

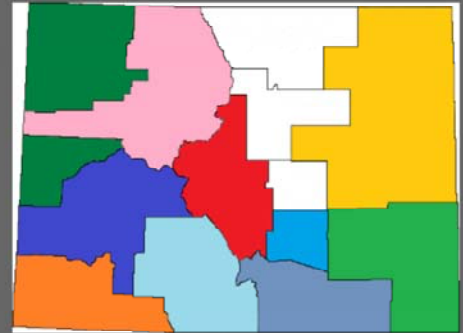
Point-in-Time (PIT) Sheltered Count

2020 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 Tuesday January 28th, 2019. If the agency does not collect all data however, the surveys will need to be completed with participants.



Colorado Balance of State Continuum of Care



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.

CONTENT OF PRESENTATION

- Intro to the Point-in-Time (PIT) Count in Colorado's Balance of State Continuum of Care (CO BoS CoC).
- Homelessness - Overview and Information
- 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.
 - 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 28th, 2020.**

Because of this, surveys for a **sheltered count will generally begin after 12AM on Wednesday the 29th of January, 2020.**

This ensures accuracy as to where someone spent the night on 1/28/2020.

The BoS completes sheltered counts every even year. We complete unsheltered and sheltered counts every odd year.

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

The BoS conducts Sheltered Counts every even year and Unsheltered + Sheltered counts every odd year.

Some counties/regions of the CO BoS will be conducting unsheltered counts in addition to the sheltered count in 2020. These unsheltered counts are separate from the BoS 2020 Sheltered (only) Count.



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

Homelessness

Often during a Sheltered Count, those conducting physical surveys will be staff members or individuals who have worked with people experiencing homelessness.



There was a request to briefly discuss homelessness for those who may not work in human services and may be volunteering with something like this for the first time.

We'll take the next few slides to go over some basics regarding homelessness and working with people experiencing homelessness.

Homelessness

If talking to people experiencing homelessness is new to you, make sure you lean on any leads and staff members who you encounter the day of the count. We'll dive further in to Privacy, Security, and Safety in the next section as well.

For now, we will focus on information that may help better shed light on homelessness and helpful ways to work with people in this traumatic situation!



Homelessness

Homelessness is an issue faced across the world, caused by many intersecting factors. In the United States, some of these include, but are not limited to:

- Systemic Racism, including Discriminatory Housing Practices like redlining and housing discrimination that impact individuals and families across generations (1.)
- Insufficient Income (2.)
- Lack of Affordable Housing (2.)
- Survivors of people who perpetrate Domestic Violence (2.)
- Poverty (2.)
- Mental Health and lack of needed services (2.)
- Substance use and lack of needed services (2.)

References:

1. SPARC Phase 1 Study Findings regarding the impact of racism (vs. deep poverty) on homelessness: <https://center4si.com/wp-content/uploads/2016/08/SPARC-Phase-1-Findings-March-2018.pdf>
2. National Law Center on Homelessness & Poverty Homelessness in America: 2018 Overview of Data and Causes: https://nlchp.org/wp-content/uploads/2018/10/Homeless_Stats_Fact_Sheet.pdf

Homelessness

Some other reasons for Homelessness can include, but are not limited to:

- Job Loss (Whether being laid off, injured on the job, etc.)
- Health/Medical Issues
- Familial reactions to LGBTQIAA+, Transgender, and gender non-conforming youth and family members coming out

References:

1. SPARC Phase 1 Study Findings regarding the impact of racism (vs. deep poverty) on homelessness: <https://center4si.com/wp-content/uploads/2016/08/SPARC-Phase-1-Findings-March-2018.pdf>
2. National Law Center on Homelessness & Poverty Homelessness in America: 2018 Overview of Data and Causes: https://nlchp.org/wp-content/uploads/2018/10/Homeless_Stats_Fact_Sheet.pdf

Homelessness

When working with individuals and families who are experiencing homelessness, know that there may be any number of reasons they are in this situation.

To increase understanding, it might be helpful to imagine what things might have to happen for you to potentially face homelessness yourself. Can you name 1-5 things that might happen that could cause homelessness? Lost family supports? Income? Ability?

