

2023 Sheltered & Unsheltered Point-in-Time (PIT) Count Surveyor Training



**Colorado Balance of State
Continuum of Care**

Read from Zoom Script

Presenter

Shawn Hayes
BoS CoC Coordinator



Colorado Balance of State
Continuum of Care



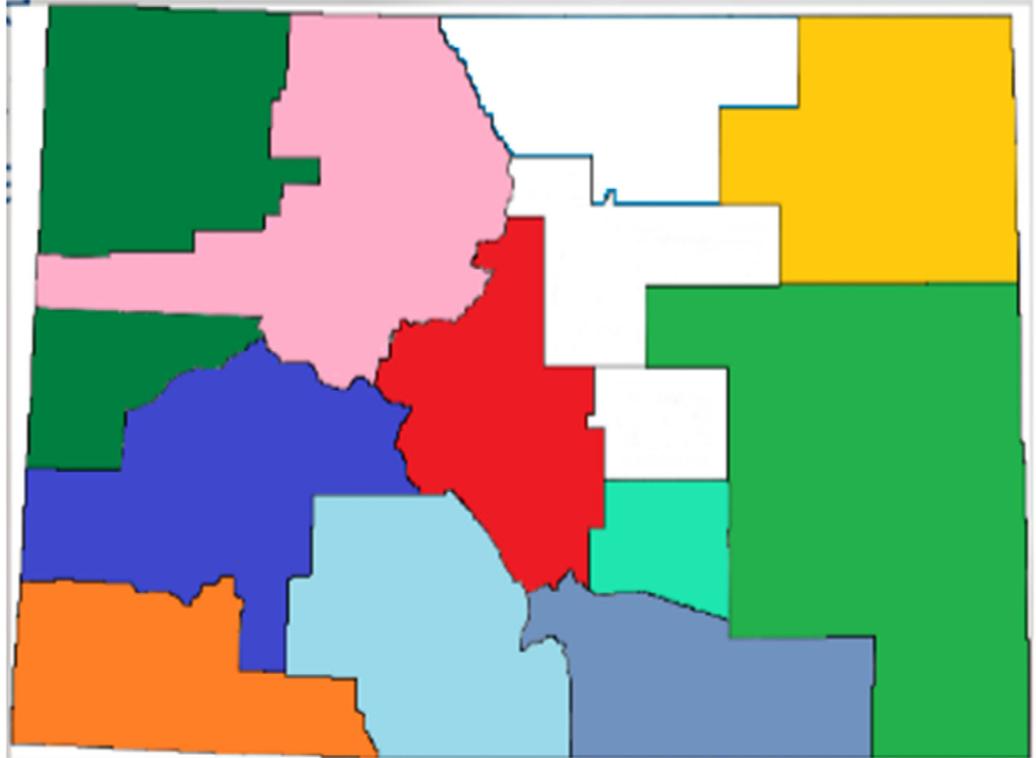
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Ten Regions of the CO BoS CoC

*"The graphic design
skills and detail are
amazing!"*

*-Anonymous real life
reviewer that is real and
exists and a professional
graphic designer as well.*



Quick map showing Colorado's BoS Regions

Intro to the Point-in-Time (PIT) Count

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

What is a A point-in-time (PIT) count?

A PIT Count is an annual survey of the number and characteristics of unhoused people at a single point in time. Methodology requires the Point-in-Time take place on a single night in the last 10 days in January.



Date of the Count:

The BoS CoC has typically chosen Tuesday evenings to hold the PIT count and the count for 2023 will take place on **Tuesday January 24th, 2023**. We will be conducting a sheltered & unsheltered Point-in-Time Count in 2023.

Intro to the PIT Count Continued...

Again, we are surveying individuals based on where they spent the night on Tuesday January 24th, 2023.

- Because of this, surveys for a sheltered and unsheltered count will generally begin after 10:30 PM on Tuesday January 24th and 12AM on Wednesday the 25th of January, 2023 into the early mornings. This ensures accuracy as to where someone spent the night on 1/24/2023.
- Many communities opt to begin surveying individuals on Wednesday 1/25/2023 in order to avoid the cold of the evening. Survey questions are always asked based on where individuals spent the night on Tuesday 1/24/2023 and should not be asked prior to Tuesday evening.
 - So the questions can be asked that Wednesday and up to a few days after.
 - The maximum any community should survey individuals is up to 7 days, but that should be avoided as people may begin to forget where they spent the night on Tuesday 1/24/2023.

Sheltered PIT Count Definitions

Sheltered Point-in-Time Counts are completed every year and are the primary focus on even years.

- Sheltered Counts focus on **surveying** individuals experiencing homelessness who are living in **Emergency Shelter (ES)** and **Transitional Housing (TH)** programs.
 - These programs are tracked by the Continuum of Care and are contacted each year to collect surveys.
- Each year we also **count** the number of people living in **Rapid Rehousing (RRH)**, **Permanent Supportive Housing (PSH)**, and **Safe Haven (SH)** programs.
 - We are not required to complete full surveys of individuals living in these programs as they are considered permanent housing. Therefore we primarily count the number of people in these programs with some breakdown of households for RRH programs.
 - It's a much simpler process, so remember not to complete a full survey for people in these program types!

All housing programs will hear directly from Coordinators and/or Shawn Hayes regarding updated housing inventory numbers for 2023.

