**A logo with text overlay

Description automatically generatedUnsheltered Point-in-Time Count Survey 2024**

**This survey should be used when you are able to speak with the identified unsheltered person during either the overnight street/known location count associated with the semi-annual PIT count OR the service-based post-PIT count.**

**NAME OF PERSON COMPLETING THIS FORM:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EXACT TIME OF CONTACT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXACT LOCATION** *(e.g. east side of Main St. between Broadway and 1st; on bench in SW corner of Central Park):*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOES THE INDIVIDUAL (FAMILY) CONSENT TO SURVEY?** Check one:  Yes  No (refused – use Observation Form)

Did you use the after-hour plan to try and connect the person to emergency shelter services?  yes  no

Did you provide information on how to access the Coordinated Entry System?  yes  no

1. **WHERE DID YOU SLEEP ON WEDNESDAY NIGHT? CHECK ONE:**

Street or sidewalk  Park

Vehicle (car, trailer, camper)  Abandoned building

Bus/train station or airport  Under bridge/overpass

Commercial establishment (e.g. Walmart, laundromat, gas station)  Woods or outdoor encampment

Other: (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*IF NONE OF THE ABOVE, PLEASE ASK OPTIONS BELOW. IF “YES” TO THE ITEMS BELOW, STOP THE INTERVIEW.*

Emergency Shelter – facility or voucher (includes youth and domestic violence)

Transitional Housing – apartment or scattered site

Motel/Hotel – paid by self or others

House or apartment – renting, owning, or staying with friends/family

Hospital, jail, or treatment program

1. **DID ANOTHER VOLUNTEER ALREADY ASK YOU ABOUT WHERE YOU STAYED WEDNESDAY NIGHT?**

No  Yes\* \***If YES, STOP the interview**.

1. **DEMOGRAPHICS**

*Please enter as much information as the person is comfortable with providing. Name and DOB are used only to de-duplicate survey results and will not be reported.*

* **First Name** (if individual is unwilling to provide, attempt to collect 1st letter of 1st name):
* **First letter of Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Birth (DOB):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Age:**  Under 18  18-24  25 -34  35-44  45-54  55-64

65 and older

* **Gender:**  Woman (girl, if child)  Man (boy, if child)  Culturally Specific Identity (e.g., Two-Spirit)  Transgender  Non-Binary Questioning  Different Identity  More Than One Gender *(see next page)*
* If person identifies as having more than one gender, please select which genders should also be included:
  + ☐ Includes Woman (Girl if child)
  + ☐ Includes Man (Boy if child)
  + ☐ Includes Culturally Specific Identity (e.g., Two-Spirit)
  + ☐ Includes Transgender
  + ☐ Includes Non-Binary
  + ☐ Includes Questioning
  + ☐ Includes Different Identity

**Race/Ethnicity:**

American Indian, Alaska Native, or Indigenous

American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o

Asian or Asian American

Asian or Asian American & Hispanic/Latina/e/o

Black, African American, or African

Black, African American, or African & Hispanic/Latina/e/o

Hispanic/Latina/e/o

Middle Eastern or North African

Middle Eastern or North African & Hispanic/Latina/e/o

Native Hawaiian or Pacific Islander

Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o

White

White & Hispanic/Latina/e/o

Multi-Racial & Hispanic/Latina/e/o

Multi-Racial (not Hispanic/Latina/e/o)

* Total number of people in household: \_\_\_\_\_\_\_\_\_ # Adults \_\_\_\_ # Children (under 18) \_\_\_\_
* Is this a: 🞏 Household with children 🞏 Household with no children 🞏 Household with only children

**\*COMPLETE A SEPARATE SURVEY FOR ALL ADULTS IN HOUSEHOLD (18+ OR UNACCOMPANIED YOUTH) & SUBMIT TOGETHER.**

**ADDITIONAL INFORMATION (Encouraged, but Not Required)**

* Have you ever served on active duty in the Armed Forces of the US? 🞏 Yes 🞏 No
* Are you fleeing or attempting to flee domestic violence, dating violence, or stalking? 🞏 Yes 🞏 No

Within the past 3 months  3-6 Months ago  6 months to 1 year ago  1 year ago, or more

* Have you ever been in the foster care system? 🞏 Yes 🞏 No
* Is this the first time you’ve been homeless? 🞏 Yes 🞏 No
* How long have you been homeless? 🞏 Less than one year 🞏 One year or more
* How long have you been homeless this time? Check one:

🞏 1 day or less 🞏 2 days – 1 week

🞏 more than 1 week – less than 1 month 🞏 1 – 3 months

🞏 more than 3 months – less than 1 year 🞏 1 year or more

* Including this time, how many separate times have you stayed in shelters or on the streets in the past three years (since Jan. 2021)? 🞏 4 or more times 🞏 Less than 4 times
* How long did you stay in each of those shelters or the streets (could be days, weeks, months, etc.)?

(1) \_\_\_\_\_\_\_\_\_\_\_\_ (2) \_\_\_\_\_\_\_\_\_\_\_\_ (3) \_\_\_\_\_\_\_\_\_\_\_\_ (4) \_\_\_\_\_\_\_\_\_\_\_\_

* Do you have, or have you ever been diagnosed with, any of the following? *Check all that apply*:

🞏 Ongoing health problems or medical conditions such as diabetes, cancer, or health disease

🞏 Physical disability

🞏 Psychiatric or emotional conditions such as depression or schizophrenia

🞏 PTSD (Post Traumatic Stress Disorder)

🞏 Substance Abuse Disorder (alcohol, drug, or both)

🞏 Traumatic brain or head injury

🞏 AIDS or HIV-related illness

🞏 Don’t know/refused

🞏 None of the above

* Have you ever received special education services for more than 6 months?

🞏 Yes 🞏 No 🞏 Don’t know/refused

* Do you receive any disability benefits such Social Security Income (SSI), Social Security Disability Income (SSDI), or Veteran’s Disability Benefits? 🞏 Yes 🞏 No 🞏 Don’t know/refused

**\*IF THE PERSON HAS A DISABILITY, IS CURRENTLY HOMELESS, AND HAS BEEN HOMELESS FOR AT LEAST 1 YEAR OR 4 SEPARATE TIMES THAT TOTAL 1 YEAR, THE PERSON MAY MEET THE CHRONIC HOMELESS DEFINITION.**

**Chronic Homeless:** Does individual/family meet the chronic homeless definition? 🞏 **YES** 🞏 **NO**

Any other information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDITIONAL INFORMATION (OPTIONAL)**

1. How many times in the last 12 months have you used the emergency room? \_\_\_\_\_\_\_\_\_
2. How many times in the last 12 months have you spent the night in jail or prison? \_\_\_\_\_\_\_\_\_
3. How many times in the last 12 months have you spent the night in a motel/hotel paid for by an organization or agency (i.e. American Red Cross, School District, Police Department, other non-profit)? \_\_\_\_\_\_\_\_ \_
4. Do you have income? 🞏 Yes 🞏 No

Check all that apply:

🞏 Alimony 🞏 child support 🞏 earned income 🞏 pension 🞏 retirement income

🞏 SSDI 🞏 SSI 🞏 TANF 🞏 Unemployment 🞏 Worker Comp

🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you receive food stamps? 🞏 Yes 🞏 No

Do you receive WIC? 🞏 Yes 🞏 No

Do you receive TANF (child care)? 🞏 Yes 🞏 No

Do you receive TANF (transportation)? 🞏 Yes 🞏 No

1. What type of health insurance do you have? Check all that apply:

🞏 Medicaid 🞏 Medicare 🞏 Badgercare 🞏 None 🞏 Other? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_