

2019 POINT-IN-TIME SURVEYOR INSTRUCTION GUIDE

CONTENTS

Purpose of this Instruction Guide	2
Who Should Read This Guide.....	2
How to Navigate the Survey	2
Question Flow	2
Required Surveyor Questions	3
What To Say & What To Read	3
Interviewing Households/Families.....	4
Why Are Initials Needed? How Will The Identifying Data Be Used?.....	5
Advice for Specific Questions.....	6
Ending the Survey	6
Observation Tool.....	6
Providing Local Resources to Hand Out.....	7
Key Terms & Definitions.....	7
Surveyor Tips & Techniques.....	10
Conducting Interviews in Teams	11
Interviewing Households with Multiple Adults.....	11
What To Do If	12
Resources	12
Appendix	12

PURPOSE OF THIS INSTRUCTION GUIDE



This document is intended to be a companion document to the 2019 Minnesota Point in Time (PIT) Survey. It contains information to help surveyors navigate the PIT survey, from interviewing techniques to key terms they will encounter on the survey. All surveyors should review this instruction guide carefully before administering the PIT survey.

This resource should also be incorporated into and reviewed in all local PIT training(s). On the night of the PIT, one instruction guide should be distributed to each surveyor.

This guide is provided as a resource by the Institute for Community Alliances. For more information and the most up to date content on the PIT, visit <https://hmismn.org/point-in-time-count/>.

This guide does not reference HMIS data entry.

WHO SHOULD READ THIS GUIDE

Anyone involved in the Point-in-Time count should review this guide. Everyone who is directly involved in surveying persons experiencing homelessness on the PIT night, whether the sheltered or unsheltered count, should be as familiar as possible with the guidance below prior to surveying. This includes:

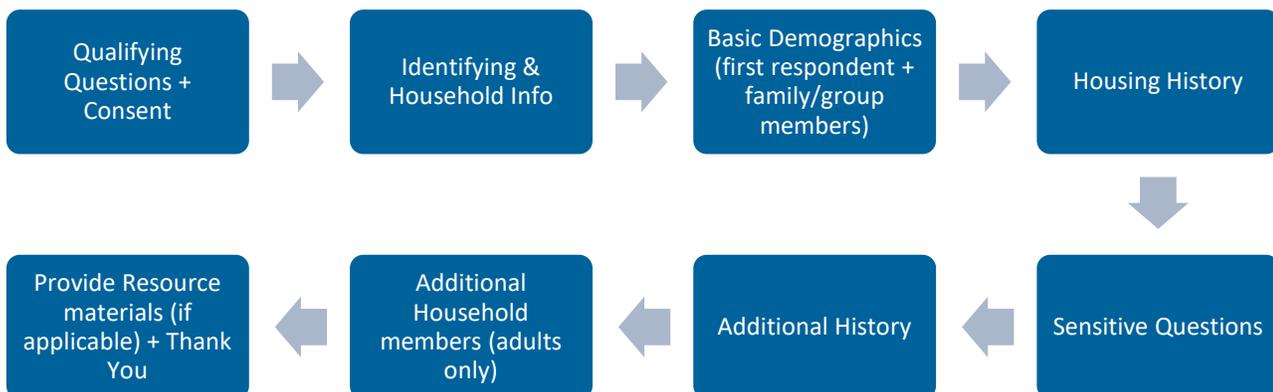
- Street outreach teams
- Survey volunteers
- Project Connect event volunteers
- Priority List Managers who may be contacting CES lists
- Case managers/shelter staff for agencies that do not participate in HMIS
- Transitional Housing staff for agencies that do not participate in HMIS
- Data entry staff
- Anyone submitting survey responses to PIT LIVE

HOW TO NAVIGATE THE SURVEY

We highly recommend reading the survey questions in advance and practicing asking and answering with a partner. This will allow you to navigate the questions smoothly, especially those that are dependent on a particular response.

QUESTION FLOW

The chart below describes the general flow of the survey. It should take approximately 10 minutes to complete for a single respondent.



REQUIRED SURVEYOR QUESTIONS



Complete this box for EVERY SURVEY you conduct. This helps ensure responses can be tied to the correct region and assists with deduplication.

You will find this box in the top of **each** survey. This is the **FIRST THING to complete**. You can complete the first part of the box in advance of PIT night:

1		2	SURVEYOR QUESTION:	3	
	Surveyor name:		Continuum of Care:		County:
4	Agency/team:		5	School district: [School-based surveys only]	

1. Name of person conducting survey.
2. If you are unsure what Continuum of Care (CoC) you are in, ask your CoC Coordinator or PIT Lead.
3. County where the survey takes place – NOT the county where your respondent is staying.
4. Optional, depending on context. If you are a street outreach team or part of an event, you are likely on a team. If you are participating from a shelter, list your agency name here.
5. ONLY applies to school liaisons.

Complete the bottom part of the box **after** administering a survey.

6	Specific location:	
7	Household ID: [See instructions. Complete after survey]	

6. Where you physically interview the respondent. For example: Light rail, Chicago Ave. bus stop, etc. If your agency has multiple projects, floors, etc. use this to denote the project.
7. Household ID is a combination of CoC code, first and last initials of the FIRST PERSON SURVEYED in this group. It should be the same for all household members (see Key Terms & Definitions for full instructions and definition of “household”).

