**Unsheltered 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.**

**INSTRUCTIONS**

**NAME OF PERSON COMPLETING THIS FORM:** THIS IS IMPORTANT FOR THE PIT LEAD \_\_

**DATE:** DATE THE SURVEY WAS DONE **EXACT TIME OF CONTACT:** TIME THE SURVEY WAS COMPLETED

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

BE DESCRIPTIVE AS TO WHERE THE PERSON WAS DURING THE SURVEY, THIS IS USED FOR DE-DUPLICATION.

**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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNSHELTERED PERSONS MUST HAVE *“A PRIMARY NIGHTTIME RESIDENCE THAT IS A PUBLIC OR PRIVATE PLACE NOT DESIGNED FOR OR ORDINARILY USED AS A REGULAR SLEEPING ACCOMMODATION FOR HUMANS, INCLUDING A CAR, PARK, ABANDONED BUILDING, BUS/TRAIN STATION, AIRPORT, OR CAMPING GROUND.”* YOU CANNOT ASK PEOPLE TO PROJECT WHERE THEY MIGHT SLEEP; THEY CAN ONLY SAY WHERE THEY ARE CURRENTLY STAYING OR WHERE THEY DID SLEEP.

\*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 THESE ARE IMPORTANT FOR THE PIT DATA COLLECTION PROCESS**

*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

* 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) \_\_\_\_\_\_

In the first line, please indicate the total people reported to be in the household (living together).

In the #Adults, please indicate the total number of people in that household that are age 18 and more.

In the #children, please indicate the total number of people in that household that are under the age of 18.

* Is this a: 🞏 Household with children 🞏 Household with no children 🞏 Household with only children

A household with children must include at least 1 adult (over 18) and 1 child (under 18).

A household with no children can include multiple adults, but no one under the age of 18.

A household with only children includes only youth under the age of 18.

\*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

HUD requires that “Yes” is limited to those currently experiencing homelessness because they are fleeing domestic violence, dating violence, sexual assault, or stalking. Do not mark “Yes” if the person has experienced this in the past but is not currently experiencing it.

* 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

This can only include time spent staying in shelters and/or on the streets, but can include multiple times in each.

* How long have you been homeless this time? Check one:

This can only include time spent staying in shelters and/or on the streets, but can include multiple times in each.

[ ]  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

This can only include shelter stays and/or on the streets and must be different episodes*.*

* How long did you stay in each of those shelters or the streets (could be days, weeks, months, etc.)?

 To meet the CH def. this total must be >12 mo.

 (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)**

THESE QUESTIONS ARE COMPLETELY OPTIONAL FOR YOUR COMMUNITY TO USE OR ASK.

1. How many times in the last 12 months have you used the emergency room? \_\_\_\_\_\_\_\_\_
2. How many times in the last 12 months 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

🞏 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_