Sometimes recognizing how easy it could be for all of us to face this situation can help empathize with the people we talk with while completing surveys.

Know that each person does have a unique and shared experience. Some may be living with severe mental health issues, while another might have faced job loss or a broken down car.



Homelessness

Each experience is valid and true to that person or family and should be honored by you as the surveyor.

Your goal is to help explain the survey to the best of your ability and record the responses, while also helping to connect to resources if needed.

It's a unique honor and privilege to be trusted with this information.


Approach each encounter from a place of respect, empathy, non-judgment, authenticity, and trust. Those participating will recognize your intentions as a surveyor when these things are at the forefront!

Symptoms of Severe Mental Health and/or Substance Use - Know that the person you're interacting with is experiencing reality in the way they are describing to you. You may have to ask questions in different ways to get the information you need. Because this is a sheltered count situation you can likely speak with a staff member/lead to get support. Otherwise best advice is to listen and work with the person to get the best information you can.



When people
support each
other amazing
things begin to
happen

Karon Waddell


Prosperity
Mindfulness

Privacy. Security. Safety.

PRIVACY

SECURITY



Privacy & Security

Please use the **Surveyor Script (more to come)**, which helps:

- Identify a private, safe space to ask survey questions and/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.
- Reminds surveyors to answer EVERY applicable question on the surveys, as long as the client does not refuse to answer.



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 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. The PIT Coordinator or Lead should be able to provide these resources.



Referrals can include, but are not limited to:

- Food Banks
- Daytime Warming Spaces
- Other Community Shelters
- Domestic Violence Survivor Resources
- Emergency Services
- Services for other special populations like youth, veterans, elderly/disabled, etc.

This may include connecting survey participants to another agency. Because this year is a sheltered count only, the focus is on services they may not be getting in their current location. It's likely resources have been provided, but it can be helpful to be knowledgeable about this just in case it comes up!

Introductory Script

A Script will be offered to Surveyors to utilize during the count.

The Script includes:

- Instructions for the Surveyor and Leads
- 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.

Instructions and Script for the 2020 Point-in-Time Count



Colorado Balance of State Continuum of Care

2020 Point-in-Time (PIT) Sheltered Instructions & Script

For the Surveyor:

Work with the Point-in-Time Agency/Volunteer Lead person to identify a safe space to conduct the survey if indoors. Each agency is likely to be set up differently. Find places that feel comfortable for you and would offer a comfortable space for survey participants.

Make sure:

- Any space provides an easy exit for you and participant.
- Any space offers privacy for the participant (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 PIT Agency/Volunteer Lead. 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.

Familiarize yourself with the following language to begin the survey:

1. **Introduce yourself:** Hello, I'm (insert name) with the BoS CoC (Colorado Balance of State Continuum of Care) and (local lead organization/CoC name).
2. **Confirm Homelessness:** Are you/have you been experiencing homelessness? (Sleeping in emergency shelter, transitional housing, 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 the person/household is **not living in Emergency Shelter or Transitional Housing**, discontinue survey and offer pre-determined resources/next steps worked out with your PIT Lead.
 - If the person/household is **staying in Emergency Shelter or Transitional Housing**, continue...
3. **Complete Intro & Explain Privacy:** 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. 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, age, along with questions about your gender, race and family makeup). Would you be okay with me asking these questions?

4. **Begin Survey**

For the Surveyor:

Work with the Point-in-Time Agency/Volunteer Lead person to identify a safe space to conduct the survey if indoors. Each agency is likely to be set up differently. Find places that feel comfortable for you and would offer a comfortable space for survey participants.

Make sure:

- Any space provides an easy exit for you and participant.
- Any space offers privacy for the participant (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 PIT Agency/Volunteer Lead. 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.

