PLANS AND PROCEDURES
For the Point-in-Time Count

NY 508 Buffalo, Niagara Falls, Erie County and Niagara County

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Introduction

This document will detail the procedures that the NY-508 Buffalo, Niagara Falls, Erie County and Niagara County Continuum of Care (CoC) will use to conduct its annual point-in-time (PIT) count. These practices are informed by the U.S. Department of Housing and Urban Development (HUD), discerned by a committee of CoC members interested in the procedures, and documented here. The PIT Procedure will also be approved by the CoC before it is implemented.

This is a plan for the yearly point-in-time count of homeless persons in NY-508, Buffalo, Niagara Falls, Erie and Niagara Counties, for those who meet the following requirements:
1. Homeless persons who are living in a place not designed or ordinarily used as a regular sleeping accommodation for humans. These persons will be counted as unsheltered homeless persons.
2. Persons living in emergency shelters, transitional housing, and Safe Haven projects will be counted as sheltered homeless persons.

Although HUD PIT count could be conducted on the last 10 days of January, traditionally our PIT count is conducted on the last Wednesday of January, which for this year will be from sunrise on January 28, 2015, to sunrise on January 29, 2015. There are four facets of the planning for this count: a full census of individuals in homeless shelters in the two counties covered by the CoC, and a known-location count of unsheltered homeless individuals, using information gathered from various social service and police agencies. This count shall be conducted in order to describe the nature and extent of homelessness, including rural homelessness, providing an estimate of the special needs of various categories of persons who are homeless or threatened with homelessness.

Any questions should be directed to Kexin Ma, Coordinator of Federal Programs, at (716) 853-1101 or kexinma@wnyhomeless.org.

Point-in-Time Planning Committee

PIT committee members are mainly recruited from two existing committees - HMIS Advisory Committee and Outreach Committee. Representatives from all Consolidated Plan jurisdictions, law enforcement representatives, staff from all shelters within the CoC, and some university researches and formerly homeless persons are invited additionally. A list of the committee members can be found in Appendix I.

Roles and responsibilities:
- Overseeing the PIT count-- make plan for the sheltered and unsheltered counts
- Developing PIT survey
- Recruiting volunteers
- Engaging providers and other service locations
- Identifying unsheltered destinations
- Monitoring the cleaning of the PIT count data

Sheltered Count

The shelter count will use a "full census" methodology. All shelters will participate in this count, though the enumeration procedures will vary depending on whether the shelter participates in HMIS or if its HMIS data quality is consistently meeting the minimum requirement (less than 5% errors). See Appendix A for a list of HMIS participating shelters, and Appendix B for shelters whose occupants will be counted by shelter staff or volunteer enumerators. Domestic Violence providers will conduct the count by their staff.

Agencies operating shelters that receive ESG funds and non-ESG funded shelters who have been regularly imputing data for over a year will conduct business as usual on the night of January 28th, 2015. All required HUD statistics are included on our pre-existing HMIS intake form. We require that the data be updated, clean, and accurate by February 11. In addition, we ask that HMIS participating shelters also conduct a one-night addendum questionnaire to all clients (see appendix F) which includes some CoC-specific questions on LGBTQ status and experiences of violence that we intend to use to develop programming and data.

Agencies that do not participate in HMIS, or doesn't meet the data quality requirements will need to conduct the PIT using the Sheltered Questionnaire included in Appendix G. The sheltered questionnaire will be administered to every consenting client in these shelters. Clients who do not consent to participating in the questionnaire will be counted and only obvious demographic data taken (for instance, all residents of a women's shelter will be presumed to be women). Non-HMIS participating shelters will be contacted by the Homeless Alliance staff prior to the point-in-time count in order to confirm participation and volunteer entrance.

All volunteers will be recruited by community partners from college and university programs providing an education in social problems and basic counseling skills. They will receive additional training specific to the point-in-time count a week prior to the count itself.

Domestic violence service providers use their in-house record keeping system to keep track of their clients. They will send aggregate demographic data conforming to the PIT data standards two weeks after the PIT count evening.

Department of Social Service Hotel Placement will be enumerated by the department staff.

Unsheltered Count

The unsheltered count shall use a "known location" methodology, using the expertise of local homeless outreach workers combined with some additional research conducted by Homeless Alliance staff to determine where these locations shall be. See Appendix C for a list of known locations, and Appendix D for a list of agencies contacted by Homeless Alliance Staff.

The past four counts have yielded fewer than 200 unsheltered individuals. As a result, we anticipate administering demographic questionnaires to all consenting clients. Please see Appendix H for the unsheltered questionnaire.

Professional outreach workers and trained volunteers from the homelessness alleviation community will conduct the unsheltered search. Known locations were determined by calling all police departments in Erie and Niagara Counties, consulting with outreach workers from Lakeshore Behavioral Health, Lt. Col. Matt Urban Human Services Center, Harbor House, Friends of Night People, and other agencies that have outreach caseworkers as part of their services portfolio.

