2021 POINT IN TIME COUNT – UNSHELTERED COUNT SURVEY FORM Jan 2021

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

1. Have you already completed a Homeless Count Survey? Yes ☐ (Discontinue) No ☐
2. Did you sleep outside or in any place not fit for human habitation on Tuesday Jan. 26th, 2021 Yes ☐ No ☐ (Discontinue Survey)
3. Have you/your family been living in emergency shelters and/or on the streets continuously for a year or more? Yes ☐ No ☐
4. 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 ☐
5. 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 ☐

Agency:		County:	
Program Name:			
Interviewer:			
Email of Interviewer:		Phone #:	

Household Information – Please Fill in the following information for the household and 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)efuse? ☐ (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