Unsheltered PIT Count Definitions

The BoS conducts Unsheltered + Sheltered counts every odd year. During unsheltered counts we survey individuals who are experiencing literal, unsheltered homelessness.

For the PIT Count, unsheltered homelessness is defined as: An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground."

- HUD would generally consider individuals and families sleeping in a garage, shed, or other location outside of a housing structure, but on the property of a housing structure as "unsheltered" homeless for purposes of the PIT count.
- HUD would not consider any individual or family sleeping inside of a housing structure as unsheltered homeless, even if the room inside of that housing structure is not typically used for sleeping (e.g., a kitchen or bathroom).
- HUD would still consider persons sleeping in the hallway of an apartment or hotel (i.e., outside of an apartment unit or hotel room) as unsheltered.

For the purposes of the Youth Unsheltered Count and Youth Supplemental Survey (YSS), there are slight differences in what is considered "unsheltered". We will discuss this when going over the YSS later. Also, Kippi Clausen is hosting a training at 3PM this afternoon to dive deeper into the Youth PIT Count and its importance, especially since we were awarded the Youth Homelessness Demonstration Program (YHDP) grant!

Homelessness



There have been requests to 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 factors around:

- Systemic Racism, including Discriminatory Housing Practices like redlining and housing discrimination that impact individuals and families across generations (1.)(4.)
- Insufficient Income (2.)(4.)
- Lack of Affordable Housing (2.)(4.)
- Survivors of people who perpetrate Domestic Violence (2.)(4.)
- Poverty (2.)(4.)
- Mental Health and lack of needed services (2.)(4.)
- Substance use and lack of needed services (2.)(4.)
- Youth Homelessness and LGBTQIAA2S+ intersections (3.) (4.)
- LGBTQIAA2S+ Homelessness and intersections (4.)

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
3. The Trevor Project: Homelessness and Housing Instability Among LGBTQ Youth: <https://www.thetrevorproject.org/research-briefs/homelessness-and-housing-instability-among-lgbtq-youth-feb-2022/#:~:text=28%25%20of%20LGBTQ%20youth%20reported,to%20those%20with%20stable%20housing>
4. LGBTQ+ Homelessness: A Review of the Literature: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6695950/>

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 and other 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
3. The Trevor Project: Homelessness and Housing Instability Among LGBTQ Youth: <https://www.thetrevorproject.org/research-briefs/homelessness-and-housing-instability-among-lgbtq-youth-feb-2022/#:~:text=28%25%20of%20LGBTQ%20youth%20reported,to%20those%20with%20stable%20housing>
4. LGBTQ+ Homelessness: A Review of the Literature: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6695950/>

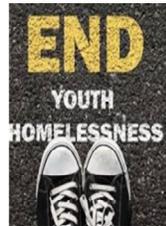
Homelessness

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 the each person does have a unique though oftentimes shared experience of homelessness. Some may be living with severe mental health issues or actively using substances. Another might have faced job loss due to racist harassment by co-workers or their boss. You may meet individuals fleeing domestic violence or someone who couldn't afford to pay rent vs. fix a broken down car and get to work. There are any number of reasons people experience homelessness.



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. You may be able to lean on other volunteers or people who have experience 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

Covid Safety

The following website from the CDC provides specific guidance on Unsheltered Homelessness Safety Precautions to utilize for Covid-19: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html>

Topics Include:

- Community coalition-based COVID-19 prevention and response
- Communication
- Considerations for outreach staff
- Considerations for people experiencing unsheltered homelessness
- Considerations for encampments
- Considerations for a Long-Term Infection Prevention Strategy for People Experiencing Unsheltered Homelessness
- Interim Guidance for Homeless Shelters
- COVID-19 Readiness Resources

Safety will be community based and can be discussed with coordinators of counts.

Health Precautions

In response to COVID-19, please follow the suggested guidelines for conducting the unsheltered and sheltered counts:

- We ask all volunteers to bring masks (or the agency you're assisting will provide them) and wear them for the duration of the 2023 PIT Count and other volunteer efforts if required.
 - Masks and hand sanitizer may be provided, but you may want to bring your own just in case.
- Teams should follow distancing guidelines set by coordinators, agencies, and the CDC if in practice.
- We recommend that any volunteer be tested for COVID-19 prior to participation in the count no more than 7 days prior, or at least screen for symptoms and check temperatures prior to and after a shift. The PIT Leads should coordinate this.

Connection to other services

Make sure to have information about additional service referrals should they exist in your community. The PIT Coordinator and/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.

Privacy, Security, & Script

Familiarize yourself with the **Instructions & Script for the 2023 PIT Unsheltered & Sheltered Surveys**, which helps:

- Identify a private, safe space to ask survey questions
- Informs participants about Covid-19 Safety and Precautions.
- 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.



Please work with agency leads to speak with volunteers in advance in order to make sure safety of the surveyors and the survey participants is respected.



Colorado Balance of State
Continuum of Care

2023 Point-in-Time (PIT) Sheltered & Unsheltered Count Instructions & Script

For the Surveyor:

Work with the Point in Time Agency/Volunteer Lead person to discuss safety precautions prior to conducting the survey. Volunteers should follow guidelines that align closest with agencies that are serving those experiencing homelessness. When outdoors, maintain safe social distancing and be sure to review language in the script in advance to discuss with survey participants.

