

County: _____

Form #: COC-115

Missouri Balance of State Continuum of Care Unsheltered Point-in-Time Count Form

Instructions: Complete this form for each unsheltered homeless individual or family unit identified on this date:
July 28, 2010
County Leader Name: _____ Phone: _____ Email: _____
PITC Leaders should fax completed forms to MHDC at: 816.759.6638

***If any information is unknown, please leave the question blank**

Name of Agency: _____ Contact Person: _____

Telephone: () _____

1. Is this household: A single individual OR Part of a family unit -- Number of Adults _____
Number of Children _____

2. Please use a number to mark the number of persons that identify themselves as:

Children: Black or African American _____ White _____ Two or more races _____ American Indian or Alaskan Native _____ Asian _____
Native Hawaiian or Other Pacific Islander _____ Other race (Mulatto, Creole, Mestizo) _____

Adults: Black or African American _____ White _____ Two or more races _____ American Indian or Alaskan Native _____ Asian _____
Native Hawaiian or Other Pacific Islander _____ Other race (Mulatto, Creole, Mestizo) _____

In addition to indicating racial category, mark the number of persons who are of Hispanic origin: Adults _____ Children _____

3. What are the first three letters of the head of household's last name? _____

4. Please identify the gender and year of birth for every member of the household in the following format, i.e. F-1982:
(F= Female, M= Male, T= Transgendered)

a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____ h. _____ i. _____ j. _____

5. Where was this unsheltered homeless individual or family living on July 28, 2010?

Car Street Abandoned Building Park Campground Doubled-Up
 Other (explain): _____

6. How long has the individual or family been homeless? Less than one year One year or more

7. How many times has the individual/family been homeless during the last three years? One to three times Four or more times

8. What factors contributed to the household being homeless? (check all that apply)

Loss of income Eviction/foreclosure Mental Illness Substance Abuse
 Lack of income Kicked out of house Divorce Stranded/transient
 Domestic Violence Past incarceration Other (explain): _____

9. Has anyone in the household ever been told by a professional that they have one of the following? (check all that apply)

Physical disability Alcohol/Substance Abuse Mental illness HIV/AIDS
 Other (explain): _____

10. Has the head of household ever served in the Military? Yes No

Has any other member of the household served in the Military? Yes No If Yes, how many? _____

Additional Comments/Unique Identifiers? _____

Please mark the method in which this survey was completed: Face-to-face interview Observation/person refused survey

Were you able to provide social or housing services to this household? Yes No