WHAT TO SAY & WHAT TO READ

Questions and text written like this should be asked aloud:

Example:

Can I have about 10 minutes of your time?	<input type="checkbox"/> Yes
Did another volunteer already ask you where you're staying tonight/where you stayed last night?	<input type="checkbox"/> Yes
	[END]

[bolded, bracketed language like this is guidance directed at the surveyor and should not be read aloud]:

Example:

[If household includes ONLY young adults and/or children, ask:] Including yourself, how many are the parent or legal guardian of a child in your household?

Gray shaded boxes contain responses to be completed:



Example:

<input type="checkbox"/> Yes	<input type="checkbox"/> No [END SURVEY. Complete observation form if able]
<input type="checkbox"/> Yes [END SURVEY]	<input type="checkbox"/> No

INTERVIEWING HOUSEHOLDS/FAMILIES

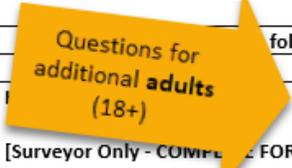
The survey asks you to collect information about everyone in a *household*. This term, also referred to here as “family”, means people who live together now or most of the time.

When interviewing a household, you may either ask each member questions individually or say to the first respondent, “Do you mind if I ask a few questions about *[other members]* as we go along?” and fill out the information simultaneously.

The survey layout collects demographic information for ALL household members (adults and children) simultaneously. If you are interviewing members individually, read down the appropriate column for each person. Other questions about additional ADULT family members (that are not required of youth) come farther down the survey in the Additional Family Members section.

Demographics				
	Respondent:	Person 2:	Person 3:	Person 4:
What are the first 3 initials of each person in your group?	[SKIP]	First: _____ Last: _____	First: _____ Last: _____	First: _____ Last: _____
How old is each person with you?	[SKIP]	Under 18 <input type="checkbox"/> 0-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-13 <input type="checkbox"/> 14-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-55 <input type="checkbox"/> 56+	Under 18 <input type="checkbox"/> 0-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-13 <input type="checkbox"/> 14-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-55 <input type="checkbox"/> 56+	Under 18 <input type="checkbox"/> 0-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-13 <input type="checkbox"/> 14-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-55 <input type="checkbox"/> 56+
Are you Hispanic or Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
	Respondent:	Person 2:	Person 3:	Person 4:
What is your gender?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Demographic information for all household members (record in columns):

Additional Family Members			
following series of questions ONLY if family member is 18 or older]			
	Adult 2:	Adult 3:	Adult 4:
 <p>[Surveyor Only - COMPLETE FOR EACH HOUSEHOLD. These fields MUST be completed and will be used to link group members. Refer to instructions if needed.]</p>	_____	_____	_____
Will you also stay in a shelter or outside Wednesday night? [or in same location as first respondent if staying with family or friends]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]
Can I ask you a few additional questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]
What are the first three letters of your first and last names?	First: _____ Last: _____	First: _____ Last: _____	First: _____ Last: _____

Continue recording information about additional ADULT family members in the Additional Family Members section:



One very important part about the section above...

Household ID is used to link results across multiple persons in a household. It is composed of the CoC code and the first 3 letters of first and last name of the *first person surveyed in the group*. This person is sometimes known as the “head of household”. Simply select a “head of household” and use their name for *all adult household members’* household ID in the Additional Family Members section:

First person surveyed in this household: **Jamie Smith**

Surveyor’s CoC: Southwest (abbreviated **SWC**)

Additional Family Members		
es of questions ONLY if family member is 18 or older]		
Adult 2:	Adult 3:	Adult 4:
SWC - Jam - Smi	SWC - Jam - Smi	SWC - Jam - Smi
<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]
<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]
First: _____ Last: _____	First: _____ Last: _____	First: _____ Last: _____

WHY ARE INITIALS NEEDED? HOW WILL THE IDENTIFYING DATA BE USED?

Respondent initials are collected only for the purposes of deduplication (i.e. to make sure someone isn’t counted twice). Demographic and sensitive data about any one individual or family is de-identified. That means that (for persons in shelter) names,

birthdates, and SSNs are NOT included with the information that is submitted to the HUD. For unsheltered persons, that information isn't gathered at all.



ADVICE FOR SPECIFIC QUESTIONS

Leave questions open-ended whenever possible. Instead of reading answer choices simply ask, for example, "How do you identify your gender?" and prompt respondent with choices if needed.

More guidance for specific questions:

- **Where did you/will you sleep on Wednesday night (January 23rd, 2019)?** If respondent stayed multiple places, record the location where respondent spent the majority of the night.

In some cases, it may be unclear whether the respondent is homeless or "couch-hopping" (staying at the house of a friend or family member). If respondent answers this question ambiguously, i.e. "I'm staying with my friend", follow up to determine if the friend is also homeless or if both are staying at the friend's permanent residence.
- **How many adults/young adults/children are in your household and staying with you tonight?** Allow respondents to identify who they consider their family/household. A family/household is defined as people who live together now or most of the time.
- **If family/household includes only young adults or children, ask: How many are the parent or legal guardian of a child in the household?** As stated, this question only applies to households in which NO ADULT AGE 25 OR OLDER is present. These youth-only households are the only ones that should answer this question.
- **Housing History:** These questions refer to time the respondent has been *homeless – like in a shelter or staying outside*. Here, and everywhere else in the survey, "homeless" means living in a shelter, on the streets, or any place not meant for human habitation – such as a house with no utilities, an abandoned building, etc.
- **Sensitive Questions:** Read the script given and allow respondent to choose whether they would like to read questions/answers silently or be read to. Do not assume respondent is/is not able to read the survey.