Make sure:

- If participating in an Unsheltered Count, review the "Interim Guidance on Unsheltered Homelessness and Coronavirus Disease (COVID-19) for Homeless Service Providers and Local Officials" via the Center for Disease Control (CDC): <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html>
- Know your Covid-19 "Community Level": <https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html> and when high be sure to follow cdc instructions per the above website.
- The 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 moving to a location that is more comfortable for them, while still within eyesight of team members.)
- Prior to conducting surveys, develop a safety plan with the PIT Lead/team members. 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. Any text in bold below is a prompt for you, the surveyor:

1. **Introduce yourself:** "Hello, I'm (insert name) with the BoS CoC (Colorado Balance of State Continuum of Care) and (local lead organization/regions name)".
2. We are taking the following **safety precautions due to the Covid-19 Pandemic:**
 - **List agreed on outdoor/indoor CDC safety protocols here**
3. **Confirm Homelessness:** Are you/have you been experiencing homelessness? (Sleeping in emergency shelter, transitional housing, on the streets, in abandoned buildings, vehicles, tents, etc.?)
4. **Confirm they have not already taken a survey.** 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/Transitional Housing or has not been living on the streets or in a place not meant for human habitation — discontinue survey and offer pre-determined resources/next steps worked out with your PIT Lead.

If the person/household is staying in Emergency Shelter/Transitional Housing, living in a place not meant for human habitation, and has not completed a survey already continue...

- **Sheltered Survey:** Use this survey for anyone staying in an Emergency Shelter or Transitional Housing Program.
- **Unsheltered Survey:** Use this survey for anyone staying on the streets or in a place not meant for human habitation.

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?

5. **Begin Survey**

A script containing information on safety precautions and instructions/language to conduct the survey is available for the PIT Count in 2023.

[2023 Point-in-Time \(PIT\) Unsheltered & Sheltered PIT Instructions and Script:](#)

Surveyors should be directed to complete a few surveys and then bring to the leads in order to make sure the forms are being completed correctly. This will hopefully help address any issues ASAP and perhaps correct any problems.

As noted on the survey form, mark "R" legibly if there are any refusals so that we know the question was not just skipped.

Homeless Management Information System (HMIS) Data and the PIT Count

The HMIS System can pull data to complete PIT Count surveys for programs, but a special "Attendance" module must be used the night of the count in order to record attendance.

To set this up you must speak with the HMIS Program Manager as soon as possible. Open a ticket with the HMIS Team: Email: colorado.hmis@coloradocoalition.org

I will complete a special 5-10 minute training that will be included in the website by tomorrow that goes over this module in more detail based on an amazing PowerPoint created by Denny Wetmore. I'm not including it today just to save time.

Review of The Sheltered & Unsheltered PIT Count Survey Forms

We will review both survey forms for the Sheltered and Unsheltered counts.

2023 POINT IN TIME COUNT – SHELTERED COUNT SURVEY FORM

Jan 2023

Name of Housing Program:	County:
Interviewer:	Phone:
Email:	
Program Type: <input type="checkbox"/> Emergency Shelter (ES) <input type="checkbox"/> 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)
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"/> A gender other than singularly female or male* <input type="checkbox"/> Questioning	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> A gender other than singularly female or male* <input type="checkbox"/> Questioning	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> A gender other than singularly female or male* <input type="checkbox"/> Questioning	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> A gender other than singularly female or male* <input type="checkbox"/> Questioning	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> A gender other than singularly female or male* <input type="checkbox"/> Questioning
Age: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+	Age: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+	Age: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+	Age: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+	Age: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+
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	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 Latin(a), (o), (x): <input type="checkbox"/> Non-Hispanic/Non-Latin(a),(o),(x) <input type="checkbox"/> Hispanic/Latin(a),(o),(x)	Hispanic or Latin(a), (o), (x): <input type="checkbox"/> Non-Hispanic/Non-Latin(a),(o),(x) <input type="checkbox"/> Hispanic/Latin(a),(o),(x)	Hispanic or Latin(a), (o), (x): <input type="checkbox"/> Non-Hispanic/Non-Latin(a),(o),(x) <input type="checkbox"/> Hispanic/Latin(a),(o),(x)	Hispanic or Latin(a), (o), (x): <input type="checkbox"/> Non-Hispanic/Non-Latin(a),(o),(x) <input type="checkbox"/> Hispanic/Latin(a),(o),(x)	Hispanic or Latin(a), (o), (x): <input type="checkbox"/> Non-Hispanic/Non-Latin(a),(o),(x) <input type="checkbox"/> Hispanic/Latin(a),(o),(x)
Race: <input type="checkbox"/> American Indian, Alaska Native or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or Pacific Islander. <input type="checkbox"/> White <input type="checkbox"/> Multiple Races	Race: <input type="checkbox"/> American Indian, Alaska Native or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or Pacific Islander. <input type="checkbox"/> White <input type="checkbox"/> Multiple Races	Race: <input type="checkbox"/> American Indian, Alaska Native or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or Pacific Islander. <input type="checkbox"/> White <input type="checkbox"/> Multiple Races	Race: <input type="checkbox"/> American Indian, Alaska Native or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or Pacific Islander. <input type="checkbox"/> White <input type="checkbox"/> Multiple Races	Race: <input type="checkbox"/> American Indian, Alaska Native or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or 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	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 only 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 only 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 only 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 only 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 only 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

