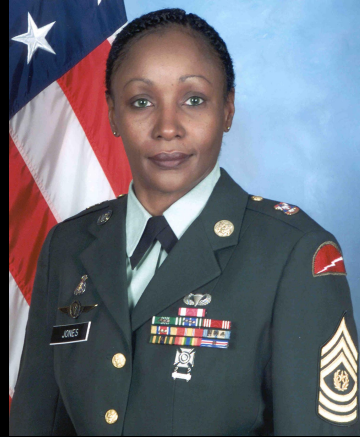
Multiple Races

For the purpose of HUD data reporting, people that identify with multiple race categories should only be counted under "multiple races" and should not be counted in each specific race category they identify with.

Example: "Jane indicated that she is "Black or African American" and "White." For the PIT count, Jane is only included in the count of persons who are "multiple races" and she is not included the count of persons who are "Black or African American" or "White."

Veteran Households

A "veteran" household includes households with one or more veterans who might be presenting with other persons.



The veteran may or may not be the "Head of Household".



Domestic Violence

In 2018 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.

Disabling Condition(s)?

Check off any “Disabling Conditions” the survey participants may have been diagnosed with, HUD allows:

- Serious Mental Illness
- Developmental Disability
- Substance Use Disorder
- HIV/AIDS
- PTSD
- Brain Injury
- Chronic Physical Illness/Disability

Similarly to other categories, a surveyor should seek the closest answer based on the participant’s understanding of their condition.

In past surveys there has been a “Yes/No” checkbox for whether or not they have a disabling condition. We removed this because at times a surveyor may have checked off “no” and still checked boxes under the above category which confused the data. Now we are looking for any of the categories the participant identifies. Ultimately we don’t want you as surveyors to get caught up in these questions and you should record the clients answer as they understand their condition(s), but if it’s helpful to describe what to look for those unfamiliar with these terms...

Serious Mental Illness - Examples: Major Depressive Disorder (Depression), Bipolar Disorder, Anxiety Disorder, Schizophrenia, Schizoaffective Disorder, Delusional Disorder, etc.

Developmental Disability - Examples: Intellectual Disability (Previously Mental Retardation), chromosomal disorders, Autism Spectrum Disorder (ASD). Another definition can be “generalized neurodevelopmental disorder characterized by significantly impaired intellectual and adaptive functioning.”

Substance Use Disorder - Includes any diagnosis of substance use disorder. “Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.”

HIV/AIDS - Diagnosed with either HIV or AIDS

PTSD - Post Traumatic Stress Disorder - “PTSD (posttraumatic stress disorder) is a mental health problem that some people develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault.”

Brain Injury - As the name implies, injury to the brain either from direct trauma like a car accident or shaken baby syndrome or indirect trauma like complications during childbirth or oxygen deprivation. Traumatic Brain Injury (TBI) is a common name associated with this type of injury.

Chronic Physical Illness/Disability - an enduring health problem that will not go away – for example: diabetes, asthma, arthritis. Chronic physical illnesses can be managed, but they cannot be cured.

Youth Supplemental Survey



The Office of Homeless Youth Services (OHYS) and the Advisory Council for Homeless Youth (ACHY) will work in collaboration with the Rural Collaborative for Homeless Youth (RCHY) to conduct a Youth Unsheltered Count along with a Youth Supplemental Survey in 2019.

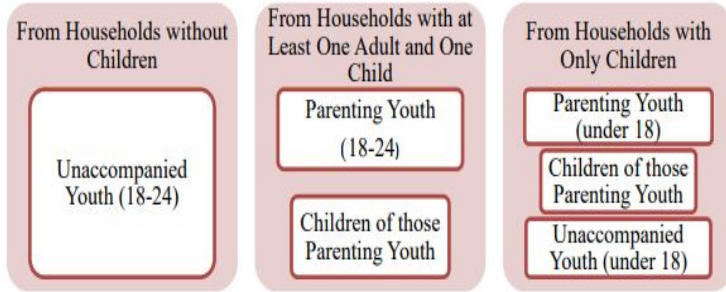


Clarification

1. The Youth Supplemental Survey is conducted independent of the 2019 BoS PIT Sheltered & Unsheltered Counts, though we're all working in collaboration with each other!
2. Information gathered from the 2019 Youth Supplemental Survey will be used by communities to better understand their regional youth homeless needs, but is not reported to HUD.
 - The completed report is available on the [OHYS website](#).
3. The 2019 BoS PIT Sheltered & Unsheltered Count data will be the only data reported to HUD in 2019.