ENDING THE SURVEY

Several questions direct surveyors to **END SURVEY** upon receiving a specific response. Whenever you see this direction, skip to the end of the main survey and read the script as shown below. Provide CoC-specific resources if available and respondent requested them.

Thank you, I appreciate your time. Your responses will be combined with those of other people taking this survey and used to help improve programs for people experiencing homelessness.

[END SURVEY FOR FIRST RESPONDENT + if applicable to your region, provide resource materials specific to respondent's circumstances. If additional adults in household, CONTINUE TO NEXT PAGE. If additional household

OBSERVATION TOOL

The Observation Tool is available to you if are unable to obtain consent, collect identifying information, enter a site, or do not wish to disturb someone sleeping outside, in a car or abandoned building. You can use this form to note household makeup and any demographic information that can be determined.

You should also be sure to record any identifying information about the person/household and location that could help with de-duplication, i.e. color of clothing, street name, landmarks.

PROVIDING LOCAL RESOURCES TO HAND OUT



Be sure to check with your CoC Coordinator or local PIT Lead to determine if there are resources available to hand out to persons who are interested in them on the PIT night. This may be a trifold handout with contact information for the Veteran’s Registry, Coordinated Entry services, Domestic Violence hotlines, etc.

If no such resources are available, do not suggest to your respondents that you have resources available.

KEY TERMS & DEFINITIONS

Please familiarize yourself with the following terms. The first few times you rehearse the survey, it will be helpful to have these terms available for reference.

Term	Definition	Critical Instruction
Active Duty	Served in full-time capacity in the Army, Navy, Air Force, Marine Corps, or Coast Guard) OR served in the National Guard or as a reservist.	
Adult Young Adult Child	Adult: age 25 or older Young Adult: age 18-24 Child: Under 18	
CoC	Continuum of Care Hennepin Continuum of Care (HCC), Ramsey Continuum of Care, ETC.	If you don’t know the CoC, ask your PIT Lead.
Domestic Violence, Currently Fleeing, Violence Since Becoming Homeless	<p>There are two questions in the survey that address domestic violence as required by HUD.</p> <p>The first, <i>Are you, or have you been, a victim/survivor of domestic violence?</i>, refers to the respondent’s whole history.</p> <p>The second, <i>Are you currently fleeing a domestic violence situation?</i>, specifically refers to their present situation.</p> <p>Domestic violence is not limited to spousal abuse, or abuse that occurs inside a home. You may provide the expanded definition requested (included directly in survey):</p> <p><i>Has anyone you stayed with ever tried to harm you, control your daily activities, resources, and/or documents, or force you to do things you do not want to do?</i></p> <p>The third question – <i>In the time that you’ve been without a steady place to stay, have you experienced any of the following types of violence?</i> – references any incidences of violence (physical, sexual assault, stalking, domestic violence) that the respondent has experienced since becoming homeless, and may include, but is not limited to domestic violence.</p>	A victim of domestic violence may be nearby their abuser when being surveyed. If you feel asking a question puts a respondent in danger, skip the question.
Don’t Know	<p>Respondent is unsure of answer to question.</p> <p>On the survey, this answer choice is: DKR.</p>	Don’t say these answer choices aloud. Simply select DKR if respondent does not know.
Emergency Shelter (ES)	Programs that offer temporary shelter for people experiencing homelessness.	

Homeless	Living in a shelter, on the streets, or any place not meant for human habitation – such as a house with no utilities, an abandoned building, etc.	
<u>Homeless Veteran Registry</u>	<p>The Registry helps ensure veterans experiencing homelessness have access to housing programs and services. Connect with the Registry online or by phone, depending on your region:</p> <p>Statewide: 1-888-LinkVet (7a-9p) or 651-245-0292 overnight on PIT night Metro: 1-888-LinkVet Central MN: 320-292-1356 Southern MN: MACV/CVSO’s will follow up directly. St. Louis County: MACV/CVSO’s will follow up directly.</p>	
Household	<p>The folks who live with you now or most of the time. This can be a parent + child, spouses or partners, group of youth living together, etc. This may also be referred to as family or group.</p> <p>If couch hopping or staying with family or friends temporarily, this does not refer to permanent residents of that household.</p>	
Household ID	<p>Household ID is a combination of letters used to link respondents together. The SAME household ID should be used for each member of the group.</p> <p>Household ID should contain: CoC + first 3 letters of first respondent’s first name + first 3 letters of last name</p> <p>Example: NEC-Jam-Smi CoC: Northeast First respondent: Jamie Smith Person 2: partner, Maria Smith-Rodriguez Person 3: child, Ethan Smith-Rodriguez</p> <p>Household ID for Jamie, Maria, and Ethan ALL should read NEC-Jam-Smi</p>	<p>ALWAYS complete Household ID when interviewing more than 1 person.</p> <p>As you (or someone designated in your county or CoC) submit these responses in the PIT LIVE online tool, each additional group member will be a separate entry. It is essential to link these group members by Household ID</p>
Housing History	<p>These questions are used to determine whether a respondent qualifies as “chronically homeless” for the purposes of reporting data to HUD.</p> <p>ONLY time a respondent has spent in a shelter or in an unsheltered location should be included here. Pay particular attention when surveying a respondent who is temporarily staying with family or friends (“couch-hopping”), as time spent couch-hopping should not be included.</p>	<p>If the respondent is couch-hopping/temporarily staying with family or friend, emphasize that these questions refer to times you’ve been in shelter or staying in an unsheltered location only.</p>
Income	Income is intended to identify regular, recurrent earned income and cash benefits. Income in the context of the PIT Count is a broad term and can include any funds the respondent considers income.	
Observation	When surveyors are unable to interview respondents, they may use an observation tool to note household makeup and any demographic information that can be determined.	

