

2019 Community Point-In-Time Survey – Night of Sun. 27/Mon. 28 January 2019

Survey location:

Head of Household's First Name: _____ Last Name: _____
 Date of Birth (mm/dd/yyyy): _____ Client doesn't know Client refused Age: _____
 Social Security - Last 4 digits Only# _____ Client doesn't know Client refused
 Gender: _____

Are you a Veteran? Have you Served/Serving in the U.S. Military?

Ethnicity

Race – check all that apply, but at least one:

American Indian or Alaska Native Asian Black or African American Client refused
 Native Hawaiian or Other Pacific Islander White Client doesn't know Other (specify)

Zip code of Last Permanent Address – not an Emergency Shelter (where you last lived for 90 days or more):

City: _____ County: _____ State: _____ Zip Code: _____
 Client doesn't know Client refused

Where did you stay last night (Sunday January 28th) – **Check Only One** and list the name of the program/organization

<i>Literally Homeless</i>		<i>Name of Program</i>	
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)		<input type="checkbox"/> Hotel or motel paid for with emergency shelter voucher or by church. <i>Who paid?</i>	
<input type="checkbox"/> Emergency shelter			
<i>Institutional Situation</i>		<i>Name of Program</i>	
<input type="checkbox"/> Foster care home or foster care group home		<input type="checkbox"/> Long-term care facility or nursing home	
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility		<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	
<input type="checkbox"/> Jail, prison, or juvenile detention facility		<input type="checkbox"/> Substance abuse treatment facility or detox center	
<i>Transitional & Permanent Housing Situation</i>		<i>Name of Program</i>	
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher		<input type="checkbox"/> Rental by client, with other ongoing housing subsidy	
<input type="checkbox"/> Owned by client, no ongoing housing subsidy		<input type="checkbox"/> Residential project or halfway house with no homeless criteria	
<input type="checkbox"/> Owned by client, with ongoing housing subsidy		<input type="checkbox"/> Staying or living in a family member's room, apartment, or house <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as: CoC project; HUD legacy programs; or HOPWA PH)		<input type="checkbox"/> Staying or living in a friend's room, apartment, or house <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	
<input type="checkbox"/> Rental by client, no ongoing housing subsidy		<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	
<input type="checkbox"/> Rental by client, with RRH or equivalent subsidy		<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Rental by client, with VASH subsidy		<input type="checkbox"/> Client refused	
<input type="checkbox"/> Rental by client, with GPD TIP subsidy			

How long have you stayed at the place you listed above? (where you stayed last night)

Are you being asked to leave in 14 days or less? Yes No

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ANSWER NEXT QUESTION ONLY IF:

- Your Type of Residence (checked above) is Institutional Situation and your Length of Stay is less than 90 days... OR
- Your Type of Residence (checked above) is Transitional & Permanent Supportive Housing Situation and your Length of Stay is less than 7 days...

On the night before this situation, did you stay on the streets or in an Emergency Shelter?	Yes	No
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ANSWER NEXT QUESTIONS ONLY IF:

- Your Type of Residence is Literally Homeless... OR
- You answered Yes to the previous question...

Approximate date homelessness started?	
Regardless of where you stayed last night – Total <u>number of times</u> the client has been homeless on the streets, in Emergency Shelter, or Safe Haven in the past three years including today?	<input type="checkbox"/> One Time <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Total <u>number of months homeless</u> on the streets, in Emergency Shelter, or Safe Haven in the past three years?	<input type="checkbox"/> One month (this is the first time) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> More than 12 <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

Do you have any of the following conditions?

- Physical disability Development disability Chronic health condition HIV/AIDS Mental illness
 PTSD/TBI Bipolar Alcohol or drug abuse None Client Doesn't Know Client Refused

Do any of the conditions above keep you from holding a job or living in stable housing?

- Yes No Client doesn't know Client refused

If yes, which ones?

- Physical disability Development disability Chronic health condition HIV/AIDS Mental illness
 PTSD/TBI Bipolar Alcohol or drug abuse

In the past month, have you or anyone in your household received any income?

- Yes, from work Yes, from SSI/SSDI Yes, from other No

Have you ever been physically, emotionally, or sexually abused by a relative or another person you have stayed with (such as a spouse, partner, brother or sister, or parent)?

Yes No Client doesn't know Client refused

If yes, are you currently fleeing?

- Yes No Client doesn't know Client refused

Have you taken the Housing Survey (VI-SPDAT)?

- Yes No

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Head of Household's Name _____

OTHER FAMILY MEMBER INFORMATION: For the night of Sun. 27/Mon. 28 January 2019, list family members who are/were with you. Do NOT list yourself.