Which Youth do we Count?

Relationship of Household Types and Youth Categories



Any youth 11-24 who is a part of a family with an adult should not be counted for the youth supplemental survey.

However, and this is important, they would be counted in the Sheltered & Unsheltered PIT Count as part of the family.

Youth Supplemental Count Continued...

Age Range of Youth Supplemental Surveys: 11 through 24 (not yet 25)

So on the night of the count, you will count youth who were born on and
AFTER:

1/30/1994

Just to be clear:

If born 1/28/1994 or 1/29/1994: Don't use supplemental survey!

If born 1/30/1994 and later: Use Youth Supplemental Survey!

2019 Point in Time Count Youth Supplemental Survey (unaccompanied youth under 25 1/31/1994)
Includes youth experiencing literal homelessness or housing instability (couch surfing)
YOUTH SHOULD COMPLETE BOTH THE PIT SURVEY AND THE YOUTH SUPPLEMENTAL SURVEY:

Question	Answer Options	Prefer Not to Say
1 Unique Identifier from PIT (first 3 letters of first name, first 3 letters of last name, DOB (MMDDYYYY), last four of SSN)		
2 In which city/county would you say you live in or spend most of your time?		
3 In which city/county was your last stable housing?	<input type="checkbox"/> Same as current city/county <input type="checkbox"/> Other CO city/county <input type="checkbox"/> Different state from Colorado	
4 At what age did you first experience homelessness?		
5 Have you ever experienced homelessness while living with your parents or other legal guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
6 How would you describe your gender identity?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Non-Conforming <input type="checkbox"/> Gender Fluid <input type="checkbox"/> Two-Spirit <input type="checkbox"/> Another Identity (Please Specify):	
7 How would you describe your sexual orientation?	<input type="checkbox"/> Straight <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Asexual <input type="checkbox"/> Queer <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning <input type="checkbox"/> Heteroflexible <input type="checkbox"/> Pansexual <input type="checkbox"/> Another Orientation (Please specify):	
8 Where did you sleep last night?	<input type="checkbox"/> Outdoors/park <input type="checkbox"/> At a shelter <input type="checkbox"/> In a car <input type="checkbox"/> Camp <input type="checkbox"/> Abandoned/ empty building <input type="checkbox"/> In Hotel Paid by an agency <input type="checkbox"/> In a housing program, name: _____ <input type="checkbox"/> In a House with friends <input type="checkbox"/> In a house with family <input type="checkbox"/> In a host home <input type="checkbox"/> In Hotel Paid for by you/friends <input type="checkbox"/> Another Location (Please specify): _____	
9 Which things do you feel you have access to regularly:	<input type="checkbox"/> Food <input type="checkbox"/> Water <input type="checkbox"/> Warmth <input type="checkbox"/> Social Relationships <input type="checkbox"/> Safety	
10 Have you ever been in foster care like in out of home placement, placed with another family as a result of child welfare, residential child care facility, or a group home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
11 If yes, please select the option that best describes how you left care.	<input type="checkbox"/> Reunited with family <input type="checkbox"/> Adopted <input type="checkbox"/> Aged Out <input type="checkbox"/> Ran away from placement <input type="checkbox"/> Unsure <input type="checkbox"/> Another Option (Please specify): _____	
12 Have you ever been involved in the juvenile or criminal justice system for allegedly committing a crime?	<input type="checkbox"/> Juvenile Justice <input type="checkbox"/> Adult Criminal Justice <input type="checkbox"/> No/Neither <input type="checkbox"/> Unsure	
13 Are you currently responsible for any children under the age of 18 (select yes if you are currently pregnant or expecting a child)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
14 If yes, what relation are they to you?	<input type="checkbox"/> Own child <input type="checkbox"/> Sibling/other family <input type="checkbox"/> Significant other's child <input type="checkbox"/> Other (specify): _____	
15 Are you currently enrolled in, registered at, or attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
16 What was your last grade completed?		
17 Are you currently earning money?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
18 What is your current income source? (Select all that apply)	<input type="checkbox"/> Public assistance/unearned <input type="checkbox"/> Work/job <input type="checkbox"/> Panhandling <input type="checkbox"/> Sex Trade <input type="checkbox"/> Drug Trade <input type="checkbox"/> Other (Please specify): _____	
19 If you had a flat tire at 2 in the morning, do you know a trusted adult/mentor that you could go to for help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
20 If yes, select the person you are most likely to go to for help?	<input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Caseworker/Agency Staff <input type="checkbox"/> School Staff/Coach <input type="checkbox"/> Another Option (Please specify): _____	
21 In the past year, what has been a barrier or difficulty in accessing housing/services? (Select all that apply)	<input type="checkbox"/> Lack of affordable housing <input type="checkbox"/> Lack of income <input type="checkbox"/> Age <input type="checkbox"/> Background Check <input type="checkbox"/> Citizenship <input type="checkbox"/> Lack of vital docs <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Language barrier <input type="checkbox"/> Substance Use <input type="checkbox"/> Mental Health <input type="checkbox"/> Missed Appointments <input type="checkbox"/> Because of a Disability <input type="checkbox"/> Asked to leave program <input type="checkbox"/> Discriminated against <input type="checkbox"/> Did not know where to go for help <input type="checkbox"/> Currently on a waitlist <input type="checkbox"/> Did not qualify for help <input type="checkbox"/> Did not have any issues accessing services <input type="checkbox"/> Other: _____	