	Surveyors should also record any identifying information about the person/household and location that could help with de-duplication, i.e. color of clothing, street name, landmarks.	
PIT LIVE	While each CoC organizes the Point-in-Time count locally, all responses gathered through these paper surveys are input into an online form produced by ICA called PIT LIVE. This is the central depository for PIT data collected in Minnesota.	
Refused to Answer	Respondent does not want to answer a question. If this occurs, simply move on to the next question on the survey. On the survey, this answer choice is: DKR.	Don't say these answer choices aloud. Simply select DKR if respondent chooses not to answer a question.
Safe Haven (SH)	Programs that offer supportive housing that serves hard-to-reach homeless individuals with severe mental illness, provides 24-hour residence, has a limited overnight capacity, and provides low-demand services and referrals.	
Sheltered	Individuals staying in emergency shelters, safe havens, and transitional housing (TH) on the night of the Point in Time count. For emergency shelters, safe havens, and THs that participate in HMIS, you do NOT need to complete paper surveys or PIT LIVE. HMIS is the method of data collection.	The PIT paper surveys or PIT LIVE do need to be collected for emergency shelters, safe havens, and THs that do not participate in HMIS
Temporarily Staying with Family or Friends/ Couch Hopping	If couch hopping or staying with family or friends temporarily, this does not refer to permanent residents of that household. Additional family member questions for these respondents are NOT about those who live there permanently, but those persons that stay with the respondent most of the time (i.e. parent/child, partners). For example, if surveying a mom and 10-year old child who are currently staying with grandma, record responses about mom and child, but not grandma.	Defer to your local planning team (PIT Lead or CoC Coordinator) for whether, when conducting the count, you should include this response in your interviews. This varies by community.
Transitional Housing (TH)	Programs that provides temporary lodging and are designed to facilitate the movement of homeless individuals and families into permanent housing within a specified period of time.	
Unsheltered	According to HUD, the unsheltered count should include individuals and families "with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground." The unsheltered count also includes RRH-assisted households who are still unsheltered on the night of the count.	

SURVEYOR TIPS & TECHNIQUES

ICA hosted a [train-the-trainer session in October 2018](#). John Tribbett, Street Outreach Program Manager from St. Stephen's Human Services, joined us to share expertise he and his team have acquired over the years.

While the surveyor tips and techniques are focused on the unsheltered count, most tips apply to anyone working directly with vulnerable populations including case managers and other folks conducting sheltered surveys.

Things to keep in mind:

- Surveyors come from a place of privilege, walking into respondents' lives and asking questions that can be quite personal. Remember that certain questions could re-traumatize a respondent.
- Virtually everyone experiencing homelessness has a high degree of sleep deprivation. This in addition to other health problems and trauma may affect interactions.
- People experiencing homelessness are people, and just as with any person approached out of the blue for a survey, they may react in a variety of ways. Don't take it personally.
- It may be difficult to simply conduct a survey without being able to provide help to respondents. Know that the information collected helps improve services for people experiencing homelessness. Provide any resources specific to your CoC at the end of the survey.

Approaching a potential respondent:

- Announce your presence when approaching tents or other private areas. Call out, "Knock knock..." and wait for response.
- Be cautious when entering private property. It is not advisable to enter abandoned buildings or homes.
- Likewise, avoid knocking on vehicle windows. Use the observation tool when needed.
- When surveying at a meal site or other event setting, use a systematic approach for selecting interviewees. Do not attempt to pick out individuals who "look" homeless.
- Avoid addressing only one member of a couple or family with multiple adults when asking for consent to survey.

Conducting an interview:

- We've provided scripting throughout the survey to guide the conversation. Make the scripts your own. Be conversational.
- If respondent is sitting or lying down, get on the same level whenever possible to facilitate conversation (i.e. kneel down or sit, don't hover over the person).
- If a respondent does not want to take the survey or wishes to stop part way through, thank them and move on.
- Attempt to ensure respondents' privacy. See notes under "Sensitive questions" and tips for surveying in groups.
- Ensure your own safety: if you feel unsafe, move on to another respondent or leave the area.
- Avoid phrases like, "I understand", or comments that make promises.

Sensitive questions:

- Read the script given or put it in your own words to alert respondents to these questions.
- Allow respondents to read questions and responses silently and point to their answer. However, do not assume that a respondent is able to read the survey. Offer to read out loud.
- Domestic violence questions: Often, a victim of domestic violence may be nearby their abuser when being surveyed. If you feel asking a question puts a respondent in danger, skip the question.

Observation tool use:

- Note time and location where data was collected. These notes help with de-duplication.

CONDUCTING INTERVIEWS IN TEAMS

Interviewing as a team? Use the following tips to get the most out of your group:

- Designate one team member to monitor the area where interviews are happening. Be alert for any safety concerns, additional people who should be surveyed, or other changes in the situation.
- Team interviewing can help ensure respondents' privacy. One team member can interview one member of a couple or group with other team members interviewing others some distance away.
- Help out if team members get caught in long conversations. Simply say that your group is trying to interview as many people as possible and ask if the interviewer can move on to another respondent.