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

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

Sheltered Count Survey Form Overview

2023 POINT IN TIME COUNT – UNSHELTERED COUNT SURVEY FORM Jan 2023

***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 this week? Yes (Discontinue) No
- ➔ 2. Did you sleep outside or in any place not fit for human habitation on Tuesday Jan. 24th, 2023 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)
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"/> A gender other than singularly female or male* <input type="checkbox"/> Questioning	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> A gender other than singularly female or male* <input type="checkbox"/> Questioning	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> A gender other than singularly female or male* <input type="checkbox"/> Questioning	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> A gender other than singularly female or male* <input type="checkbox"/> Questioning	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> A gender other than singularly female or male* <input type="checkbox"/> Questioning
Age: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+	Age: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+	Age: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+	Age: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+	Age: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+
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 Latin(a), (o), (x): <input type="checkbox"/> Non-Hispanic/Non-Latin(a), (o), (x) <input type="checkbox"/> Hispanic/Latin(a), (o), (x)	Hispanic or Latin(a), (o), (x): <input type="checkbox"/> Non-Hispanic/Non-Latin(a), (o), (x) <input type="checkbox"/> Hispanic/Latin(a), (o), (x)	Hispanic or Latin(a), (o), (x): <input type="checkbox"/> Non-Hispanic/Non-Latin(a), (o), (x) <input type="checkbox"/> Hispanic/Latin(a), (o), (x)	Hispanic or Latin(a), (o), (x): <input type="checkbox"/> Non-Hispanic/Non-Latin(a), (o), (x) <input type="checkbox"/> Hispanic/Latin(a), (o), (x)	Hispanic or Latin(a), (o), (x): <input type="checkbox"/> Non-Hispanic/Non-Latin(a), (o), (x) <input type="checkbox"/> Hispanic/Latin(a), (o), (x)
Race: <input type="checkbox"/> American Indian, Alaska Native or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiple Races	Race: <input type="checkbox"/> American Indian, Alaska Native or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiple Races	Race: <input type="checkbox"/> American Indian, Alaska Native or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiple Races	Race: <input type="checkbox"/> American Indian, Alaska Native or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiple Races	Race: <input type="checkbox"/> American Indian, Alaska Native or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or 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	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 only 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 only 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 only 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 only 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 only 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

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

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

Unsheltered Count Survey Form Overview

First Section - Unsheltered & Sheltered Count Surveys

2023 POINT IN TIME COUNT – SHELTERED COUNT SURVEY FORM

Jan 2023

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

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

2023 POINT IN TIME COUNT – UNSHELTERED COUNT SURVEY FORM

Jan 2023

***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 this week? Yes <input type="checkbox"/> (Discontinue) No <input type="checkbox"/>	➔ Agency:	County:
➔ 2. Did you sleep outside or in any place not fit for human habitation on Tuesday Jan. 24 th , 2023 Yes <input type="checkbox"/> No <input type="checkbox"/> (Discontinue Survey)	➔ Program Name:	
➔ 3. Have you/your family been living in emergency shelters and/or on the streets continuously for a year or more? Yes <input type="checkbox"/> No <input type="checkbox"/>	➔ Interviewer:	
➔ 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 <input type="checkbox"/> 4 times or more <input type="checkbox"/>	➔ Email of Interviewer:	Phone:
➔ 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 <input type="checkbox"/> 12 months or more <input type="checkbox"/>		

Please note, The differences between the Sheltered Count and the Unsheltered Count lie in the top part of each survey as you can see from the images pulled from each survey above. The bottom half of both surveys contains the same de-identifying and demographic questions. In the next slides we'll go through each of the top sections of the Sheltered and Unsheltered Survey forms before diving into the demographic questions to make sure it's clear what information should be asked/entered by the surveyors for both survey types.

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.

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 and legibly**.
- 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, gender, etc.)
- We want to be sure to give every opportunity for complete data on the surveys.

We will discuss this further when breaking down the surveys.

First Up: Sheltered Count Survey Form - Top Part

2023 POINT IN TIME COUNT – SHELTERED COUNT SURVEY FORM

Jan 2023

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

Sheltered Survey Program Information

Name of Housing Program

- Name of the housing program/shelter where the person spent the night as reflected in the 2023 Housing Inventory. (E.g. Chaya House, Abraham Connection Winter Shelter, Elko Shelter, etc.)

Continued...

It's recommended that the volunteer 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 or people on the streets 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 might 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.

First Section - Unsheltered Count Survey

2023 POINT IN TIME COUNT – UNSHELTERED COUNT SURVEY FORM Jan 2023

***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 this week? Yes <input type="checkbox"/> (Discontinue) No <input type="checkbox"/>	→ Agency:		County:	
→ 2. Did you sleep outside or in any place not fit for human habitation on Tuesday Jan. 24 th , 2023 Yes <input type="checkbox"/> No <input type="checkbox"/> (Discontinue Survey)	→ Program Name:			
→ 3. Have you/your family been living in emergency shelters and/or on the streets continuously for a year or more? Yes <input type="checkbox"/> No <input type="checkbox"/>	→ Interviewer:			
→ 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 <input type="checkbox"/> 4 times or more <input type="checkbox"/>	→ Email of Interviewer:			
→ 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 <input type="checkbox"/> 12 months or more <input type="checkbox"/>		Phone:		

Adding this because the first section of the Unsheltered Count Survey is very similar to the Sheltered Count Survey with a few key questions that are different.