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 begin the survey:

1. **Introduce yourself:** Hello, I'm **(insert name)** with the **BoS CoC** (Colorado Balance of State Continuum of Care) and **(local lead organization/CoC name)**.
2. **Confirm Homelessness:** *Are you/have you been experiencing homelessness? (Sleeping in emergency shelter, transitional housing, 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 the **person/household is not living in Emergency Shelter or Transitional Housing**, discontinue survey and offer pre-determined resources/next steps worked out with your PIT Lead.
 - **If the person/household is staying in Emergency Shelter or Transitional Housing, continue...**
3. **Complete Intro & Explain Privacy:** 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. 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, age, along with questions about your gender, race and family makeup)**. Would you be okay with me asking these questions?

4. Begin Survey

Familiarize yourself with this language. Regions might modify this to make it better fit with their count. Make sure you have the basics down so that participants know how their information is being collected and used. This will help you if clients are concerned about giving certain information. It's important they know that the information is de-identified so that the information can NOT be traced back to them.

Refusals

Individuals and Families are free to refuse to answer any question on the survey, but typically do so because they are either not understanding what the surveyor is asking or may not know enough about how we de-identify survey answers.

- Again, familiarize yourself with the questions to explain the reason for the question and how it helps to have each survey to be answered completely.
- Be able to give examples of various parts of the survey, especially around questions that may require more thought. (ie. questions around disabilities/substance use.)

We will discuss this further when breaking down the surveys.

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 a Lead 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, follow directions on the survey and mark an "R" in the space that is refused. This will help us know that it has been refused and not missed.

2020 POINT IN TIME COUNT – SHELTERED COUNT SURVEY FORM

Jan 2020

Name of Housing Program: _____ County: _____
 Interviewer: _____ Email: _____ Phone: _____
 Program Type: Emergency Shelter (ES) Transitional Housing (TH)

*Note: All **▶ MUST BE ANSWERED** unless N/A or the household refuses. Mark refusals with an "R" – SURVEYOR, PLEASE DOUBLE CHECK ANSWERS!

For Households in ES or on the Streets ONLY (Do not complete for those in TH): Use Individuals or Head of Households best estimates if not exact.

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 and/or on the streets in the past three (3) years? Fewer than 4 4 times or more
3. What was the total amount of time spent in emergency shelters and/or on the streets during these past three (3) years? Fewer than 12 Months 12 Months or More

ES/TH: Please fill in the following information for the household as well as any family member staying in the same place with the head of household:

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"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-54 <input type="checkbox"/> 55+	Age: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-54 <input type="checkbox"/> 55+	Age: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-54 <input type="checkbox"/> 55+	Age: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-54 <input type="checkbox"/> 55+	Age: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-54 <input type="checkbox"/> 55+
Head of Household	Relationship to you: <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Other Family <input type="checkbox"/> Biological/Legal Child <input type="checkbox"/> Friend	Relationship to you: <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Other Family <input type="checkbox"/> Biological/Legal Child <input type="checkbox"/> Friend	Relationship to you: <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Other Family <input type="checkbox"/> Biological/Legal Child <input type="checkbox"/> Friend	Relationship to you: <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Other Family <input type="checkbox"/> Biological/Legal Child <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

*Note: All **▶ MUST BE ANSWERED** unless N/A or household refuses. Mark refusals with an "R" – SURVEYOR, PLEASE DOUBLE CHECK ANSWERS!

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. If you enter in to HMIS and have not been contacted by the HMIS Leads, please do so immediately.

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

First Section

2020 POINT IN TIME COUNT – SHELTERED COUNT SURVEY FORM

Jan 2020

Name of Housing Program:	<input type="text"/>	County:	<input type="text"/>
Interviewer:	<input type="text"/>	Email:	<input type="text"/>
	<input type="text"/>	Phone:	<input type="text"/>
Program Type:	Emergency Shelter (ES) <input type="checkbox"/>	Transitional Housing (TH) <input type="checkbox"/>	

***Note: All → MUST BE ANSWERED unless N/A or the household refuses. Mark refusals with an "R" – SURVEYOR, PLEASE DOUBLE CHECK ANSWERS!**

For Households in ES or on the Streets ONLY (Do not complete for those in TH): Use Individuals or Head of Households best estimates if not exact.