INTERVIEWING HOUSEHOLDS WITH MULTIPLE ADULTS

If multiple team members are each interviewing an adult in the same household, it may be easier to use a separate copy of the survey for each interview. In this case, link the copies with **household ID** in the Additional Family Members section. The **household ID** is a combination of CoC code and the first three letters of the first and last name of the first person surveyed in the group. For example:

CoC: Northeast

First respondent: Jamie Smith

Household ID should contain: CoC + first 3 letters of first respondent's first name + first 3 letters of last name

NEC-Jam-Smi

You may simply select one group member to be the first person surveyed or "head of household". In the example shown below, one team member interviews the "head of household" and fills out a copy of the paper survey as normal. The other team member interviews the head of household's partner and begins the survey on page two, using the Person 2 column...

Demographics	
Respondent:	Person 2:
[SKIP]	First: <u>M</u> <u>a</u> <u>r</u> Last: <u>S</u> <u>m</u> <u>i</u>
[SKIP]	Under 18 <input type="checkbox"/> 0-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-13 <input type="checkbox"/> 14-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-55 <input type="checkbox"/> 56+
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
Person 2:	
<input type="checkbox"/>	Female
<input type="checkbox"/>	Male
<input type="checkbox"/>	Trans Female (MTF)

...and **household ID** is recorded under Adult 2 in the Additional Family section to link the surveys.

Additional Family Member	
Answering series of questions ONLY if family member	
	Adult 2:
	SWC - Jam - Smi
Side of group	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]
Resident if	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]
Questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]
First name	First: _____
Last name	Last: _____



Note: If you use this approach, you **MUST** fill out the **household ID** box under Additional Family Members. Otherwise the household cannot be linked together.

...my respondent wants to know how the data will be used	It's important to note here that demographic and sensitive data about any one individual or family is de-identified. That means that (for persons in shelter) names, birthdates, and SSNs are NOT included with the information that is submitted to HUD. For unsheltered persons, that information isn't gathered at all (but for initials and age to help ensure a person is not counted twice).
...my respondent is talking excessively/telling a long story	Thank the respondent for sharing the story and politely let the respondent know that you are looking to interview as many people as possible that night. Move on when possible.
...my respondent walks away or refuses to complete the survey	Respect the respondent's wishes and do not attempt to continue the survey. If you were able to obtain consent and complete some demographic information, turn in the survey as-is. If not, complete the Observation Tool if possible (see Observation Tool section, above.)
...the person does not consent to the survey, but I am confident they are homeless.	Complete the Observation Tool to record any household make-up and demographic information you can determine.

RESOURCES

More information on the Point In Time Count is available from HUD:

Most recent PIT Methodology guide: <https://www.hudexchange.info/resources/documents/PIT-Count-Methodology-Guide.pdf>

2019 PIT Count notice: <https://www.hudexchange.info/resources/documents/Notice-CPD-18-08-2019-HIC-PIT-Data-Collection-Notice.pdf>

2019 PIT Train-the-Trainer video: <https://vimeo.com/298218554/3a39056be2>

APPENDIX

See following pages for a copy of the 2019 Paper Survey. The 2019 Paper Survey includes the Additional Family/Group Members (Adults Only) Survey and Observation Form

2019 MN Point-in-Time Count – January 23, 2019



SURVEYOR QUESTIONS		
Surveyor name:	Continuum of Care:	County:
Agency/team:	School district: [School-based surveys only]	
Specific location:		
Household ID: [See instructions. Complete after survey]		

Hello, my name is [Name] and I'm a volunteer for [Name of CoC/agency/county]. We are surveying people experiencing homelessness to help improve programs and services. This survey asks questions about you and others in your household. It asks about where you stay now and some of your life experiences. Your participation is voluntary, and your responses will only be used anonymously.

Can I have about 10 minutes of your time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No [END SURVEY. Complete observation form if able]
Did another volunteer already ask you where you're staying tonight/where you stayed last night?	<input type="checkbox"/> Yes [END SURVEY]	<input type="checkbox"/> No
Where did you/will you sleep on Wednesday night (January 23rd, 2019)?		
UNSHELTERED: <input type="checkbox"/> Abandoned building/house without utilities <input type="checkbox"/> Bridge/overpass/railroad <input type="checkbox"/> Bus/light rail/train <input type="checkbox"/> Doorway/skyway <input type="checkbox"/> Park <input type="checkbox"/> Private property (storage, barn, fish house) <input type="checkbox"/> Street or sidewalk <input type="checkbox"/> Vehicle (car, truck, van, camper) <input type="checkbox"/> Woods/caves/open space <input type="checkbox"/> Restaurant/laundromat <input type="checkbox"/> Up all night walking <input type="checkbox"/> Other (Unsheltered)	OTHER: <input type="checkbox"/> Couch-hopping/Temporarily staying with family or friends <input type="checkbox"/> Hospital, jail or treatment program [END SURVEY] SHELTERED: [If conducting unsheltered count, you may END SURVEY if respondent selects a sheltered response] <input type="checkbox"/> Emergency shelter <input type="checkbox"/> Motel/hotel (voucher stay) <input type="checkbox"/> Safe Haven shelter <input type="checkbox"/> Transitional housing	
In which county did you/will you stay on Wednesday night (January 23rd, 2019)?		
What are the first three letters of your first name?		First: _____
What are the first three letters of your last name?		Last: _____
How old are you?	Will anyone/did anyone stay with you tonight/that night?	
Under 18 <input type="checkbox"/> 0-4 <input type="checkbox"/> 10-13 <input type="checkbox"/> 5-9 <input type="checkbox"/> 14-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-55 <input type="checkbox"/> 56+	<input type="checkbox"/> Yes [Go to next question] <input type="checkbox"/> No [SKIP to Demographics section]	
I'm going to ask you about the age ranges of the people who are in your household and staying in the same location with you tonight/that night. [If couch-hopping/staying with family or friends, do not count the permanent residents.] [Clarify if needed] By <u>household</u> , I mean the people who live with you now or most of the time.		
How many adults (age 25 and older) are staying with you?	_____ Adults (Age 25 and older)	
How many young adults (age 18 to 24)?	_____ Young adults (Age 18-24)	
How many children (17 and younger)?	_____ Children (Age 17 and younger)	
[If household includes ONLY young adults and/or children, ask:] Including yourself, how many are the parent or legal guardian of a child in your household?		
_____ Parents Age 18-24	_____ Parents Age 17 and younger	

