2021 POINT IN TIME COUNT – SHELTERED COUNT SURVEY FORM

Jan 2021

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)
➡	**1st 3 letters of First Name:**	**1st 3 letters of First Name:**	**1st 3 letters of First Name:**	**1st 3 letters of First Name:**	**1st 3 letters of First Name:**
➡	**1st 3 letters of Last Name:**	**1st 3 letters of Last Name:**	**1st 3 letters of Last Name:**	**1st 3 letters of Last Name:**	**1st 3 letters of Last Name:**
➡	**Gender:** ❑ Male ❑ Female ❑Transgender ❑Gender Non-Conforming (i.e. does not identify as exclusively male or female)	**Gender:** ❑ Male ❑ Female ❑Transgender ❑Gender Non-Conforming (i.e. does not identify as exclusively male or female)	**Gender:** ❑ Male ❑ Female ❑Transgender ❑Gender Non-Conforming (i.e. does not identify as exclusively male or female)	**Gender:** ❑ Male ❑ Female ❑Transgender ❑Gender Non-Conforming (i.e. does not identify as exclusively male or female)	**Gender:** ❑ Male ❑ Female ❑Transgender ❑Gender Non-Conforming (i.e. does not identify as exclusively male or female)
➡	**Age:** ❑ 0-17 ❑18-24 ❑25-54 ❑55+	**Age:** ❑ 0-17 ❑18-24 ❑25-54 ❑55+	**Age:** ❑ 0-17 ❑18-24 ❑25-54 ❑55+	**Age:** ❑ 0-17 ❑18-24 ❑25-54 ❑55+	**Age:** ❑ 0-17 ❑18-24 ❑25-54 ❑55+
	Head of Household	**Relationship to you:** ❑Spouse/Partner ❑Other Family ❑Biological/Legal Child ❑Friend	**Relationship to you:** ❑Spouse/Partner ❑Other Family ❑Biological/Legal Child ❑Friend	**Relationship to you:** ❑Spouse/Partner ❑Other Family ❑Biological/Legal Child ❑Friend	**Relationship to you:** ❑Spouse/Partner ❑Other Family ❑Biological/Legal Child ❑Friend
➡	**Hispanic or Latino:** ❑ Non-Hispanic/Non-Latino ❑ Hispanic/Latino	**Hispanic or Latino:** ❑ Non-Hispanic/Non-Latino ❑ Hispanic/Latino	**Hispanic or Latino:** ❑ Non-Hispanic/Non-Latino ❑ Hispanic/Latino	**Hispanic or Latino:** ❑ Non-Hispanic/Non-Latino ❑ Hispanic/Latino	**Hispanic or Latino:** ❑ Non-Hispanic/Non-Latino ❑ Hispanic/Latino
➡	**Race:** ❑ American Indian/Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander. ❑ White ❑ Multiple Races	**Race:** ❑ American Indian/Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ White ❑ Multiple Races	**Race:** ❑ American Indian/Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ White ❑ Multiple Races	**Race:** ❑ American Indian/Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ White ❑ Multiple Races	**Race:** ❑ American Indian/Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ White ❑ Multiple Races
➡	**Veteran:** ❑Yes ❑No	**Veteran:** ❑Yes ❑No	**Veteran:** ❑Yes ❑No	**Veteran:** ❑Yes ❑No	**Veteran:** ❑Yes ❑No
➡	**Currently Fleeing Domestic Violence:** ❑Yes ❑No	**Currently Fleeing Domestic Violence:** ❑Yes ❑No	**Currently Fleeing Domestic Violence:** ❑Yes ❑No	**Currently Fleeing Domestic Violence:** ❑Yes ❑No	**Currently Fleeing Domestic Violence:** ❑Yes ❑No
➡	**Disabling Condition(s)? R?❑** **(Check any reported/known:** ❑Serious Mental Illness ❑Developmental Disability ❑Substance Use Disorder ❑HIV/AIDS ❑PTSD ❑Brain Injury ❑Chronic physical illness/disability	**Disabling Condition(s)? R?❑** **(Check any reported/known:** ❑Serious Mental Illness ❑Developmental Disability ❑Substance Use Disorder ❑HIV/AIDS ❑PTSD ❑Brain Injury ❑Chronic physical illness/disability	**Disabling Condition(s)? R?❑** **(Check any reported/known:** ❑Serious Mental Illness ❑Developmental Disability ❑Substance Use Disorder ❑HIV/AIDS ❑PTSD ❑Brain Injury ❑Chronic physical illness/disability	**Disabling Condition(s)? R?❑** **(Check any reported/known:** ❑Serious Mental Illness ❑Developmental Disability ❑Substance Use Disorder ❑HIV/AIDS ❑PTSD ❑Brain Injury ❑Chronic physical illness/disability	**Disabling Condition(s)? R?❑** **(Check any reported/known:** ❑Serious Mental Illness ❑Developmental Disability ❑Substance Use Disorder ❑HIV/AIDS ❑PTSD ❑Brain Injury ❑Chronic physical illness/disability

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