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 and/or on the streets in the past three (3) years? Fewer than 4 4 times or more
3. What was the total amount of time spent in emergency shelters and/or on the streets during these past three (3) years? Fewer than 12 Months 12 Months or More

Sheltered Survey Program Information

Name of Housing Program

- Name of the housing program/shelter where the person spent the night as reflected in the 2020 Housing Inventory. (E.g. Chaya House, Abraham Connection Winter Shelter, Elko Shelter)

Continued...

It's recommended that the PIT Coordinator or Lead 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. When compiling data, having the accurate program name lessens confusion.

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/associated with the wrong program.

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.

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."

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 needed.

We want 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

These questions help identify whether or not someone might be considered "chronically homeless" and should be asked for people in Emergency Shelters only, as indicated on the survey.

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
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
1. 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. There is much more that goes in to this definition, but these questions do a good job of gauging this status.

As a reminder!

2020 POINT IN TIME COUNT – SHELTERED COUNT SURVEY FORM

Jan 2020

Name of Housing Program:	<input type="text"/>	County:	<input type="text"/>
Interviewer:	<input type="text"/>	Email:	<input type="text"/>
	<input type="text"/>	Phone:	<input type="text"/>
Program Type:	Emergency Shelter (ES) <input type="checkbox"/>	Transitional Housing (TH) <input type="checkbox"/>	

***Note: All → MUST BE ANSWERED unless N/A or the household refuses. Mark refusals with an "R" – SURVEYOR, PLEASE DOUBLE CHECK ANSWERS!**

For Households in ES or on the Streets ONLY (Do not complete for those in TH): Use Individuals or Head of Households best estimates if not exact.

- 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 and/or on the streets in the past three (3) years? Fewer than 4 4 times or more
- 3. What was the total amount of time spent in emergency shelters and/or on the streets during these past three (3) years? Fewer than 12 Months 12 Months or More

Household Identifying Questions & Demographics

ES/TH: Please fill in the following information for the household as well as any family member staying in the same place with the head of household:

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"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-54 <input type="checkbox"/> 55+	Age: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-54 <input type="checkbox"/> 55+	Age: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-54 <input type="checkbox"/> 55+	Age: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-54 <input type="checkbox"/> 55+	Age: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-54 <input type="checkbox"/> 55+
Head of Household	Relationship to you: <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Other Family <input type="checkbox"/> Biological/Legal Child <input type="checkbox"/> Friend	Relationship to you: <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Other Family <input type="checkbox"/> Biological/Legal Child <input type="checkbox"/> Friend	Relationship to you: <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Other Family <input type="checkbox"/> Biological/Legal Child <input type="checkbox"/> Friend	Relationship to you: <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Other Family <input type="checkbox"/> Biological/Legal Child <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

***Note: All MUST BE ANSWERED unless N/A or household refuses. Mark refusals with an "R" – SURVEYOR, PLEASE DOUBLE CHECK ANSWERS!**

Person #1 (you)
1 st 3 letters of First 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)
Age: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-54 <input type="checkbox"/> 55+
Head of Household
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
Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
Currently Fleeing Domestic Violence: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Demographic Questions

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

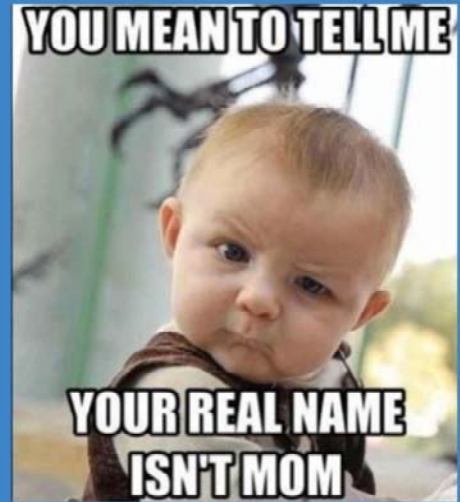
Make sure to continue past this first box for any other household members with the Head of Household.

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/Child Welfare on the night of the count.)

Name

"1st 3 Letters of First Name

1st 3 Letters of Last Name"



GENDER IDENTITY

2020 options for "Gender" are the same as the 2018/2019 options and include:

"Gender:

- 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 BoS PIT surveys.

GENDER CONTINUED...