2019 MN Point-in-Time Count – January 23, 2019



Demographics				
Now I'm going to ask some basic information about you and people in your household.				
	Respondent:	Person 2:	Person 3:	Person 4:
What are the first three letters of your first name? Of your last name?	[SKIP]	First: _____ Last: _____	First: _____ Last: _____	First: _____ Last: _____
How old are you?	[SKIP]	Under 18 <input type="checkbox"/> 0-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-13 <input type="checkbox"/> 14-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-55 <input type="checkbox"/> 56+	Under 18 <input type="checkbox"/> 0-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-13 <input type="checkbox"/> 14-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-55 <input type="checkbox"/> 56+	Under 18 <input type="checkbox"/> 0-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-13 <input type="checkbox"/> 14-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-55 <input type="checkbox"/> 56+
Are you Hispanic or Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
	Respondent:	Person 2:	Person 3:	Person 4:
How do you identify your gender?	<input type="checkbox"/>	<input type="checkbox"/>	Female	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Male	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Trans Female (MTF)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Trans Male (FTM)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Gender Non-conforming	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	DKR	<input type="checkbox"/>
How do you identify your race? You can include all that apply.	<input type="checkbox"/>	<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Asian	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Black or African American	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Native Hawaiian or other Pacific Islander	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	White	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	DKR	<input type="checkbox"/>
[SKIP if not American Indian or Alaska Native] If Native American, of which tribe are you an enrolled member?	<input type="checkbox"/>	<input type="checkbox"/>	Not enrolled member of any tribe	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Lower Sioux Indian Community in the State of Minnesota	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Mdewakanton Sioux Indians	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Minnesota Chippewa Tribe - Bois Forte	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Minnesota Chippewa Tribe - Fond du Lac	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Minnesota Chippewa Tribe - Grand Portage	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Minnesota Chippewa Tribe - Leech Lake	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Minnesota Chippewa Tribe - Mille Lacs Band	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Minnesota Chippewa Tribe - White Earth	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Prairie Island Indian Community in the State of Minnesota	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Red Lake Band of Chippewa Indians	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Shakopee Mdewakanton Sioux Community of Minnesota	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Upper Sioux Community	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	

[THE FOLLOWING SECTIONS ARE FOR THE FIRST RESPONDENT ONLY]

Housing History			
The next set of questions are about your housing history. [If couch-hopping/temporarily staying with family or friends, add] These questions refer to times you've been in shelter or staying outside only .			
Have you been continuously homeless – <i>like in a shelter or staying outside</i> – for a year or more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DKR
Is this the first time you've been <i>homeless – like in a shelter or staying outside</i> ?	<input type="checkbox"/> Yes [SKIP to Veteran section]	<input type="checkbox"/> No	<input type="checkbox"/> DKR
Think back over the last three years. During that time, have you been homeless 4 or more times – <i>like in a shelter or staying outside</i> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No [SKIP to Veteran section]	<input type="checkbox"/> DKR
If yes, do these times, added together, amount to a year or more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DKR

Veteran Status			
[Ask the following series of questions ONLY if respondent is 18 or older]			
Did you serve in the United States Armed Forces, which includes the Army, Navy, Air Force, Marine Corps, and Coast Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DKR
Did you serve on Active Duty, or in the National Guard or Reserves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DKR
[If yes to either Veteran question above, ask the following. Otherwise, SKIP to Sensitive Questions section.]			
If Guard or Reserve: were you ever called to Active Duty as a member of the National Guard or as a Reservist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DKR
Did you enter Active Duty before 9/7/1980?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DKR
For approximately how many months did you serve?	_____ # of months		
Are you receiving VA disability pay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DKR
What kind of discharge did you have?	<input type="checkbox"/> Honorable or under honorable conditions	<input type="checkbox"/> Other than honorable, but not dishonorable	<input type="checkbox"/> Dishonorable <input type="checkbox"/> DKR
Have you joined the Homeless Veterans Registry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DKR
[If respondent has not joined registry or is unsure, state:] When we complete this survey, I'd be happy to help you apply for the veteran's registry or provide the number to connect you to the resources they offer.			

Sensitive Questions			
The next set of questions asks about sensitive topics and may be upsetting. We want to keep your information private. If you prefer, you may read each question silently and point to the answers that apply to you.			
Otherwise, I can read them out loud and you can respond with the numbers or a quick yes or no. You don't have to answer any question you don't want to and I'll simply move on. How would you like to proceed? [Give respondent a moment to decide, then proceed with questions. Circle the numbered response.]			
Are you, or have you been, a victim/survivor of domestic violence?	1. Yes	2. No	3. DKR
[clarify if needed] Has anyone you stayed with ever tried to harm you, control your daily activities, resources, and/or documents, or force you to do things you do not want to do?			
Are you currently fleeing a domestic violence situation?	1. Yes	2. No	3. DKR
In the time you've been without a steady place to stay, have you experienced any of the following types of violence?	1. Physical violence	2. Sexual Assault	3. Stalking 4. Domestic violence
[If response to any of the above 3 questions is yes and surveyor has resources available, state:] I am sorry that's happened to			

you. When we're finished with the survey, I can suggest a program or two that might be helpful for you if you're interested.	
Now I'm going to ask about your health. Do any of the following apply to you? [Check all that apply. Skip question if none apply.]	<ol style="list-style-type: none"> 1. AIDS or HIV-related illness 2. Chronic health condition (such as diabetes, cancer, or heart disease) 3. Developmental Disability 4. Drug or alcohol abuse 5. Physical disability or mobility impairment 6. PTSD (Post Traumatic Stress Disorder) 7. Psychiatric or emotional conditions such as depression or schizophrenia