Unsheltered Survey Information

Agency

- This can be the agency coordinating the count, the group who is volunteering, the geographic area being covered, the group coordinating for the county, etc. It really depends on how the region is structuring the Unsheltered Count. This should help the PIT Coordinators understand where the Unsheltered Count took place.

County/Interviewer/Email/Phone

- The other contact information is requesting the same as the sheltered count survey so I won't go over it again.

Continued...

It's recommended that the Coordinators complete this information for surveyors and make copies with the appropriate name of the programs/groups/geographic areas to lessen confusion. For an Unsheltered Count this might be a geographic area like "Pikes Peak Encampment". It might also be "Cross Streets Main & First Montrose, CO" or "San Luis Valley Cold Weather Day Warming Center".

Left Box - Survey Questions

1. Have you already completed a Homeless Count Survey this week?

Yes (Discontinue) No

1. Did you sleep outside or in any place not fit for human habitation on Tuesday Jan. 24th, 2023 Yes No (Discontinue Survey)

Questions 3-5 ask the same questions that the Sheltered Count Survey asks, so we will not go over those again to save time.

Next Up: Demographic questions asked in both the Sheltered and Unsheltered Survey forms!

1 is attempting to reduce duplication of surveys and jog a persons memory to make sure they haven't already completed a survey. This is especially important if communities are completing surveys after the night of 1/24/2023 and moving more into Wednesday afternoon or later days.

2. Is attempting to understand if a person was experiencing unsheltered homelessness and following HUD's "literal homelessness" definition, which we went over at the beginning of the presentation.

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 Last Name:				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> A gender other than singularly female or male* <input type="checkbox"/> Questioning	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> A gender other than singularly female or male* <input type="checkbox"/> Questioning	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> A gender other than singularly female or male* <input type="checkbox"/> Questioning	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> A gender other than singularly female or male* <input type="checkbox"/> Questioning	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> A gender other than singularly female or male* <input type="checkbox"/> Questioning
Age: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+	Age: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+	Age: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+	Age: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+	Age: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+
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 Latin(a), (o), (x): <input type="checkbox"/> Non-Hispanic/Non-Latin(a),(o),(x) <input type="checkbox"/> Hispanic/Latin(a),(o),(x)	Hispanic or Latin(a), (o), (x): <input type="checkbox"/> Non-Hispanic/Non-Latin(a),(o),(x) <input type="checkbox"/> Hispanic/Latin(a),(o),(x)	Hispanic or Latin(a), (o), (x): <input type="checkbox"/> Non-Hispanic/Non-Latin(a),(o),(x) <input type="checkbox"/> Hispanic/Latin(a),(o),(x)	Hispanic or Latin(a), (o), (x): <input type="checkbox"/> Non-Hispanic/Non-Latin(a),(o),(x) <input type="checkbox"/> Hispanic/Latin(a),(o),(x)	Hispanic or Latin(a), (o), (x): <input type="checkbox"/> Non-Hispanic/Non-Latin(a),(o),(x) <input type="checkbox"/> Hispanic/Latin(a),(o),(x)
Race: <input type="checkbox"/> American Indian, Alaska Native or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or Pacific Islander. <input type="checkbox"/> White <input type="checkbox"/> Multiple Races	Race: <input type="checkbox"/> American Indian, Alaska Native or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or Pacific Islander. <input type="checkbox"/> White <input type="checkbox"/> Multiple Races	Race: <input type="checkbox"/> American Indian, Alaska Native or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or Pacific Islander. <input type="checkbox"/> White <input type="checkbox"/> Multiple Races	Race: <input type="checkbox"/> American Indian, Alaska Native or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or Pacific Islander. <input type="checkbox"/> White <input type="checkbox"/> Multiple Races	Race: <input type="checkbox"/> American Indian, Alaska Native or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or 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	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 only 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 only 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 only 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 only 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 only 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

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

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

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

Person #1 (you)	Person #2 (not you)
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:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> A gender other than singularly female or male* <input type="checkbox"/> Questioning	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> A gender other than singularly female or male* <input type="checkbox"/> Questioning
Age: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+	Age: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+
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
Hispanic or Latin(a), (o), (x): <input type="checkbox"/> Non-Hispanic/Non-Latin(a),(o),(x) <input type="checkbox"/> Hispanic/Latin(a),(o),(x)	Hispanic or Latin(a), (o), (x): <input type="checkbox"/> Non-Hispanic/Non-Latin(a),(o),(x) <input type="checkbox"/> Hispanic/Latin(a),(o),(x)
Race: <input type="checkbox"/> American Indian, Alaska Native or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or Pacific Islander. <input type="checkbox"/> White <input type="checkbox"/> Multiple Races	Race: <input type="checkbox"/> American Indian, Alaska Native or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or 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
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 <u>only</u> 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 <u>only</u> 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

*A gender other than singularly female or male (e.g., non-binary, genderfluid, etc.)
Note: Mark any refusals with an "R" – SURVE

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

- Make sure to use the box(es) to the right for any other household members with the Head of Household (HoH).
- There are 4 boxes for household members in addition to the head of household (HoH), "Person #1 (you)" or HoH, "Person #2 (not you)", etc."
- If there are more than four household members then use another survey, skip head of household, and make sure it's paired with the HoH survey.

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.)

Reminder that there are spaces for up to 5 persons on one survey form for the Sheltered Count. If you have more than 5 family members you can copy the same info in to the first part of the survey and start the second survey page with "Person #2 (not you)" to indicate they're a member of the household. Remember to keep those surveys together and indicate they are the same survey! Even marking with first three letters of the families last name and Page 1/Page 2 to help us track the pages if they get separated.

Head of Household

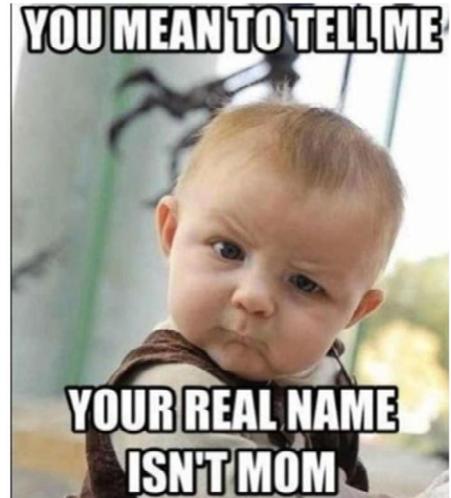
A family should include one adult or minor head of household. The surveyor will put that person's information in the "Person #1 (You)" box.



Name

“1st 3 Letters of First Name

1st 3 Letters of Last Name”



GENDER IDENTITY

2023's options for gender have stayed the same as 2022's.

"Gender:

- Male
- Female
- Transgender
- A gender other than singularly female or male...*
- Questioning

See bottom of the survey for remainder of option 4. *A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)

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.

- **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.
- **Non-binary** - is used to describe people who feel their gender cannot be defined within the margins of gender binary. (male/female)
- **Gender Fluid** - "...Genderfluid individuals have different gender identities at different times. A genderfluid individual's gender identity could be multiple genders at once and then switch to none at all, or move between single gender identities, or some other combination therein."
- **Agender** - "...Agender individuals find that they have no gender identity, although some define it more as having a gender identity that is neutral."

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.

Definitions obtained from the Human Rights Campaign - <https://www.hrc.org/resources/sexual-orientation-and-gender-identity-terminology-and-definitions> and the LGBT Foundation - <https://lgbt.foundation/who-we-help/trans-people/non-binary>

(Only read this, do not read each definition during presentation.)
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.

It is important to be inclusive in our language and have access to definitions in case people have questions about these terms.

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-binary.”

If there are further questions about Transgender or Gender non-binary identities, a quick explanation for people who have questions 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 25-35 35-44
 44-54 55-64 65+”

HUD has expanded these options in 2023 to include a greater range of ages.

Enter the 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.

Simply asking a person's age may be the simplest method of gathering this information. You may also need to use math based on a person's date of birth.



Ethnicity

HUD guidance allows for the following “Ethnicity” categories in PIT Surveys. There are no changes in 2023 from 2022.

“Ethnicity

- Non-Hispanic/Non-Latin(a)(o)(x)
- Hispanic/Latin(a)(o)(x)”

Hispanic/Latin(a)(o)(x) - HUD defines this as “A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latin(a),(o)(x).”

Not Hispanic or Latin(a),(o),(x) - HUD defines this as “A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.”

HUD directs people being surveyed to answer which ethnicity they identify with, closest to the provided categories.

Race

HUD guidance allows for the following “Race” categories in PIT Surveys. There are no changes in 2023 from 2022.

“Race:

- American Indian, Alaska Native or Indigenous
- Asian or Asian American
- Black, African-American or African
- Native Hawaiian or Pacific Islander
- White
- Multiple Races”

HUD directs people being surveyed to answer which race they identify with, closest to the provided categories.

These are HUD provided categories and there is work being done to change them in the future to better reflect cultural

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 they are “Black, African American or African” and “White.” For the PIT count, Jane is only included in the count of persons who are “multiple races” and is not included the count of persons who are “Black, African American or African” or “White.”

The Youth Supplemental Survey dives deeper in to identities and backgrounds.

Veteran Households

“Veteran: Yes No”

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

You check the box only for the household member who is a veteran.



The veteran may or may not be the “Head of Household”. Indicate this status for the appropriate household member.

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 only reported/known:)

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

Check off only Disabling Conditions the survey participants report being diagnosed with or experiencing. If you know of some conditions 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 and their understanding based on the relationship they have developed with the participant.

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."

Depending on time, either read through or ask that people refer to the presentation/pdf.

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.

Electronic Survey

Let's take some time to go through the PIT Electronic Survey. To save time I will go through the Unsheltered Count Survey only and complete a survey with fake information. However, here are the links for all surveys.

Unsheltered count survey

- Browser link: <https://arcg.is/1emnCz>
 - a. Brings you to a web browser you can use to complete surveys.
 - b. You must be connected to the internet to use this option.
- App Link: <https://survey123.arcgis.app?itemID=09763a2829234afea79b9cc2f50bd53b>
 - a. App link brings you to a page to download the app to your device. Microsoft, Apple, and Google compatible.
 - a. Offline mode available.