The Homeless Alliance staff conferred with the operators of youth transitional housing and emergency service centers in order to create a "known location" listing for youth, understanding that these locations are likely different than those frequented by adults.

After calling human service centers and police departments which cover the geography of the Continuum of Care, we determined that, given limited resources, a known location count was the best method for enumerating the unsheltered population. Rural areas in Niagara and Erie Counties do not tend to have high numbers of unsheltered homeless - service providers in many areas reported seeing none throughout the year, while others reported fewer than ten. This matches statistics taken by the HMIS participating shelters in Erie County. Human service centers and police departments agreed to contact us in the event that they encountered an unsheltered homeless person on the night of that count.

Outreach workers will organize into teams to visit known locations based on a schedule informed by their yearlong outreach experiences. They will bring the unsheltered questionnaires and $3 gift cards to Tim Hortons (a doughnut and coffee chain with many locations throughout the area). Upon finding someone that the team suspects is homeless, they will approach the person, identify themselves as an outreach worker conducting the HUD point-in-time count, and ask if the person consents to being interviewed. If the client consents to being interviewed, they will conduct the survey using the unsheltered questionnaire.

Permanent Supportive Housing Projects and Rapid Rehousing Projects

Clients residing in permanent supportive housing and housed in rapid rehousing projects are not considered homeless. However, the CoC counts them on the same day in order to complete HUD's Housing Inventory Chart. All programs in the CoC are participating in HMIS, except the VASH program. They will follow standard HMIS reporting procedures, with the exception of the addendum. As they are not considered homeless, and many have not been homeless for a matter of years, we did not consider it rigorous to include them in the additional programmatic questions. Clients who are waiting for housing placements are considered homeless and will be counted in the other venues of the point-in-time count. VASH program will provide the point in time count using its own recordkeeping system.

Volunteer Recruitment and Training Procedures

Volunteers will be requested by the shelters and service locations who needed extra assistance on the date of point-in-time count. Niagara University and Daemen College have been partners with the Homeless Alliance and willing to recruit and train their Social Work students to assist the count. Volunteers will be trained one week ahead to familiarize the definition of homelessness, definition of chronically homeless, survey questions, and inform with safety. Volunteers will be assigned to a shelter/other service location with the location and time they need to be there.

Volunteer training covers the following topics:
- Overview of the purpose of PIT counts and the importance of accuracy
- Tips on being trauma-informed and respecting clients
- Terminology and definitions, and why the homelessness definition is so important to our count
- Overview on the counting methods
- Specific procedures for in-shelter data collection
- Where the volunteers will be assigned
- Importance of counting all people who are experiencing homelessness in shelter or other service location (who verbally consents)
- Points of contact for night-of troubleshooting.
- Responsibilities of enumerators
- Overview of the survey instrument, with recommendations on how to ask sensitive questions, what to do when a client refuses, and any other questions volunteers have
- Suggestions on what to wear (ie, comfortable clothes, few designer labels, no flashy jewelry)
- How to return surveys back to the CoC.

Data Collection and Use of HMIS

1. Survey Development

The questionnaires were created using HUD requirements and adopted in a way as to be trauma-informed. In addition, members of the homelessness alleviation community requested data on LGBTQ status, experiences with violence, and experiences with the police. These members are trying to develop programs to better serve homeless individuals and felt that data would assist in their endeavors. As these goals are in line with the requirements and aims of the Point-in-Time count, we obliged.

2. Data Collection

The CoC intends to use a full census for the enumeration, and will use imputation for demographic data only in cases that it is absent. Since 2010, the CoC has registered under 150 unsheltered homeless individuals. As such, we will administer surveys (see appendix H) to each individual encountered by outreach workers. The census will be administered using a "known location" technique. The CoC has regular and coordinated outreach to unsheltered homeless individuals. In addition to the knowledge gathered from that process, the Homeless Alliance Staff reached out to the police departments and other social service agencies which could potentially be serving homeless individuals. By and large, these entities confirmed that the outreach workers were exhausting most potential locations, though a couple were added to the PIT outreach. The shelters in the CoC will rely upon either their own staff or trained volunteer enumerators to collect the data from clients.

The CoC will use its HMIS system for deduplication purposes. All HMIS-participating shelters will rely upon it as per usual procedures. Unsheltered surveys will be entered into HMIS by Homeless Alliance staff for deduplication purposes using a specially designated "provider" entry. Sheltered homeless individuals at non-HMIS facilities will also be entered into HMIS using a specially designated "provider", for deduplication purposes. In addition to standard procedures requiring users search for clients before adding them to BAS-Net, our HMIS implementation has an algorithm to discern potential duplicates.

The survey will include questions to determine whether an individual fits any of the following sub-populations: chronically homeless (individuals and families), veterans (individuals and families), youth, adults with a serious mental illness, adults with a substance abuse disorder, adults with HIV or AIDS, victims of domestic violence, and members of the LGBTQ community. The surveys include information on household type: households with one adult and one child, households without children, and households of only children. To determine how many individuals in the count are under 18, between 18 and 24, and over the age of 24, date of birth is included in the survey. Young households will be determined by using a combination of the date-of-birth question and asking if the client is a member of anyone else's household.

