2022 POINT IN TIME COUNT – SHELTERED COUNT SURVEY FORM

Jan 2022

Name of Housing Program: **County:**

Interviewer: **Email:** **Phone:**

Program Type: ❑ Emergency Shelter (ES) ❑ Transitional Housing (TH)

Note: Mark refusals with an "R" – SURVEYOR, PLEASE DOUBLE CHECK ANSWERS TO MAKE SURE ALL BOXES ARE CHECKED!

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 ❑A gender other than singularly female or male* ❑Questioning	**Gender:** ❑Male ❑Female ❑Transgender ❑A gender other than singularly female or male* ❑Questioning	**Gender:** ❑Male ❑Female ❑Transgender ❑A gender other than singularly female or male* ❑Questioning	**Gender:** ❑Male ❑Female ❑Transgender ❑A gender other than singularly female or male* ❑Questioning	**Gender:** ❑Male ❑Female ❑Transgender ❑A gender other than singularly female or male* ❑Questioning
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 Latin(a), (o), (x): ❑ Non-Hispanic/Non-Latin(a),(o),(x) ❑ Hispanic/Latin(a),(o),(x)	**Hispanic or Latin(a), (o), (x):** ❑ Non-Hispanic/Non-Latin(a),(o),(x) ❑ Hispanic/Latin(a),(o),(x)	**Hispanic or Latin(a), (o), (x):** ❑ Non-Hispanic/Non-Latin(a),(o),(x) ❑ Hispanic/Latin(a),(o),(x)	**Hispanic or Latin(a), (o), (x):** ❑ Non-Hispanic/Non-Latin(a),(o),(x) ❑ Hispanic/Latin(a),(o),(x)	**Hispanic or Latin(a), (o), (x):** ❑ Non-Hispanic/Non-Latin(a),(o),(x) ❑ Hispanic/Latin(a),(o),(x)
Race: ❑ American Indian, Alaska Native or Indigenous ❑ Asian or Asian American ❑ Black, African American or African ❑ Native Hawaiian or Pacific Islander. ❑ White ❑ Multiple Races	**Race:** ❑ American Indian, Alaska Native or Indigenous ❑ Asian or Asian American ❑ Black, African American or African ❑ Native Hawaiian or Pacific Islander. ❑ White ❑ Multiple Races	**Race:** ❑ American Indian, Alaska Native or Indigenous ❑ Asian or Asian American ❑ Black, African American or African ❑ Native Hawaiian or Pacific Islander. ❑ White ❑ Multiple Races	**Race:** ❑ American Indian, Alaska Native or Indigenous ❑ Asian or Asian American ❑ Black, African American or African ❑ Native Hawaiian or Pacific Islander. ❑ White ❑ Multiple Races	**Race:** ❑ American Indian, Alaska Native or Indigenous ❑ Asian or Asian American ❑ Black, African American or African ❑ Native Hawaiian or 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)? (Check only reported/known:) ❑Serious Mental Illness ❑Developmental Disability ❑Substance Use Disorder ❑HIV/AIDS ❑PTSD ❑Brain Injury ❑Chronic physical illness/disability	**Disabling Condition(s)? (Check only reported/known:)** ❑Serious Mental Illness ❑Developmental Disability ❑Substance Use Disorder ❑HIV/AIDS ❑PTSD ❑Brain Injury ❑Chronic physical illness/disability	**Disabling Condition(s)? (Check only reported/known:)** ❑Serious Mental Illness ❑Developmental Disability ❑Substance Use Disorder ❑HIV/AIDS ❑PTSD ❑Brain Injury ❑Chronic physical illness/disability	**Disabling Condition(s)? (Check only reported/known:)** ❑Serious Mental Illness ❑Developmental Disability ❑Substance Use Disorder ❑HIV/AIDS ❑PTSD ❑Brain Injury ❑Chronic physical illness/disability	**Disabling Condition(s)? (Check only reported/known:)** ❑Serious Mental Illness ❑Developmental Disability ❑Substance Use Disorder ❑HIV/AIDS ❑PTSD ❑Brain Injury ❑Chronic physical illness/disability

***A gender other than singularly female or male** (e.g., non-binary, genderfluid, agender, culturally specific gender)

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