

Unsheltered Point-In-Time Count Survey Instructions

County: _____ *In this section, please list the County in which the count is taking place

Name of Agency: *Enter the name of the agency that is completing that specific survey

Contact Person: *Enter the name of the person that is completing that specific survey

Telephone: *Enter the phone number of the person that is completing the survey

1. Is this household: A single individual or a Part of a family unit:

*Enter a mark in the appropriate box for individual or family; If family, enter the # of adults and children

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

*The first part is to identify the number of children in the household that identify with each race.

*The second part is to identify the number of adults in the household that identify with each race.

*Please use numbers and not tally marks in each space used; if there are vacant choices please add zero or leave blank.

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

*This will be used to help avoid duplication in counting the same individual or family more than once. Please enter the first three letters of their last name. If you cannot enter this information, be sure to provide descriptive items and other comments in the "Additional Comments/Unique Identifiers" section at the bottom of the survey.

4. Please identify the gender and year of birth for every member of the household in the following format: F-1982

*This will be used to identify the ages of individuals in the family. F=Female, M=Male, T=Transgendered

If a Male was born in 1970, you would mark "M-1970" in the space provided.

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

*Please mark the appropriate box. If they were staying with friends or family, this is considered "doubled-up".

6. How long has the individual or family been homeless?

*Please mark the appropriate box. This will help in determining if they are chronically homeless.

7. How many times has the individual/family been homeless during the last three years?

*Please mark the appropriate box. This will help in determining if they are chronically homeless.

8. What factors contributed to the household being homeless?

*Please mark the appropriate box; mark all that apply.

*Please note- "incarceration" refers to serving time in jail or prison.

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

*Please mark the appropriate box; mark all that apply.

10. Has the head of household served in the Military? Has any other member of the household served in the Military?

If Yes how many?

*Please mark the appropriate answer and note any additional members of the household that have served in the Military.

Additional Comments/Unique Identifiers?

*Please be sure to include any unique identifiers to help avoid duplication. If they give any statements, you can write them in this section.

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

*Please mark the appropriate box. If you did not ask the questions directly to the individual or family, mark the observation box.

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

*Please mark the appropriate box.