Surveys will be returned to the Homeless Alliance by one week after the end of the Point-in-Time count. We expect HMIS-participating shelters to have accurate data from the Point-in-Time count by two weeks after the PIT date. Homeless Alliance staff will do additional quality control and refer to the shelters accordingly.

3. Data quality

General HMIS data quality is closely monitored by HMIS staff. Data quality reports for each participating provider are generated monthly and sent to providers. We require that corrections are made within two weeks. System information is produced and monitored regularly, including utilization rate, login frequency, etc.

Only providers who have consistently high quality of data entry will provide Point-in-Time data using HMIS. After the PIT date, each HMIS provider has two weeks to input the data. Then HMIS staff will run the aggregate PIT report for each agency and confirm the numbers with each the agency. Corrections will be made by the providers and system wide PIT information will be reported after all providers' confirmation.

HMIS also plays important role in deduplication. To ensure all the homeless person are only counted once no matter in unsheltered or sheltered count, all the unsheltered survey should include basic identification (Full name, last 4 digits of SSN, and date of birth). HMIS staff will carefully enter all the unsheltered survey into HMIS and try their best to ensure no duplication in the count.

HMIS participating shelters will use HMIS to input their data, with the additional questions as paper copies administered by volunteers. Non-HMIS participating shelters will use the Appendix G sheltered questionnaire. Unsheltered Individuals will use the Appendix H unsheltered questionnaire. All paper surveys will be submitted to the Homeless Alliance. The Homeless Alliance staff will input all unsheltered surveys into HMIS for deduplication purposes. Sheltered non-HMIS will be stored on the HMIS system with a special provider that denotes the client was part of the sheltered non-HMIS population.

4. Reporting and Publicity

Bowman Systems, our HMIS vendor, provides a point-in-time report that conforms to the HUD requirements. Homeless Alliance staff use this template report, as well as a customized report, to produce results that meet the HUD requirement. Homeless Alliance staff also conduct a gap analysis for local needs. The result of the point-in-time count will be reviewed by the PIT Planning committee and the CoC board. After approval, it will be submitted to hudhdx.info by Homeless Alliance staff. It will also be posted on to the Homeless Alliance website (www.wnyhomeless.org). Additional analysis will be included into the Annual Report that the Homeless Alliance produces and will be posted on its website as well.

Appendices

Appendix A HMIS PARTICIPATING SHELTERS AND TRANSITIONAL HOUSING

Buffalo City Mission
Cornerstone Manor
Code Blue
Salvation Army Emergency Family Shelter
Lt. Col. Matt Urban Hope House
YWCA of WNY
Hispanics United Transitional Housing
Teaching and Restoring Youth
Compass House
Family Promise of WNY
Transitional Services, Inc.
Plymouth Crossroads
Gerard Place
Community Missions of Niagara Frontier
Family and Children's Services of Niagara
Cazenovia Visions Place

Appendix B NON-HMIS PARTICIPATING SHELTERS

Temple of Christ
Altamont Program
Haven House (DV program)
Little Portion Friary
St. Luke's Mission of Mercy
Niagara Gospel Rescue Mission
Erie County DSS Hotel Placement
Niagara County DSS Hotel Placement
Carolyn's House (DV program)
Lockport Cares
Faith Based Fellowship
Vanessa Scott - God's Woman
Heart and Soul

Appendix C: List of Known Locations

Erie County:
Amtrak Tunnels in the City of Buffalo
Michigan Bridge (Buffalo)
South Park Tops
Scott Street
Little Portion Friary
Harbor House - Restoration Society
Department of Social Services (Erie County)
LaFayette Square
Friends of Night People
Buffalo and Erie County Public Library - Central Branch
Main Place Mall (Main Street, Buffalo)
St. Vincent de Paul
Central City of Buffalo
St. Luke's Mission of Mercy
Firemen's Park
Exchange Street (Buffalo) Niagara Frontier Transportation Authority Bus Station
Seneca Street Bridge
Broadway Parking Ramp
Tony Walker Plaza (Williamsville)
University Plaza (Amherst)
University at Buffalo North Campus - Capen Hall Library

Niagara County:
Portage Road Bus Terminal (Niagara Falls)
Tops on Portage Road (Niagara Falls)
Frankie's Donuts (Niagara Falls)
West Genesee Bridge (Lockport)