Some Definitions...

Gender identity - One's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.

Gender expression - External appearance of one's gender identity, usually expressed through behavior, clothing, haircut or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.

Gender non-conforming - A broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category.

Transgender - An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.

Definitions obtained from the Human Rights Campaign: <https://www.hrc.org/resource/sexual-orientation-and-gender-identity-terminology-and-definitions>

We wanted to provide some definitions for anyone who may not be familiar with some commonly used terms around gender and gender identity. HUD is now recognizing that gender extends beyond the gender binary we are traditionally taught in our culture.

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

While it's less common in BoS communities to encounter someone who might identify as gender non-conforming based on past years data, it's important to be inclusive in our language when asking questions.

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...

"Some 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 are 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

"Age: 0-17 18-24 25-54 55+"

This year, in order to capture better data on those who are considered "elderly" based on their age, we are including a 55+ checkbox.

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



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.



Hispanic or Latino

HUD guidance asks whether or not someone considers themselves “Hispanic or Latino” or “Non-Hispanic or Latino” in PIT Surveys:

“Hispanic or Latino?”

- Non-Hispanic or Latino
- Hispanic or Latino”

This is outside of what “race” people identify with, which is next. This question is often missed in PIT Surveys, so please make sure to ask!

Race

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

"Race:

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

HUD directs people being surveyed to answer which race they identify with, 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."

Unfortunately at this point HUD is not looking for nuanced data on people's racial identities. The Youth Supplemental Survey dives deeper in to this.

Veteran Households

“Veteran: Yes No”

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

"Currently Fleeing Domestic
Violence: Yes No"

Since 2018, HUD has required 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)?

“Disabling Condition(s)?

(Check any reported/known:)

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

Check off any “Disabling Conditions” the survey participants may have been diagnosed with. If you know of some that the participant may have forgotten/left out, you can add them.

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

You should record the clients answer as they understand their condition(s), but if it's helpful to describe what to look for, here are some definitions for those unfamiliar with these terms...

Disabling Condition(s)?

You should record the clients answer as they understand their condition(s), but if it's helpful to describe what to look for, here are some definitions 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."

Disabling Condition(s)?

- **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.

Household Identifying Questions & Demographics

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Head of Household	Relationship to you: <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Other Family <input type="checkbox"/> Biological/Legal Child <input type="checkbox"/> Friend	Relationship to you: <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Other Family <input type="checkbox"/> Biological/Legal Child <input type="checkbox"/> Friend	Relationship to you: <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Other Family <input type="checkbox"/> Biological/Legal Child <input type="checkbox"/> Friend	Relationship to you: <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Other Family <input type="checkbox"/> Biological/Legal Child <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
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***Note: All MUST BE ANSWERED unless N/A or household refuses. Mark refusals with an "R" – SURVEYOR, PLEASE DOUBLE CHECK ANSWERS!**

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 2020.

Help communities identify the unique needs and systems involvement of young adults experiencing homelessness, and impacts how the Division of Housing structures support around addressing support.

With Cheryl transitioning her position from the Office of Homeless Youth Services, staff members have been filling in. This has resulted in less communication than you're used to. Please be patient and reach out to Zac Schaffner with questions. Also, Kippi Clausen and Denise McHugh with the Rural Collaborative for Homeless Youth have again been supporting regional coalitions to utilize the Youth Supplemental Surveys and also conduct a separate Youth Unsheltered Count in some regions. They are the primary contact for those efforts and can also answer your questions about the Youth Supplemental Surveys!

