Point-In-Time Shelter Count	
NAME OF SHELTER:	

Name			
Date of Birth / /	If the individual refuses full DOB, request birth year. If the individual will not give birth year, ask for age range (under 18, 18-64, 65+)		
Social Security Number	If the individual refuses full social security number, request the last four digits. If the individual will not provide, leave blank.		
A		12.16	NATIONAL CONTRACTOR AND
Are you a member of someone else's household? If yes, whose? (Please staple sheets together)		ar II	What is your relationship to the other person?
Which gender do you identify	with? (Circle One)	)	
	er Female to Male		gender Male to Female
Which of the following best r	epresents how you	ı think o	•
□ Straight			□ Gay or Lesbian
□ Bisexual			□ Something else
☐ I don't know/questioning	that apply)		
What is your Race? (Select all  ☐ American Indian or Alaskan		□ Asia	n
☐ Black or African American	ivative		ive Hawaiian or Pacific Islander
□ White			n't know/Refused
□ Other:			T C KNOW/ NCTUSEU
Are you Hispanic or Latino? (	Circle One) Are	e you a v	eteran? OR Have you served in the United States
Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast			
Yes No Don't know Refused Guard)? (Circle One)			
	Yes		
		ave you experienced homelessness this time? (Only e in shelters/street)	
The state of the s	homelessness? include time in shelters/street)		
Yes No Don't know	Refused		
(If not first time homeless) Inc	luding this time, he	ow many	separate times have you stayed in shelters or on the
street in the past four years?	(Important info if c	client is u	nsure: more or less than 4 times?)
In total, how long did you sta	v in shelters or on	the stree	ets during those times?
in total, non long and you sta	, o		
Have you had any of the follo	wing experiences?	?	
☐ Been assaulted since becoming homeless?			
□ Domestic violence? (if yes, ask the questions below)			
□ Violence from an intimate partner?			
□ Violence from a family member?			
☐ Did domestic violence contribute to current homelessness?			
☐ Had any interaction with the police in the past six months? (if Yes, How many times?)			
□ Been arrested in the past year? (if yes, how many times?			

PIT-Sheltered 12/2014

Do yo	ou have	e any issues wit	h substance?	Do you have any mental health concerns?
Yes	No	Don't Know	Refused	Yes No Don't Know Refused
Do you have a physical disability?		ability?	Do you have HIV? (Surveyor, make sure no one can	
Yes	No	Don't Know	Refused	hear this question and keep the answer confidential)  Yes No Don't Know Refused
Do you have any ongoing health problems or medical conditions such as diabetes, cancer, heart disease?				
Yes	No	Don't Know	Refused	
Do you have a developmental disability, such as learning disability, dyslexia, autism?				
Yes	es No Don't Know Refused			
Do you receive any disability benefits such as Social Security Income, Social Security Disability Income, or				
Veteran's Disability Benefits?				
Yes	No	Don't Know	Refused	

Surveyor, is client chronic based on responses?  $\hfill\Box$ 

Point-In-Time Unsheltered Count	
Survey location	

C	:!:+	ab 40 10 10 00 0 0 0	on responses?
SHEVENOR	is chent	Chronic nasen	on recooncect

Do you have a place to sleep tonight?		
1. Street or sidewalk	7. Woods or outdoor encampment	
2. Vehicle (car, van, RV, truck)	8. Emergency shelter	
3. Park	9. Transitional Housing	
4. Abandoned building	10. Motel/hotel	
5. Bus, train station, airport	11. House or apartment	
6. Under bridge/overpass	12. Jail, hospital, treatment program	
	13. Other location (specify)	
Name	SSN (at least last 4 digit)	
Are you a member of someone else's	What is your relationship to the other person?	
household? If yes, whose? (Please staple sheets		
together)		
<b>Date of Birth</b> If the individual refuses full DOB, request birth year. If the individual will not give birth year, ask for	Which gender do you identify with? (Circle One)	
age range (under 18, 18-64, 65+)	Male Female Transgender F to M Transgender M to F	
Which of the following best represents how	Are you a veteran? OR	
you think of yourself?	Have you served in the United States Armed Forces (Army,	
□ Straight	Navy, Air Force, Marine Corps, or Coast Guard)? (Circle One)	
☐ Gay or Lesbian		
□ Bisexual	Yes No Don't know Refused	
□ Something else		
☐ I don't know/questioning		
What is your Race? (Select all that apply)		
☐ American Indian or Alaskan Native	□ Asian	
☐ Black or African American	□ Native Hawaiian or Pacific Islander	
□ White	□ Don't know/Refused	
□ Other:		
Are you Hispanic or Latino? (Circle One)	Have you experienced domestic violence in the past year?	
Yes No Don't know Refused	V N D // D C I	
	Yes No Don't know Refused	
Is this the first time you've experienced	How long have you experienced homelessness this time?	
homeless?	(Only include time in shelters/street)	
Yes No Don't know Refused		
(If not first time homeless) Including this time, how many separate times have you stayed in shelters or on the		
street in the past four years? (Important info if cl	ient is unsure: more or less than 4 times?)	
In total, how long did you stay in shelters or on t	he streets during those times?	

Have you had any of the following experiences?		
☐ Been assaulted since becoming homeless?		
☐ Violence from an intimate partner?		
☐ Violence from a family member		
☐ Did domestic violence contribute to current hom	nelessness?	
☐ Had any interaction with the police in the past si	ix months? (if Yes. How many times?	
☐ Been arrested in the past year? (if yes, how man		
Do you have any issues with substance?	Do you have any mental health concerns?	
Jo you have any issues than substance.	20 you have any meman near the contents.	
Yes No Don't Know Refused	Yes No Don't Know Refused	
Do you have a physical disability?	Do you have HIV? (Surveyor, make sure no one can hear this	
and the second of the second o	question and keep the answer confidential)	
Yes No Don't Know Refused	Yes No Don't Know Refused	
	dical conditions such as diabetes, cancer, heart disease?	
bo you have any ongoing health problems of med	Aleai conditions such as diabetes, cancer, fiedit disease:	
Yes No Don't Know Refused		
Do you have a developmental disability, such as l	earning disability dyslevia autism?	
bo you have a developmental disability, such as i	carring disability, dysicala, addisili?	
Yes No Don't Know Refused		
	ial Security Income, Social Security Disability Income, or	
	ial Security income, Social Security Disability income, or	
Veteran's Disability Benefits?		
Yes No Don't Know Refused		
	haltavi	
Why are you living on the streets instead of the sl	neiter:	
□ Lack of space in emergency shelter		
□ Department of Social Services sanctions		
☐ Cannot prove homelessness status		
☐ Prefer not to sleep in shelter		
□ Other		
If you stated that you prefer not to sleep in the sh	nelter, could you describe why?	