Appendix D: Agencies Contacted To Determine Known Locations

Western New York Coalition for the Homeless Outreach Committee & Members
Compass House
Plymouth Crossroads
Lackawanna Food Pantry
Resurrection Life
Trinity Food Pantry
Springville Concord Food Pantry
Trading Post
Cheektowaga Police
City of Tonawanda Police
Town of Kenmore Police
City of Lackawanna Police
Town of Amherst Police
University at Buffalo Police Department
University at Buffalo Capen Hall Facilities Manager
West Seneca Police Department
Orchard Park Police Department
Depew Police Department
Lancaster Police Department
North Tonawanda Police
Niagara County Sheriff's Department
Niagara Falls Police Department
Lockport Police Department
Lewiston Police
Hamburg Police Department
Network of religious communities
Love Inc. Springville
Eggertsville-Snyder Library
Gloria J. Parks Community Center
Anna Reinstein Memorial Library (Cheektowaga)
Lackawanna Public Library
Kenilworth Branch (Tonawanda Library)
City of Tonawanda Public Library
Buffalo State Library
Audubon Library
Episcopal diocese
Catholic Charities

BAS-Net Data Intake and Exit Template

1. Intake Summary

Intake Date _____/_____/_____   **Intake Staff Name**_____
　　　　　　　　　　MM　　　　　　DD　　　　　　YYYY

2. Household Information (*only complete this section if you have a family or household*)

Household Type	☐ Couple with no children ☐ Two Parent Family ☐ Female Single Parent	☐ Male Single Parent ☐ Foster Parent(s) ☐ Non-Custodial Caregiver(s)	☐ Grandparent(s) and Child ☐ Single ☐ Other

Head of Household (Note: You must complete all data elements for each household member)

First Name_____ MI_____ Last Name_____ Suffix_____		
Client ID (ServicePoint Assigned) _____	**DOB** _____/_____/_____	**Relationship to Head of Household** _____

Household Member #1 (Note: You must complete all fields for each household member)

First Name_____ MI_____ Last Name_____ Suffix_____		
Client ID (ServicePoint Assigned) _____	**DOB** _____/_____/_____	**Relationship to Head of Household** _____

Household Member #2 (Note: You must complete all fields for each household member)

First Name_____ MI_____ Last Name_____ Suffix_____		
Client ID (ServicePoint Assigned) _____	**DOB** _____/_____/_____	**Relationship to Head of Household** _____

Household Member #3 (Note: You must complete all fields for each household member)

First Name_____ MI_____ Last Name_____ Suffix_____		
Client ID (ServicePoint Assigned) _____	**DOB** _____/_____/_____	**Relationship to Head of Household** _____

BAS-Net Data Intake and Exit Template

3. Basic Client Profile

Client Name: _____   Project Entry Date:_____/_____/_____

SS#			Date of Birth	
	_____ - _____ - _____			_____/_____/_____
Race	Primary Secondary		**Ethnicity**	
	☐ ☐ American Indian or Alaska Native			☐ Non-Hispanic/Latino
	☐ ☐ Asian			☐ Hispanic/Latino
	☐ ☐ Black or African-American			
	☐ ☐ Native Hawaiian or Pacific Island			☐ Client Doesn't Know
	☐ ☐ White			☐ Client Refused
	☐ ☐ Client Doesn't Know			
	☐ ☐ Client Refused			
Gender	☐ Male ☐ Female ☐ Transgender from Male to Female ☐ Transgender from Female to Male ☐ Other ☐ Client Doesn't Know ☐ Client Refused		**US Military Veteran**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused

HEALTH INSURANCE (Everyone)

COVERED BY HEALTH INSURANCE?	SOURCE OF NON-CASH BENEFIT	
☐Yes ☐No ☐Client Doesn't Know ☐Client Refused Start Date: _____ End Date: _____	☐Medicaid ☐Medicare ☐State Children's Health Insurance Program ☐Veteran's (VA) Medical Services	☐Employer-Provided Health Insurance ☐Health Insurance Obtained Through COBRA ☐Private Pay Health Insurance ☐State Health Insurance For Adults

| **Residence Prior to Project Entry** | ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside); inclusive of "non-housing service site (outreach projects only)"
☐ Safe Haven
☐ Rental by client, with VASH housing subsidy
☐ Rental by client, with other (non-VASH) ongoing housing subsidy
☐ Owned by client, with ongoing housing subsidy
☐ Owned by client, no ongoing housing subsidy
☐ Rental by client, no ongoing housing subsidy
☐ Client Doesn't Know
☐ Client Refused
☐ Rental by client, with GPD TIP subsidy
☐ Residential project or halfway house with no homeless criteria
☐ Long-term care facility or nursing home
☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
☐ Transitional housing for homeless persons(including homeless youth) | ☐ Permanent housing for formerly homeless persons(such as SHP, S+C, or SRO Mod Rehab)
☐ Psychiatric hospital or other psychiatric facility
☐ Substance abuse treatment facility/detox
☐ Hospital (non-psychiatric)
☐ Jail, prison, or juvenile detention facility
☐ Staying or living in family member's room, apartment or house
☐ Staying or living in friend's room, apartment or house
☐ Hotel or motel paid without emergency voucher
☐ Foster care home or group home
☐ Other
Specify: _____ |