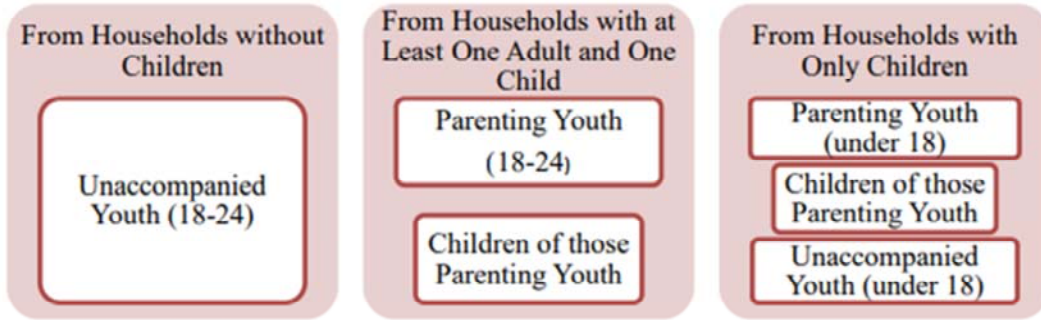
Clarification

1. The Youth Supplemental Survey is conducted independent of the 2020 BoS PIT Sheltered Count, though we're all working in collaboration with each other!
2. The BoS 2020 PIT Sheltered Survey should be given priority over the Youth Supplemental Survey, as it is required by HUD and also collects necessary data the YSS does not.
3. Information gathered from the 2020 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 will be available on the [OHYS website](#), check out the website for past years reports.
4. Again, the 2020 BoS PIT Sheltered Count data will be the only data reported to HUD in 2020.

OHYS Website URL: <https://www.colorado.gov/pacific/dola/office-homeless-youth-services-ohys>

Which Youth do we Count in the Youth Supplemental Survey?

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 BoS Sheltered 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:

1/29/1995

Just to be clear:

If born on 1/28/1995 or before: Don't use supplemental survey!

If born on 1/29/1995 or later: Use Youth Supplemental Survey!

The goal is to make sure you are not surveying someone who is 25 on 1/28/2019, the night of the PIT Sheltered Count. If they are turning 25 starting 1/29/2019, they can still be counted on 1/28/2019.

Youth Supplemental Survey Overview

and

Youth Unsheltered Count Information

2020 Point in Time Count Youth Supplemental Survey (unaccompanied youth under 25 1/29/1995)
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"/> Outside/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"/> 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

2020 Point in Time Count Youth Supplemental Survey (unaccompanied youth under 25 1/29/1995)
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"/> Outside/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	

Consider the Homelessness section we discussed at the beginning of presentation. Youth are looking for the same kind of respect that you would provide an adult. There may be slight changes for youth under 18 depending, but oftentimes youth experiencing homelessness have been through some pretty rough situations and have had to deal with those things independently. It's okay to speak to them exactly as you would speak to an adult. Always let kindness, compassion, and recognition of their strength in such a difficult situation guide your interaction and you should be fine.

Designed by youth, for youth. Youth felt these questions would capture their experience. May seem personal, so make sure to have a clear understanding of the reasons why you're asking the questions. Also, knowing that their personal information is only being collected to make sure we can de-duplicate the surveys can be very helpful. As with anyone who is providing such private information, it's comforting to know that someone will not be able to trace the youth's answers back to them.

Youth Supplemental Survey Overview - Second Half of Survey

11	If yes, please select the option that best describes how you left care.	<input type="checkbox"/> Reunified 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.

Again, possible check-in with a Lead 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.

Survey Collection

Make sure to discuss where to turn the surveys in once they are complete. Generally you'll turn them in to the PIT Coordinator or Agency Lead.

Forms that will be Distributed

The following forms will be available (via email and on the BoS Website) to assist your region with the Point-in-Time Sheltered Count:

- **[Sheltered PIT Count Fact Sheet - 2020 Updated 1-15-2020.docx](https://www.coloradocoalition.org/sites/default/files/2020-01/Sheltered%20PIT%20Count%20Fact%20Sheet%20-%202020%20Updated%201-15-2020.docx)** - A fact sheet that gives an overview of the count and coordinator responsibilities. <https://www.coloradocoalition.org/sites/default/files/2020-01/Sheltered%20PIT%20Count%20Fact%20Sheet%20-%202020%20Updated%201-15-2020.docx>
- **[Instructions & Script for the 2020 PIT Surveys.pdf](https://www.coloradocoalition.org/sites/default/files/2020-01/Instructions%20%26%20Script%20for%20the%202020%20PIT%20Surveys.pdf)** - The Instructions and Script for Surveyors to utilize during the count. <https://www.coloradocoalition.org/sites/default/files/2020-01/Instructions%20%26%20Script%20for%20the%202020%20PIT%20Surveys.pdf>
- **[Instructions & Script for the 2020 PIT Surveys.docx](https://www.coloradocoalition.org/sites/default/files/2020-01/Instructions%20%26%20Script%20for%20the%202020%20PIT%20Surveys.docx)** - A word version of the above pdf in case a region wants to modify this document. <https://www.coloradocoalition.org/sites/default/files/2020-01/Instructions%20%26%20Script%20for%20the%202020%20PIT%20Surveys.docx>
- **[2020 PIT Sheltered Form - CO BoS CoC.pdf](https://www.coloradocoalition.org/sites/default/files/2020-01/2020%20PIT%20Sheltered%20Form%20-%20CO%20BoS%20CoC.pdf)** - The 2020 PIT Sheltered Count Survey Form, which should NOT be altered in any way. It has fields that can be added electronically and then printed for surveyors to utilize the night of the count. <https://www.coloradocoalition.org/sites/default/files/2020-01/2020%20PIT%20Sheltered%20Form%20-%20CO%20BoS%20CoC.pdf>
- **[PIT - SFY20 - Youth Supplemental Questions.pdf](https://www.coloradocoalition.org/sites/default/files/2020-01/PIT%20-%20SFY20%20Youth%20Supplemental%20Questions%20-%20CoC.pdf)** - Youth Supplemental Survey for those communities participating in the Youth Supplemental Count. <https://www.coloradocoalition.org/sites/default/files/2020-01/PIT%20-%20SFY20%20Youth%20Supplemental%20Questions%20-%20CoC.pdf>
- **[BoS CoC PIT 2020 Surveyor Training PPTX.pptx](https://www.coloradocoalition.org/sites/default/files/2020-01/BoS%20CoC%20PIT%202020%20Surveyor%20Training%20PowerPoint.pptx)** - PowerPoint of this Surveyor Training – With Notes! <https://www.coloradocoalition.org/sites/default/files/2020-01/BoS%20CoC%20PIT%202020%20Surveyor%20Training%20PowerPoint.pptx>
- **[BoS CoC PIT 2020 Surveyor Training PDF.pdf](https://www.coloradocoalition.org/sites/default/files/2020-01/BoS%20CoC%20PIT%202020%20Surveyor%20Training%20PDF.pdf)** – PDF of this Surveyor Training – With Notes! <https://www.coloradocoalition.org/sites/default/files/2020-01/BoS%20CoC%20PIT%202020%20Surveyor%20Training%20PDF.pdf>

Questions? Contact Us!



Contact Information

For questions about the 2020 Balance of State Continuum of Care Point in Time Sheltered Count Contact:

Shawn Hayes
Balance of State Continuum of Care Coordinator
Colorado Coalition for the Homeless
2111 Champa Street
Denver, CO 80205

Main: 303-293-2217
Direct: 303-312-9651

Email: shayes@coloradocoalition.org

Website:

Main:

<https://www.coloradocoalition.org/CoBofCoC>

PIT Count Specific:

<https://www.coloradocoalition.org/BofCoCPITC>

For questions about the Youth Supplemental Survey:

Zac Schaffner
Division of Housing (DOH)
Department of Local Local Affairs (DOLA)
Office of Homeless Initiatives (OHS)
(Interim) Office of Homeless Youth Services
(OHYS)

Direct: 303-864-7832

Email: zac.schaffner@state.co.us

Website:

<https://www.colorado.gov/pacific/oeia/office-homeless-youth-services-ohys>

Click to the next slide for information on the optional youth unsheltered count.

Youth YSS & Optional Unsheltered Count Contact Information

To help get an accurate and detailed count of youth experiencing
homelessness in your county, contact:

Kippi Clausen
Unfolding Directions, LLC
Phone: 303-521-8968
Email: kippi@unfoldingdirections.com
Website: www.unfoldingdirections.com

and

Denise McHugh
Executive Director
Spark Community Foundation
Phone: 720.331.2746
Email: denise@sparkcommunityfoundation.org

End of Presentation