Person #2 (not you)	Person #3 (not you)	Person #4 (not you)	Person #5 (not you)	Person #6 (not you)
First Name:	First Name:	First Name:	First Name:	First Name:
Last Name:	Last Name:	Last Name:	Last Name:	Last Name:
Date of Birth (mm/dd/yyyy):	Date of Birth (mm/dd/yyyy):	Date of Birth (mm/dd/yyyy):	Date of Birth (mm/dd/yyyy):	Date of Birth (mm/dd/yyyy):
Last four SSN: <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	Last four SSN: <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	Last four SSN: <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	Last four SSN: <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	Last four SSN: <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Gender:	Gender:	Gender:	Gender:	Gender:
If 18 or over; served/serving U.S. Military?	If 18 or over; served/serving U.S. Military?	If 18 or over; served/serving U.S. Military?	If 18 or over; served/serving U.S. Military?	If 18 or over; served/serving U.S. Military?
Ethnicity: <input type="checkbox"/> Non-Hispanic/Latino	Ethnicity: <input type="checkbox"/> Non-Hispanic/Latino	Ethnicity: <input type="checkbox"/> Non-Hispanic/Latino	Ethnicity: <input type="checkbox"/> Non-Hispanic/Latino	Ethnicity: <input type="checkbox"/> Non-Hispanic/Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Relationship to you:	Relationship to you:	Relationship to you:	Relationship to you:	Relationship to you:
Check all that apply: <input type="checkbox"/> Physical Disability <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Health <input type="checkbox"/> PTSD/TBI <input type="checkbox"/> Bipolar <input type="checkbox"/> Alcohol or Drug Abuse <input type="checkbox"/> Domestic Violence <input type="checkbox"/> None <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	Check all that apply: <input type="checkbox"/> Physical Disability <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Health <input type="checkbox"/> PTSD/TBI <input type="checkbox"/> Bipolar <input type="checkbox"/> Alcohol or Drug Abuse <input type="checkbox"/> Domestic Violence <input type="checkbox"/> None <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	Check all that apply: <input type="checkbox"/> Physical Disability <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Health <input type="checkbox"/> PTSD/TBI <input type="checkbox"/> Bipolar <input type="checkbox"/> Alcohol or Drug Abuse <input type="checkbox"/> Domestic Violence <input type="checkbox"/> None <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	Check all that apply: <input type="checkbox"/> Physical Disability <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Health <input type="checkbox"/> PTSD/TBI <input type="checkbox"/> Bipolar <input type="checkbox"/> Alcohol or Drug Abuse <input type="checkbox"/> Domestic Violence <input type="checkbox"/> None <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	Check all that apply: <input type="checkbox"/> Physical Disability <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Health <input type="checkbox"/> PTSD/TBI <input type="checkbox"/> Bipolar <input type="checkbox"/> Alcohol or Drug Abuse <input type="checkbox"/> Domestic Violence <input type="checkbox"/> None <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

Youth-Only Household Survey on reverse side →

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Youth Supplemental Survey (unaccompanied youth under 25) (1/31/1994)

YOUTH SHOULD COMPLETE BOTH THE PIT SURVEY AND THE YOUTH SUPPLEMENTAL SURVEY:

Question	Answer Options	Prefer Not to Say
Unique Identifier from PIT (first 3 letters of first name, first 3 letters of last name, DOB (MMDDYYYY) and last four of SSN)		
In which County/City would you say you live?		
In which County/City was your last stable housing?		
At what age did you first experience homelessness?		
Have you ever experienced homelessness while living with your parents or other legal guardian?		
How would you describe your gender identity?	Different Identity (specify):	
How would you describe your sexual orientation?	Other (specify):	
Where did you sleep last night?	If a housing program, name: Other (specify):	
Which things do you feel you have regular ongoing access to:	Food Water Warmth Companionship	
Have you ever been in foster care, like in an out-of-home placement, placed with another family as a result of child welfare, residential child care facility, or a group home?		
If yes, please select the option that best describes how you left care.	Other (specify):	
Have you ever been involved in the juvenile or criminal justice system for allegedly committing a crime?		
Are you currently responsible for any children under the age of 18 (select yes if you are currently pregnant or expecting a child)		
If yes, what relation are they to you?	Other (specify):	
Are you currently enrolled in school?		
What was your last grade completed?		
Are you currently earning money?		
What is your current income source? (Select all that apply)	Public assistance/unearned Work/Job Panhandling Sex Trade Drug Trade Other (specify):	
If you had a serious problem, do you know a trusted adult that you could go to for help?		
If yes, select the person you are most likely to go to for help?	Other (specify):	
In the past year, what issues have you faced in trying to access housing/services? (Select all that apply)	Lack of affordable housing Can't find a job No money Background Check Citizenship Did not have vital docs Lack of transportation Age Language barrier Substance Use Mental Health Because of a Disability Asked me to leave program Missed Appointments Discriminated against Did not know where to go for help Currently on a waitlist Did not qualify for help I did not have any issues accessing services Other (specify):	