BAS-Net Data Intake and Exit Template

If prior living situation is emergency shelter, please select the prior emergency shelter	☐ Altamont ☐ Buffalo City Mission ☐ Casey House Teen Shelter ☐ Compass House ☐ Cornerstone ☐ DSS Hotel Placement ☐ Faith-Based Fellowship ☐ Family Promise ☐ Haven House—Emergency Shelter ☐ Little Portion Friary ☐ Niagara Community Mission—ES ☐ Niagara Gospel Rescue Mission ☐ PASSAGE House DV Shelter ☐ Salvation Army ☐ Shelter outside of Erie/Niagara County ☐ St. Luke's ☐ Temple of Christ ☐ TSI-Emergency Shelter ☐ YWCA Niagara Shelter	**If prior living situation is transitional housing for homeless, please select the prior transitional housing**	☐ American Red Cross ☐ Buffalo City Mission Disciple Project ☐ Cazenovia MICA ☐ Cazenovia SHPII ☐ Community Services for the Developmentally Disabled ☐ Cornerstone Transitional ☐ DePaul-SHPIV ☐ Franciscan Center ☐ Gerard Place-Transitional Housing ☐ God's Woman—TH ☐ Haven House—Transitional Housing ☐ Hispanics United ☐ Niagara Carolyn's House ☐ Niagara Gospel Rescue Mission—TH ☐ Niagara YWCA DV--TH ☐ Plymouth Crossroads ☐ Teaching and Restoring Youth ☐ Transitional Housing outside of Erie/Niagara ☐ YWCA—Erie County
Length of Stay in Previous Place	☐ One day or less ☐ Two days to one week ☐ More than one week, but less than one month ☐ One to three months ☐ More than three months, but less than one year ☐ One year or longer ☐ Client Doesn't Know ☐ Client Refused	**Client Location Code**	☐ NY 508 Erie/Niagara ☐ NY 504 Cattaraugus
Relationship To Head of Household	☐ Self (head of household) ☐ Head of household's child ☐ Head of household's spouse or partner	☐ Head of household's other relation member (other relation to head of household) ☐ Other: non-relation member	

LENGTH OF TIME ON STREET, IN AN EMERGENCY SHELTER, OR SAFE HAVEN			
Continuously homeless for at least one year	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused	**Number of times the client has been homeless in the past three years** (including current episode)	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more ☐ Client Doesn't Know ☐ Client Client Refused
(If 4 times or more) Total number of months homeless in the past 3 years	☐ If 0-12 months please specify #:_____ ☐ More than 12 months ☐ Client Doesn't Know ☐ Client Refused If more than 12 months, please specify # years:_____	**Total number of months continuously homeless immediately prior to project entry**	#:____
Chronically homeless?	☐ Yes ☐ No	**Status Documented**	☐ Yes ☐ No

BAS-Net Data Intake and Exit Template

MONTHLY INCOME (DEPENDENT INCOME RECORDED UNDER HEAD OF HOUSEHOLD IN HMIS)		

INCOME RECEIVED FROM ANY SOURCE
❑Yes
❑No
❑Client Doesn't Know
❑Client Refused
If yes,
Start Date: _____
End Date: _____
(Needed For Each Income Source)
 	
TOTAL MONTHLY INCOME
 	
$_____
	SOURCE OF INCOME
	❑Earned Income $_____
	❑Unemployment Insurance $_____
	❑Supplemental Security Income (SSI):$_____
	❑Social Security Disability Income (SSDI):$_____
	❑VA Service-Connected Disability Pension $_____
	❑Private Disability Insurance $_____
	❑Worker's Compensation $_____
	❑Temporary Assistance for Needy Families (TANF):$_____
		❑General Assistance (GA) $_____
		❑Retirement from Social Security $_____
		❑Veteran's Non-Service-Connected Disability Pension $_____
		❑Pension or Retirement from Former Job $_____
		❑Child Support $_____
		❑Alimony/Other Spousal Support $_____
		❑Other Sources:
		  If Other: Describe
		  _____$_____

NON-CASH BENEFITS (DEPENDENT BENEFITS RECORDED UNDER HEAD OF HOUSEHOLD IN HMIS)		
NON-CASH BENEFITS FROM ANY SOURCE ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused If yes, Start Date: _____ End Date: _____	**SOURCE OF NON-CASH BENEFIT** ❑Food Stamps- Supplemental Nutrition Assistance Program ❑Special Supplemental Nutrition Program for WIC ❑TANF Child Care Services ❑TANF Transportation Services	❑Other TANF-Funded Services ❑Section 8, Public Housing or rental assistance ❑Other Source _____ ❑Temporary rental assistance