Sheltered count survey

- Browser link: <https://arcg.is/uKLru>
 - a. Brings you to a web browser you can use to complete surveys.
 - b. You must be connected to the internet to use this option.
- App link: <https://survey123.arcgis.app?itemID=aa2140bf59904d438e182ecb2f36d57b>
 - a. App link brings you to a page to download the app to your device. Microsoft, Apple, and Google compatible.
 - b. Offline mode available.



Unsheltered Counts - Observational Counts

Observation-only counts: produce a head count without verbal or physical interaction between people experiencing unsheltered homelessness and those conducting the PIT count. Thus, observation-based data collection activities must be conducted late at night, when it is reasonable to assume someone is experiencing unsheltered homelessness by virtue of the time and place they are located or sleeping. Typically, observation-only counts are conducted only on the night designated for the PIT count. (i.e., between the hours of 10pm on the night of the count and 6am the next morning), though HUD is providing some flexibility to count people in distinct geographies on consecutive nights if needed to reduce the number of volunteers needed to conduct the count.

HUD has stated that Observational Counts should be conducted without assumption of demographic information, so if you are participating in the observational count you would only be producing a head count based on observation of unsheltered spaces where people experiencing homelessness are living on the night of the count.

Counting on multiple nights would be allowed if there is advanced knowledge that the populations you're counting do not move between geographic locations regularly.

Unsheltered Counts - Observational Counts

To document surveys of observational counts, utilize unsheltered surveys for each individual or family being observed and Agency names like "Encampment 1", "Encampment 2", "3rd & Main Street Encampment", etc.

You must deduce the number of people and other information in the survey to the best of your ability. If you can see physical characteristics, provide them. Descriptors, clothing, etc. Observational counts are used just to gain a 'head count', so please avoid recording demographic traits like gender, race, etc. This can complicate things and unless you know for certain isn't advisable.

System of documentation for survey differentiation can include Obs1, Obs2, Obs3, etc. The information regarding the different geographic locations further assists with deduplication especially when the observational counts are done closest to 1/24 or in geographic areas not easily accessible. There is an electronic survey available for Observational Counts.

Rapid Rehousing (RRH) & Permanent Supportive Housing (PSH) Programs

Shawn will send you a separate email with the forms and directions to count the individuals in your programs if the data cannot be pulled directly from the Homeless Management Information System.

YOU DO NOT NEED TO DO ANY SURVEYS FOR YOUR PARTICIPANTS. We just need a count of the total number of people in your programs with a special breakdown for RRH participants.

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 2023.

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.

Also, Kippi Clausen with the Rural Collaborative for Homeless Youth have again been supporting regional coalitions to utilize the Youth Supplemental Survey and also conduct a separate Youth Unsheltered Count in some regions. She and Brittany 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 2023 BoS PIT Count, though we're all working in collaboration with each other!
2. The BoS 2023 PIT Sheltered Count Surveys 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 2023 Youth Supplemental Survey will be used by communities to better understand their regional youth homeless needs, but is not reported to HUD though it is vital to collect and understand youth homelessness in Colorado!
 - The completed report will be available on the [OHYS website](#), check out the website for past years reports.
4. The 2023 BoS PIT Sheltered Count data will be the only data reported to HUD in 2023.

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

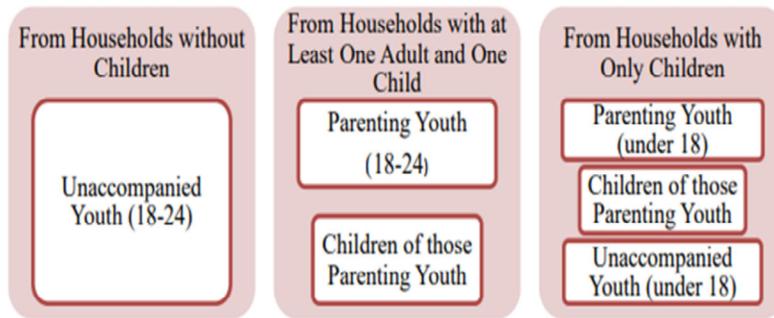
Further Clarification

5. The YSS should be completed for any unaccompanied youth between the ages of 11 to 24, whether they are experiencing unsheltered homelessness or a program participant in Emergency Shelter, Transitional Housing, Rapid Rehousing, or Permanent Supportive Housing.
 - Youth homelessness is different from adult homelessness. Youth are considered homeless if “Doubled Up” or “Couch Surfing” for instance. This means if they are staying on someone's couch, they should be surveyed.
 - If completing the YSS for someone in an RRH or PSH program, please complete both the Sheltered Count Survey form and the YSS Survey. This way all information on the Youth is collected.

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.

YSS 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:
1/25/1998

Just to be clear:

If born on 1/24/1998 or before: Don't use supplemental survey!
If born on 1/25/1998 or later: Use Youth Supplemental Survey!

The goal is to make sure you are not surveying someone with the youth supplemental survey who is 25 on 1/25=4, the night of the PIT Count.

**2023 Point in Time Count Youth Supplemental Survey (unaccompanied youth under 25)
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))		
2 In which county would you say you live in or spend most of your time?		
3 In which 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 on the night of MM/DD/YYYY?	<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 youth/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 serious problem, do you know a trusted adult 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

2023 Point in Time Count Youth Supplemental Survey (unaccompanied youth under 25)
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 (MMDD/YYYY))		
2	In which county would you say you live in or spend most of your time?		
3	In which 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 on the night of MM/DD/YYYY?	<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): _____	
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): _____	

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 deduplicate 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.