Youth Supplemental Survey Overview - First Half of Survey

2019 Point in Time Count Youth Supplemental Survey (unaccompanied youth under 25 **1/31/1994**)

Includes youth experiencing literal homelessness or housing instability (couch surfing)

YOUTH SHOULD COMPLETE BOTH THE PIT SURVEY AND THE YOUTH SUPPLEMENTAL SURVEY:

	Question	Answer Options	Prefer Not to Say
1	Unique Identifier from PIT (first 3 letters of first name, first 3 letters of last name, DOB (MMDDYYYY), last four of SSN)		
2	In which city/county would you say you live in or spend most of your time?		
3	In which city/county was your last stable housing?	<input type="checkbox"/> Same as current city/county <input type="checkbox"/> Other CO city/county <input type="checkbox"/> Different state from Colorado	
4	At what age did you first experience homelessness?		
5	Have you ever experienced homelessness while living with your parents or other legal guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
6	How would you describe your gender identity?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Non-Conforming <input type="checkbox"/> Gender Fluid <input type="checkbox"/> Two-Spirit <input type="checkbox"/> Another Identity (Please Specify): _____	
7	How would you describe your sexual orientation?	<input type="checkbox"/> Straight <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Asexual <input type="checkbox"/> Queer <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning <input type="checkbox"/> Heteroflexible <input type="checkbox"/> Pansexual <input type="checkbox"/> Another Orientation (Please specify): _____	
8	Where did you sleep last night?	<input type="checkbox"/> Outsidelpark <input type="checkbox"/> At a shelter <input type="checkbox"/> In a car <input type="checkbox"/> Camp <input type="checkbox"/> Abandoned/ empty building <input type="checkbox"/> In Hotel Paid by an agency <input type="checkbox"/> In a housing program, name: _____ <input type="checkbox"/> In a House with friends <input type="checkbox"/> In a house with family <input type="checkbox"/> In a host home <input type="checkbox"/> In Hotel Paid for by you/friends <input type="checkbox"/> Another Location (Please specify): _____	

Youth Supplemental Survey Overview - Second Half of Survey

9	Which things do you feel you have access to regularly:	<input type="checkbox"/> Food <input type="checkbox"/> Water <input type="checkbox"/> Warmth <input type="checkbox"/> Social Relationships <input type="checkbox"/> Safety	
10	Have you ever been in foster care like in out of home placement, placed with another family as a result of child welfare, residential child care facility, or a group home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
11	If yes, please select the option that best describes how you left care.	<input type="checkbox"/> Reunited with family <input type="checkbox"/> Adopted <input type="checkbox"/> Aged Out <input type="checkbox"/> Ran away from placement <input type="checkbox"/> Unsure <input type="checkbox"/> Another Option (Please specify): _____	
12	Have you ever been involved in the juvenile or criminal justice system for allegedly committing a crime?	<input type="checkbox"/> Juvenile Justice <input type="checkbox"/> Adult Criminal Justice <input type="checkbox"/> No/Neither <input type="checkbox"/> Unsure	
13	Are you currently responsible for any children under the age of 18 (select yes if you are currently pregnant or expecting a child)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
14	If yes, what relation are they to you?	<input type="checkbox"/> Own child <input type="checkbox"/> Sibling/other family <input type="checkbox"/> Significant other's child <input type="checkbox"/> Other (specify): _____	
15	Are you currently enrolled in, registered at, or attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
16	What was your last grade completed?		
17	Are you currently earning money?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
18	What is your current income source? (Select all that apply)	<input type="checkbox"/> Public assistance/unearned <input type="checkbox"/> Work/job <input type="checkbox"/> Panhandling <input type="checkbox"/> Sex Trade <input type="checkbox"/> Drug Trade <input type="checkbox"/> Other (Please specify): _____	
19	If you had a flat tire at 2 in the morning, do you know a trusted adult/mentor that you could go to for help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
20	If yes, select the person you are most likely to go to for help?	<input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Caseworker/Agency Staff <input type="checkbox"/> School Staff/Coach <input type="checkbox"/> Another Option (Please specify): _____	
21	In the past year, what has been a barrier or difficulty in accessing housing/services? (Select all that apply)	<input type="checkbox"/> Lack of affordable housing <input type="checkbox"/> Lack of income <input type="checkbox"/> Age <input type="checkbox"/> Background Check <input type="checkbox"/> Citizenship <input type="checkbox"/> Lack of vital docs <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Language barrier <input type="checkbox"/> Substance Use <input type="checkbox"/> Mental Health <input type="checkbox"/> Missed Appointments <input type="checkbox"/> Because of a Disability <input type="checkbox"/> Asked to leave program <input type="checkbox"/> Discriminated against <input type="checkbox"/> Did not know where to go for help <input type="checkbox"/> Currently on a waitlist <input type="checkbox"/> Did not qualify for help <input type="checkbox"/> Did not have any issues accessing services <input type="checkbox"/> Other: _____	

IMPORTANT!

This can't be emphasized enough. It's extremely important to answer EVERY applicable question on the survey forms LEGIBLY.



Incomplete or hard to read survey forms can not be used.

If possible check-in with your point person after some surveys have been complete to make sure the forms are being completed in the necessary way and to answer any questions that come up.

Note if a question is refused either on front of the survey itself or on the back if there's not enough space.



Survey Collection

Turn in all surveys to your agency Lead/Point Person or the person you've agreed to turn them in to in advance.

Main Point-in-Time Forms

The following forms are available via zoom, the BoS CoC Website hosted by CCH, and will be sent to PIT Coordinators via email for distribution to regions:

- [2019 PIT Sheltered Form – CO BoS CoC.pdf \(and fillable form\)](#) - PDF of the Sheltered Survey Form along with a separate form that has fillable boxes to assist regions in pre-populating data.
- [2019 PIT Unsheltered Form – CO BoS CoC.pdf \(and fillable form\)](#) - PDF of the Unsheltered Survey Form along with a separate form that has fillable boxes to assist regions in pre-populating data.
- [Introductory Instructions & Script for the 2019 PIT Surveys Final.docx](#) - Instructions and script available for coordinators to use with the Sheltered, Unsheltered, and Youth Supplemental (if participating) surveys.



Supplemental Forms

The following forms are available to assist your region with the Point-in-Time Sheltered and Unsheltered Count:

- [Youth Supplemental Survey Form](#) - Available for regions that are participating in the separate Youth Supplemental Survey and count. To accompany the BoS CoC Sheltered and Unsheltered Survey forms.
- [Sheltered and Unsheltered PIT Fact Sheet - 2019 Final.docx](#) - Two page document outlining the PIT Sheltered & Unsheltered Counts, Youth Supplemental Survey, and Coordinator Responsibilities.
- [2019 PIT - Unsheltered Protocol - AdaptedfromNoCO.docx](#) - This document provides a template for regions to modify and use to organize and strategize the Unsheltered Point-in-Time Count for their region.
- [2019 PIT Coordinators CO BoS CoC Updated 1-15-2019.pdf](#) - A list of each BoS CoC regions and the regional Point-in-Time Coordinators.



End of Presentation

Questions?



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