BAS-Net Data Intake and Exit Template

DISABILITY INFORMATION

LONG TERM DISABLING CONDITION ☐Yes ☐No ☐Client Doesn't Know ☐Client Refused

DISABILITY DETERMINATION ☐Yes ☐No ☐Client Doesn't Know ☐Client Refused

DISABILITY TYPE:	Is the disability expected to be of long, continued, indefinite duration and substantially impairs the client's ability to live independently?	Documentation of the disability and severity on file?	Currently Receiving Treatment?	Start Date
☐Physical Disability	☐Yes ☐No ☐Client Doesn't Know ☐Client Refused	☐Yes ☐No ☐Client Doesn't Know ☐Client Refused	☐Yes ☐No ☐Client Doesn't Know ☐Client Refused	
☐Developmental Disability	☐Yes ☐No ☐Client Doesn't Know ☐Client Refused	☐Yes ☐No ☐Client Doesn't Know ☐Client Refused	☐Yes ☐No ☐Client Doesn't Know ☐Client Refused	
☐Substance Abuse	☐Yes ☐No ☐Client Doesn't Know ☐Client Refused	☐Yes ☐No ☐Client Doesn't Know ☐Client Refused	☐Yes ☐No ☐Client Doesn't Know ☐Client Refused	
☐Chronic Health Condition	☐Yes ☐No ☐Client Doesn't Know ☐Client Refused	☐Yes ☐No ☐Client Doesn't Know ☐Client Refused	☐Yes ☐No ☐Client Doesn't Know ☐Client Refused	
☐Mental Health	☐Yes ☐No ☐Client Doesn't Know ☐Client Refused	☐Yes ☐No ☐Client Doesn't Know ☐Client Refused	☐Yes ☐No ☐Client Doesn't Know ☐Client Refused	
☐HIV/AIDS	☐Yes ☐No ☐Client Doesn't Know ☐Client Refused	☐Yes ☐No ☐Client Doesn't Know ☐Client Refused	☐Yes ☐No ☐Client Doesn't Know ☐Client Refused	
☐Other: _____	☐Yes ☐No ☐Client Doesn't Know ☐Client Refused	☐Yes ☐No ☐Client Doesn't Know ☐Client Refused	☐Yes ☐No ☐Client Doesn't Know ☐Client Refused	

NOTES:

BAS-Net Data Intake and Exit Template

Domestic Violence victim/ survivor	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused	
If Yes, when experience occurred:	☐ Within the past three months ☐ 3-6 months ago ☐ from 6 to 12 months ago ☐ more than a year ago ☐ Client Doesn't Know ☐ Client Refused	
Primary Reasons of Homelessness	☐ Aged out of foster care ☐ Ask to leave by landlord ☐ Court eviction by landlord ☐ Domestic Violence ☐ Doubled-up/over crowded ☐ Eviction by primary tenant ☐ Fire or Natural Disaster ☐ Health/Safety Violation ☐ Household Disputes (not DV) ☐ Loss of Job/income (includes public benefits)	☐ Medical Condition ☐ Mental Health ☐ Mortgage foreclosure on rental property lived in ☐ Mortgage Foreclosure of own home ☐ Other_____ ☐ Problems with building ☐ Problem with landlord ☐ Release from institution ☐ Relocation from out of Erie/Niagara area ☐ Substance Abuse ☐ Utility shutoff/arrears
Secondary Reasons of Homelessness	☐ Aged out of foster care ☐ Ask to leave by landlord ☐ Court eviction by landlord ☐ Domestic Violence ☐ Doubled-up/over crowded ☐ Eviction by primary tenant ☐ Fire or Natural Disaster ☐ Health/Safety Violation ☐ Household Disputes (not DV) ☐ Loss of Job/income (includes public benefits)	☐ Medical Condition ☐ Mental Health ☐ Mortgage foreclosure on rental property lived in ☐ Mortgage Foreclosure of own home ☐ Other_____ ☐ Problems with building ☐ Problem with landlord ☐ Release from institution ☐ Relocation from out of Erie/Niagara area ☐ Substance Abuse ☐ Utility shutoff/arrears
Zip Code of Last Permanent Residence		

BAS-Net Data Intake and Exit Template

4. Date Exit Elements

Project exit date: _____

Reason for Leaving	☐ Left for a housing opportunity before completing project ☐ Completed project ☐ Non-payment of rent/occupancy charge ☐ Non-compliance with project ☐ Criminal activity/destruction of property/ violence ☐ Reached maximum time allowed by project	☐ Needs could not be met by project ☐ Disagreement with rules/persons ☐ Death ☐ Unknown/disappeared ☐ Other
Destination	☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher ☐ Transitional housing for homeless persons (including homeless youth) ☐ Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab) ☐ Psychiatric hospital or other psychiatric facility ☐ Substance abuse treatment facility or detox center ☐ Hospital (non- psychiatric) ☐ Jail, prison or juvenile detention facility ☐ Rental by client, no ongoing housing subsidy ☐ Owned by client, no ongoing housing subsidy ☐ Staying or living in family member's room, apartment or house ☐ Staying or living in friend's room, apartment or house ☐ Hotel or motel paid without emergency voucher	☐ Foster care home or group home ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside); inclusive of "non-housing service site (outreach projects only)" ☐ Other ☐ Safe Haven ☐ Rental by client, with VASH housing subsidy ☐ Rental by client, with other (non-VASH) ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy ☐ Staying or living with family, permanent tenure ☐ Staying or living with friends, permanent tenure ☐ Deceased ☐ Client Doesn't Know ☐ Client Refused

MONTHLY INCOME (DEPENDENT INCOME RECORDED UNDER HEAD OF HOUSEHOLD IN HMIS)

INCOME RECEIVED FROM ANY SOURCE	SOURCE OF INCOME	
☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused If yes, Start Date: _____ End Date: _____ (Needed For Each Income Source) **TOTAL MONTHLY INCOME** $_____	☐ Earned Income $_____ ☐ Unemployment Insurance $_____ ☐ Supplemental Security Income (SSI):$_____ ☐ Social Security Disability Income (SSDI):$_____ ☐ VA Service-Connected Disability Pension $_____ ☐ Private Disability Insurance $_____ ☐ Worker's Compensation $_____ ☐ Temporary Assistance for Needy Families (TANF):$_____	☐ General Assistance (GA) $_____ ☐ Retirement from Social Security $_____ ☐ Veteran's Non-Service-Connected Disability Pension $_____ ☐ Pension or Retirement from Former Job $_____ ☐ Child Support $_____ ☐ Alimony/Other Spousal Support $_____ ☐ Other Sources: If Other: Describe _____ $_____

NON-CASH BENEFITS (DEPENDENT INCOME RECORDED UNDER HEAD OF HOUSEHOLD IN HMIS)

NON-CASH BENEFITS FROM ANY SOURCE	SOURCE OF NON-CASH BENEFIT	
☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused If yes, Start Date: _____ End Date: _____	☐ Food Stamps- Supplemental Nutrition Assistance Program ☐ Special Supplemental Nutrition Program for WIC ☐ TANF Child Care Services ☐ TANF Transportation Services	☐ Other TANF-Funded Services ☐ Section 8, Public Housing or rental assistance ☐ Other Source _____ ☐ Temporary rental assistance

BAS-Net Data Intake and Exit Template

HEALTH INSURANCE

COVERED BY HEALTH INSURANCE?
- ❏ Yes
- ❏ No
- ❏ Client Doesn't Know
- ❏ Client Refused

Start Date: _____
End Date: _____

SOURCE OF NON-CASH BENEFIT
- ❏ Medicaid
- ❏ Medicare
- ❏ State Children's Health Insurance Program
- ❏ Veteran's (VA) Medical Services

- ❏ Employer-Provided Health Insurance
- ❏ Health Insurance Obtained Through COBRA
- ❏ Private Pay Health Insurance
- ❏ State Health Insurance For Adults

DISABILITY INFORMATION

LONG TERM DISABLING CONDITION ❏ Yes ❏ No ❏ Client Doesn't Know ❏ Client Refused

DISABILITY DETERMINATION ❏ Yes ❏ No ❏ Client Doesn't Know ❏ Client Refused

DISABILITY TYPE:	Is the disability expected to be of long, continued, indefinite duration and substantially impairs the client's ability to live independently?	Documentation of the disability and severity on file?	Currently Receiving Treatment?	Start Date
❏ Physical Disability	❏ Yes ❏ No ❏ Client Doesn't Know ❏ Client Refused	❏ Yes ❏ No ❏ Client Doesn't Know ❏ Client Refused	❏ Yes ❏ No ❏ Client Doesn't Know ❏ Client Refused	
❏ Developmental Disability	❏ Yes ❏ No ❏ Client Doesn't Know ❏ Client Refused	❏ Yes ❏ No ❏ Client Doesn't Know ❏ Client Refused	❏ Yes ❏ No ❏ Client Doesn't Know ❏ Client Refused	
❏ Substance Abuse	❏ Yes ❏ No ❏ Client Doesn't Know ❏ Client Refused	❏ Yes ❏ No ❏ Client Doesn't Know ❏ Client Refused	❏ Yes ❏ No ❏ Client Doesn't Know ❏ Client Refused	
❏ Chronic Health Condition	❏ Yes ❏ No ❏ Client Doesn't Know ❏ Client Refused	❏ Yes ❏ No ❏ Client Doesn't Know ❏ Client Refused	❏ Yes ❏ No ❏ Client Doesn't Know ❏ Client Refused	
❏ Mental Health	❏ Yes ❏ No ❏ Client Doesn't Know ❏ Client Refused	❏ Yes ❏ No ❏ Client Doesn't Know ❏ Client Refused	❏ Yes ❏ No ❏ Client Doesn't Know ❏ Client Refused	
❏ HIV/AIDS	❏ Yes ❏ No ❏ Client Doesn't Know ❏ Client Refused	❏ Yes ❏ No ❏ Client Doesn't Know ❏ Client Refused	❏ Yes ❏ No ❏ Client Doesn't Know ❏ Client Refused	
❏ Other: _____	❏ Yes ❏ No ❏ Client Doesn't Know ❏ Client Refused	❏ Yes ❏ No ❏ Client Doesn't Know ❏ Client Refused	❏ Yes ❏ No ❏ Client Doesn't Know ❏ Client Refused	

NOTES:

October 2014   8

Which of the following best represents how you think of yourself?
□ Gay or Lesbian
□ Bisexual
□ Something else
□ Straight, that is, not gay
□ I don't know/questioning

Have you had any of the following experiences?
□ Been attacked or beaten up since becoming homeless?
□ Domestic violence? *(if yes, ask the two questions below)*
        □ Violence from an intimate partner?
        □ 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?* _____)

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.*
Are you a member of someone else's household? If yes, whose? *(Please staple sheets together)*	**What is your relationship to the other person?**

Which gender do you identify with? *(Circle One)*

Male   Female   Transgender Female to Male   Transgender Male to Female

Are you Hispanic or Latino? *(Circle One)* Yes No Don't know Refused	**Have you served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)?** *(Circle One)* Yes No Don't know Refused

Which of the following best represents how you think of yourself?

□ Gay or Lesbian   □ Bisexual

□ Straight, that is, not gay   □ 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: _____

Is this the first time you've experienced homelessness? Yes No Don't know Refused	**How long have you experienced homelessness this time?** *(Only include time in shelters/street)*

(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 client is unsure: more or less than 4 times?)*

In total, how long did you stay in shelters or on the streets during those times?

Have you had any of the following experiences?

□ Been attacked or beaten up since becoming homeless?

□ Domestic violence? *(if yes, ask the two questions below)*

     □ Violence from an intimate partner?

     □ 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 you have any problematic substance use?	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?	Do you have HIV or an AIDS-related illness?
Yes No Don't Know Refused	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?	
Yes 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? ☐

PIT-Unsheltered   12/2014

Appendix H: Unsheltered Questionnaire

Point-In-Time Unsheltered Count   Surveyor, is client chronic based on responses? ☐

Survey location _____

Where are you sleeping tonight?	
1. Street or sidewalk 2. Vehicle (car, van, RV, truck) 3. Park 4. Abandoned building 5. Bus, train station, airport 6. Under bridge/overpass	7. Woods or outdoor encampment 8. Emergency shelter 9. Transitional Housing 10. Motel/hotel 11. House or apartment 12. Jail, hospital, treatment program 13. Other location (specify) _____

Name	SSN (at least last 4 digit) _____-_____-_____
Are you a member of someone else's household? If yes, whose? *(Please staple sheets together)*	**What is your relationship to the other person?**

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+)* _____/_____/_____	**Which gender do you identify with?** *(Circle One)* Male Female Transgender F to M Transgender M to F
Are you Hispanic or Latino? *(Circle One)* Yes No Don't know Refused	**Have you served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)?** *(Circle One)* Yes No Don't know Refused
Which of the following best represents how you think of yourself? ☐ Gay or Lesbian ☐ Bisexual ☐ Something else ☐ Straight, that is, not gay ☐ I don't know/questioning	**Have you experienced domestic violence in the past year?** Yes No Don't know Refused

What is your Race? *(Select all that apply)*	
☐ American Indian or Alaskan Native ☐ Black or African American ☐ White ☐ Other: _____	☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ Don't know/Refused

Is this the first time you've experienced homeless? Yes No Don't know Refused	**How long have you experienced homelessness this time?** *(Only include time in shelters/street)*
(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 client is unsure: more or less than 4 times?)*	
In total, how long did you stay in shelters or on the streets during those times?	
Have you had any of the following experiences? ☐ Been attacked or beaten up since becoming homeless? ☐ Violence from an intimate partner?	

PIT-Unsheltered   12/2014

□ 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? _____)

Do you have any problematic substance use? Yes No Don't Know Refused	Do you have any mental health concerns? Yes No Don't Know Refused
Do you have a physical disability? Yes No Don't Know Refused	**Do you have HIV or an AIDS-related illness?** 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? Yes   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
Do any of the following circumstances contribute to why you are living on the streets? □ 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 shelter, could you describe why?

Appendix I: Point-in-Time Planning Committee Members

Name	Organization
Nadia Pizarro	Lake Shore Behavioral Health
Karen Anderson	Veteran's Affairs
Leonard Morrison	Buffalo Federation of Neighborhood Centers
Megan Bingham	Friends of Night People
Sue Lucas	Neighborhood Health/Grace Point
Will Marcy	Grace Point
Diane Bessel	Daemen College Department of Social Work
Vincent Dusch	Plymouth Crossroads
Jennifer Thorpe	Plymouth Crossroads
Jennifer Stoll	YWCA of Niagara
Anne Curry	Salvation Army
Alyssa Hebeler	Spectrum
Marek Parker	Lake Shore Behavioral Health PATH
Chris Candelaria	Lake Shore Behavioral Health PATH
Kevin Blair	Niagara University
John Ferby	Compass House
Lisa Freeman	Compass House
Diane Cadle	Erie County Dept. of Environment & Planning
Michelle Leiser	Lake Shore Behavioral Health
Jason Flores	Matt Urban Outreach
Sarah Gorry	Matt Urban Outreach
Robyn Krueger	Community Mission of Niagara/ Niagara County Coalition