12	Have you ever been involved in the juvenile or criminal justice system for allegedly committing a crime?	<input type="radio"/> Juvenile Justice <input type="radio"/> Adult Criminal Justice <input type="radio"/> Both <input type="radio"/> No/Neither <input type="radio"/> Unsure	<input type="radio"/>
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="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/>
14	If yes, what relation are they to you?	<input type="radio"/> Own child <input type="radio"/> Sibling/other family <input type="radio"/> Significant other's child <input type="radio"/> Other (specify): _____	<input type="radio"/>
15	Are you currently enrolled in, registered at, or attending school?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/>
16	What was your last grade completed?	_____	<input type="radio"/>
17	Are you currently earning money?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/>
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): _____	<input type="radio"/>
19	If you had a serious problem, do you know a trusted adult that you could go to for help?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/>
20	If yes, select the person you are most likely to go to for help?	<input type="radio"/> Family <input type="radio"/> Friend <input type="radio"/> Caseworker/Agency Staff <input type="radio"/> School Staff(Teacher) <input type="radio"/> Another Option (Please specify): _____	<input type="radio"/>
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"/> Can't find a job <input type="checkbox"/> No Money <input type="checkbox"/> Age <input type="checkbox"/> Background Check <input type="checkbox"/> Citizenship <input type="checkbox"/> Did not have 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: _____	<input type="radio"/>

Youth Supplemental Survey - Electronic Survey

Complete the Youth Supplemental Survey electronically!

Follow this link to the simple survey monkey:

<https://www.surveymonkey.com/r/58XVKVZ>



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.

Date for turning in Surveys:

- **Surveyors** should turn in surveys to the **PIT Coordinator/Lead** on the same day they complete surveys or by Wednesday 2/1/2023.
- **PIT Coordinators/Leads** should compile the surveys by program, add cover sheets, and submit them to Shawn Hayes by Friday 2/10/2023.
- If there is an issue with that timeline reach out to Shawn with questions!

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

- [2023 Point-in-Time Count Levels of Engagement.docx](#) - A document that outlines possible engagement levels to help busy people know time commitments they can make to participate if they don't have a lot of time.
- [2023 PIT Count Fact Sheet - Surveyors - Sheltered and Unsheltered Count.docx](#) - A fact sheet that gives an overview of the count and surveyor responsibilities.
- [2023 PIT Sheltered Form - CO BoS CoC.pdf](#) (Paper Form) - The 2023 PIT Sheltered Count Survey Form, which should NOT be altered in any way
 - [2023 PIT Sheltered Form](#) - Electronic Survey Link -
 - [Sheltered Cover Sheet -2023.docx](#) - Coversheet for the Sheltered Count forms to be completed for each program.
- [2023 PIT Unsheltered Form - CO BoS CoC.pdf](#) (Paper Form) - The 2023 PIT Unsheltered 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.
 - [2023 PIT Unsheltered Survey Form](#) - Electronic Survey Link
 - [Unsheltered Cover Sheet -2023.docx](#) - Coversheet for the Unsheltered Count forms to be completed for each program.
- [Script for the 2023 PIT Sheltered and Unsheltered Surveys.pdf](#) - The Instructions and Script for Surveyors to utilize during the count.
- [PIT - SFY23 - Youth Supplemental Survey Questions.pdf](#) - 2023 Youth Supplemental Survey for those communities participating in the Youth Supplemental Count.
- [BoS CoC PIT 2023 Surveyor Training PPTX.pptx](#) - PowerPoint of this Surveyor Training – With Notes!
- [BoS CoC PIT 2023 Surveyor Training PDF.pdf](#) – PDF of this Surveyor Training – With Notes!

May add a few more documents before sending PDF.

Contact Information

For questions about the 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

Email: shayes@coloradocoalition.org (Best Way to reach me!)

Phone: 303-312-9651

Web: www.coloradocoalition.org/COBoSCoC

PIT Count Specific:

www.coloradocoalition.org/BoSCoCPITHIC

For questions about the Youth Supplemental Survey:

Brittany Wade
Division of Housing (DOH)
Department of Local Local Affairs (DOLA)
Office of Homeless Initiatives (OHI)
Office of Homeless Youth Services (OHYS)

Email: brittany.wade@state.co.us

Website:

<https://www.colorado.gov/pacific/dola/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

Additional Resource Information

Local Emergency Managers

The following is a list of County-level emergency management websites, telephone (office and 24 hour), emails and sms/text alert systems in Colorado.

To best stay informed before, during and after a disaster you are encouraged to monitor a number of information sources, including systems such as local emergency services websites, warning sirens, SMS or text alert systems, local/national media outlets, and local government sources.

<https://www.colorado.gov/pacific/dhsem/local-emergency-managers>

Find your local public health agency

Public health agencies provide a variety of services, ranging from Community and Behavioral Health to Environmental Quality.

They can also assist communities in following best practices when conducting PIT Counts.

<https://cdphe.colorado.gov/public-information/find-your-local-public-health-agency>

Katie Note: Added sections from the website you shared

End of Presentation - Questions?