Additional Questions	
Have you ever been in foster care? [Age 24 and under ONLY]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
How long has it been since you were on a lease or in stable housing?	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> More than 5 years
Do you have an eviction on record?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
Do you have any income?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
Do you have health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
Are you employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
[If employed] Is your employment full-time, part-time, or temporary/seasonal?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary / Seasonal
Are you attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
What is the highest grade of school you have completed?	<input type="checkbox"/> 8 th grade or less <input type="checkbox"/> Some high school but did not finish 12 th grade <input type="checkbox"/> Received a high school equivalency (GED) <input type="checkbox"/> 12 th grade (high school graduate) <input type="checkbox"/> Some college but no degree <input type="checkbox"/> Completed any college degree (2-year Associate or higher)
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
How long have you been in this county?	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> More than 5 years
Were you homeless when you came here?	<input type="checkbox"/> Yes <input type="checkbox"/> No [SKIP to END or next adult] <input type="checkbox"/> N/A (From here originally) [SKIP to END or next adult]
[If yes] What brought you to this county?	<input type="checkbox"/> Family/friends <input type="checkbox"/> Job opportunities <input type="checkbox"/> Access to services and resources <input type="checkbox"/> Other
<p>Thank you, I appreciate your time. Your responses will be combined with those of other people taking this survey and used to help improve programs for people experiencing homelessness.</p> <p>[END SURVEY FOR FIRST RESPONDENT + if applicable to your region, provide resource materials specific to respondent's circumstances.]</p> <p>Day One domestic violence hotline: 1-866-223-1111 Homeless Veteran Registry: 1-888-546-5838</p> <p>[If additional adults in household, CONTINUE TO NEXT PAGE. If additional household members are not over 18, survey is complete.]</p>	

Additional Family Members			
[Ask the following series of questions ONLY if family member is 18 or older]			
	Adult 2:	Adult 3:	Adult 4:
Household ID [Surveyor Only - COMPLETE FOR EACH HOUSEHOLD. These fields MUST be completed and will be used to link group members. Refer to instructions if needed.]	____ - ____ - ____	____ - ____ - ____	____ - ____ - ____
Will you/did you also stay in a shelter or outside Wednesday night (January 23rd, 2019)? [or in same location as first respondent if staying with family or friends]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]
Can I ask you a few additional questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]
What are the first three letters of your first and last names?	First: _____ Last: _____	First: _____ Last: _____	First: _____ Last: _____

Additional Family Members: Housing History			
The next set of questions are about your housing history. [If couch-hopping/temporarily staying with family or friends, add] These questions refer to times you've been in shelter or staying outside only.			
	Adult 2:	Adult 3:	Adult 4:
Have you been continuously homeless – like in a shelter or staying outside – for a year or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
Is this the first time you've been homeless – like in a shelter or staying outside?	<input type="checkbox"/> Yes [SKIP to Veteran section] <input type="checkbox"/> No	<input type="checkbox"/> Yes [SKIP to Veteran section] <input type="checkbox"/> No	<input type="checkbox"/> Yes [SKIP to Veteran section] <input type="checkbox"/> No
Think back over the last three years. During that time, have you been homeless 4 or more times - like in a shelter or staying outside?	<input type="checkbox"/> Yes <input type="checkbox"/> No [SKIP to Veteran section]	<input type="checkbox"/> Yes <input type="checkbox"/> No [SKIP to Veteran section]	<input type="checkbox"/> Yes <input type="checkbox"/> No [SKIP to Veteran section]
[If yes] Do these times, added together, amount to a year or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR

Additional Family Members: Veteran Status			
	Adult 2:	Adult 3:	Adult 4:
Did you serve in the United States Armed Forces, which includes the Army, Navy, Air Force, Marine Corps, and Coast Guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
Did you serve on Active Duty, or in the National Guard or Reserves?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
[If yes to either Veteran question above, ask the following. Otherwise, END SURVEY.]			
If Guard or Reserve: were you ever called to Active Duty as a member of the National Guard or as a Reservist?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR

Did you enter Active Duty before 9/7/1980?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
For approximately how many months did you serve?	_____ # of months	_____ # of months	_____ # of months
Are you receiving VA disability pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
What kind of discharge did you have?	<input type="checkbox"/> Honorable or under honorable conditions <input type="checkbox"/> Other than honorable, but not dishonorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> DKR	<input type="checkbox"/> Honorable or under honorable conditions <input type="checkbox"/> Other than honorable, but not dishonorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> DKR	<input type="checkbox"/> Honorable or under honorable conditions <input type="checkbox"/> Other than honorable, but not dishonorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> DKR
Have you joined the Homeless Veterans Registry?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>[If respondent has not joined registry or is unsure, state:] When we complete this survey, I can help you apply for the veteran’s registry or provide a number to connect you to the resources they offer.</p>			
<p>Additional Family Members: Sensitive Questions</p>			
<p>The next set of questions asks about sensitive topics and may be upsetting. We want to keep your information private. If you prefer, you may read each question silently and point to the answers that apply to you.</p> <p>Otherwise, I can read them out loud and you can respond with the numbers or a quick yes or no. You don’t have to answer any question you don’t want to and I’ll simply move on. How would you like to proceed?</p>			
<p>[Give respondent a moment to decide, then proceed with questions. Circle the numbered response.]</p>			
	Adult 2:	Adult 3:	Adult 4:
Are you, or have you been, a victim/survivor of domestic violence?	1. Yes 2. No 3. DKR	1. Yes 2. No 3. DKR	1. Yes 2. No 3. DKR
<p>[clarify if needed] Has anyone you stayed with ever tried to harm you, control your daily activities, resources, and/or documents, or force you to do things you do not want to do?</p>			
Are you currently fleeing a domestic violence situation?	1. Yes 2. No 3. DKR	1. Yes 2. No 3. DKR	1. Yes 2. No 3. DKR
<p>Since you’ve been without a steady place to stay, have you experienced any of the following types of violence?</p> <p>[If response to any of the above 3 questions is yes and surveyor has resources available, state:] I am sorry that’s happened to you. When we’re finished with the survey, I can suggest a program or two that might be helpful for you if you’re interested.</p>	1. Physical violence 2. Sexual Assault 3. Stalking 4. Domestic Violence	1. Physical violence 2. Sexual Assault 3. Stalking 4. Domestic Violence	1. Physical violence 2. Sexual Assault 3. Stalking 4. Domestic Violence

2019 MN Point-in-Time Count – January 23, 2019



	Adult 2:	Adult 3:	Adult 4:	
Do any of the following apply to you? [Check all that apply. Skip question if none apply.]	<input type="checkbox"/>	1. AIDS or HIV-related illness	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	2. Chronic health condition (such as diabetes, cancer, or heart disease)	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	3. Developmental Disability	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	4. Drug or alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	5. Physical disability or mobility impairment	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	6. PTSD (Post Traumatic Stress Disorder)	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	7. Psychiatric or emotional conditions such as depression or schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>
<p>[END SURVEY + if applicable to your region, provide resource materials specific to respondent’s circumstances.] Day One domestic violence hotline: 1-866-223-1111 Homeless Veteran Registry: 1-888-546-5838</p> <p>Thank you, I appreciate your time. Your responses will be combined with those of other people taking this survey and used to help improve programs for people experiencing homelessness.</p>				

Point-In-Time Unsheltered Observation Tool: January 23, 2019

Use the form below if you are unable to collect identifying information, cannot enter a site, or do not wish to disturb someone sleeping outside, in a car or abandoned building.

DO NOT COMPLETE THIS IF YOU HAVE ALREADY COMPLETED THE SURVEY

IMPORTANT - Exclude people:

- In uniforms (e.g. security guards, police, building maintenance people)
- Engaged in illegal activities (e.g. selling drugs or trading sex)
- Conducting commercial transactions (e.g. delivering newspapers or other goods)
- Who are obviously not homeless (e.g. people leaving bar at 2 am)

Date:
Time:
County:
Person completing form:
Location description:
Type of location: <ul style="list-style-type: none"><input type="checkbox"/> Abandoned building<input type="checkbox"/> Bridge/overpass/railroad<input type="checkbox"/> Bus/light rail/train<input type="checkbox"/> Doorway/skyway<input type="checkbox"/> Park<input type="checkbox"/> Private property (storage, barn, fish house)<input type="checkbox"/> Restaurant/laundromat<input type="checkbox"/> Street or sidewalk<input type="checkbox"/> Vehicle (car, van, camper)<input type="checkbox"/> Woods/cave/open space<input type="checkbox"/> Other
Total persons staying together as a household:
Number of adults (age 25 or older):
Number of young adults (age 18-24):
Number of children (age 17 or younger):
Number of people of unknown age (not sure if adult or child):
Is this person/family homeless? <ul style="list-style-type: none"><input type="checkbox"/> Definitely<input type="checkbox"/> Possibly<input type="checkbox"/> Not sure

Please complete the next page.

Please complete the following information for each person being observed:

Point-In-Time Unsheltered Observation Tool: January 23, 2019

Person #1	Person #2	Person #3	Person #4	Person #5
Age: <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 or older <input type="checkbox"/> Not sure	Age: <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 or older <input type="checkbox"/> Not sure	Age: <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 or older <input type="checkbox"/> Not sure	Age: <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 or older <input type="checkbox"/> Not sure	Age: <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 or older <input type="checkbox"/> Not sure
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Trans Male (FTM) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Not sure	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Trans Male (FTM) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Not sure	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Trans Male (FTM) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Not sure	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Trans Male (FTM) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Not sure	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Trans Male (FTM) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Not sure
Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Multiple Races <input type="checkbox"/> Not sure	Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Multiple Races <input type="checkbox"/> Not sure	Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Multiple Races <input type="checkbox"/> Not sure	Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Multiple Races <input type="checkbox"/> Not sure	Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Multiple Races <input type="checkbox"/> Not sure
Ethnicity: <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not sure	Ethnicity: <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not sure	Ethnicity: <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not sure	Ethnicity: <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not sure	Ethnicity: <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not sure
Other Information: (If possible, please include: clothing and other physical characteristics or conditions like tattoos, scars, braces, casts, etc.)	Other Information:	Other Information:	Other Information:	Other Information: