

2026 MN Point-in-Time Count – January 28, 2026



SURVEYOR INFORMATION			
Surveyor name:		Email:	
Continuum of Care:		Survey Date:	
Survey Time:			
School district: [School-based surveys only]			

[Surveyor Narrative] Hello, my name is [Name] and I am 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 THE SURVEY. Complete the observation form if able.]
Did another volunteer already ask you where you are staying tonight/where you stayed last night?	<input type="checkbox"/> Yes [END THE SURVEY] <input type="checkbox"/> No
Where did you/will you sleep on Wednesday night (January 28th, 2026)?	
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)	SHELTERED: Include name of agency <input type="checkbox"/> Emergency shelter - _____ <input type="checkbox"/> Motel/hotel with voucher - _____ <input type="checkbox"/> Transitional housing - _____ [If you are certain the program named is already recorded in HMIS, you may end the survey. If you're not sure or you know it is not, then continue] Doubled-Up: <input type="checkbox"/> Couch-hopping/Temporarily staying with family or friends Other: <input type="checkbox"/> Hospital, jail, or treatment program [IF SELECTED, END SURVEY]
In which county did you stay on Wednesday night (January 28 th , 2026)?	
In which city did you stay on Wednesday night (January 28 th , 2026)?	
If applicable, on which reservation did you stay on Wednesday night (January 28 th , 2026)?	

Demographics	
What is the first initial of your first name? And last name?	First: ____ Last: ____
How old are you?	
[If age 24 or younger, then ask:] Are you the parent or legal guardian of a child in your household who was with you on Wednesday night?	

[If 18+] Did you serve in the United States Armed Forces, which includes the Army, Navy, Air Force, Marine Corps, Space Force, and Coast Guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/prefers not to answer
If yes, have you joined the Homeless Veterans Registry?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/prefers not to answer

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<p>How do you identify your race/ethnicity? Select all that apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Don't Know/Prefers not to answer 	<p>If Native American, of which tribe are you an enrolled member? [SKIP if not American Indian, Alaska Native, or Indigenous]</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not an enrolled member of any tribe <input type="checkbox"/> Lower Sioux Indian Community in the State of Minnesota <input type="checkbox"/> Mdewakanton Sioux Indians <input type="checkbox"/> Minnesota Chippewa Tribe - Bois Forte <input type="checkbox"/> Minnesota Chippewa Tribe - Fond du Lac <input type="checkbox"/> Minnesota Chippewa Tribe - Grand Portage <input type="checkbox"/> Minnesota Chippewa Tribe - Leech Lake <input type="checkbox"/> Minnesota Chippewa Tribe - Mille Lacs Band <input type="checkbox"/> Minnesota Chippewa Tribe - White Earth <input type="checkbox"/> Prairie Island Indian Community in the State of Minnesota <input type="checkbox"/> Red Lake Band of Chippewa Indians <input type="checkbox"/> Shakopee Mdewakanton Sioux Community of Minnesota <input type="checkbox"/> Upper Sioux Community <input type="checkbox"/> Other
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Sensitive Questions

[Surveyor Narrative] 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? **[Pause. Proceed with questions if consent is granted.]**

<p>Are you, or have you been, a victim/survivor of domestic violence?</p> <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>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/prefers not to answer
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If yes, are you currently fleeing a domestic violence situation?

- ☐ Yes
- ☐ No
- ☐ Don't know /prefers not to answer

Now I'm going to ask about your health. Do any of the following apply to you?

[Select all that apply.]

- ☐ Positive HIV status
- ☐ Drug or alcohol use disorder
- ☐ Serious mental health disorder (such as depression, schizophrenia or PTSD)
- ☐ Any other disabling conditions (such as diabetes, cancer, heart disease, development disability, physical disability or mobility impairment)
- ☐ No disabling conditions

Housing History

The next set of questions are about your housing history. [These questions only need to be answered if they indicated having a disabling condition above!! If currently couch-hopping/temporarily staying with family or friends, these questions refer to times you've been in shelter or staying outside only.]

Have you been continuously homeless – like in a shelter or staying outside – for a year or more?

- ☐ Yes **[you do not need to ask any of the following questions]**
- ☐ No **[continue with questions]**
- ☐ Don't know/prefers not to answer

Is this the first time you've been homeless – like in a shelter or staying outside?

- ☐ Yes **[you do not need to ask any of the following questions]**
- ☐ No **[continue with questions]**
- ☐ Don't know/prefers not to answer

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?

- ☐ Yes **[continue with questions]**
- ☐ No **[you do not need to ask any of the following questions]**
- ☐ Don't know/prefers not to answer

If yes, do these times, *added together*, amount to a year or more?

- ☐ Yes
- ☐ No
- ☐ Don't know/prefers not to answer

[If there are additional household members, CONTINUE BELOW]

Additional Family Members (All ages)			
	Household Member 2:	Household Member 3:	Household Member 4:
First/Last Initials	First:____ Last:____	First:____ Last:____	First:____ Last:____
How old are you?			
How do you identify your race/ethnicity? Select all that apply.	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> DK/prefers not to answer
If Native American, of which tribe are you an enrolled member? [SKIP if not American Indian, Alaska Native, or Indigenous]	<input type="checkbox"/> Not an enrolled member of any tribe <input type="checkbox"/> Lower Sioux Indian Community in the State of Minnesota <input type="checkbox"/> Mdewakanton Sioux Indians <input type="checkbox"/> Minnesota Chippewa Tribe – Bois Forte <input type="checkbox"/> Minnesota Chippewa Tribe – Fond du Lac <input type="checkbox"/> Minnesota Chippewa Tribe – Grand Portage <input type="checkbox"/> Minnesota Chippewa Tribe – Leech Lake <input type="checkbox"/> Minnesota Chippewa Tribe – Mille Lacs Band <input type="checkbox"/> Minnesota Chippewa Tribe – White Earth <input type="checkbox"/> Prairie Island Indian Community in the State of Minnesota <input type="checkbox"/> Red Lake Band of Chippewa Indians <input type="checkbox"/> Shakopee Mdewakanton Sioux Community of Minnesota <input type="checkbox"/> Upper Sioux Community <input type="checkbox"/> Other	<input type="checkbox"/> Not an enrolled member of any tribe <input type="checkbox"/> Lower Sioux Indian Community in the State of Minnesota <input type="checkbox"/> Mdewakanton Sioux Indians <input type="checkbox"/> Minnesota Chippewa Tribe – Bois Forte <input type="checkbox"/> Minnesota Chippewa Tribe – Fond du Lac <input type="checkbox"/> Minnesota Chippewa Tribe – Grand Portage <input type="checkbox"/> Minnesota Chippewa Tribe – Leech Lake <input type="checkbox"/> Minnesota Chippewa Tribe – Mille Lacs Band <input type="checkbox"/> Minnesota Chippewa Tribe – White Earth <input type="checkbox"/> Prairie Island Indian Community in the State of Minnesota <input type="checkbox"/> Red Lake Band of Chippewa Indians <input type="checkbox"/> Shakopee Mdewakanton Sioux Community of Minnesota <input type="checkbox"/> Upper Sioux Community <input type="checkbox"/> Other	<input type="checkbox"/> Not an enrolled member of any tribe <input type="checkbox"/> Lower Sioux Indian Community in the State of Minnesota <input type="checkbox"/> Mdewakanton Sioux Indians <input type="checkbox"/> Minnesota Chippewa Tribe – Bois Forte <input type="checkbox"/> Minnesota Chippewa Tribe – Fond du Lac <input type="checkbox"/> Minnesota Chippewa Tribe – Grand Portage <input type="checkbox"/> Minnesota Chippewa Tribe – Leech Lake <input type="checkbox"/> Minnesota Chippewa Tribe – Mille Lacs Band <input type="checkbox"/> Minnesota Chippewa Tribe – White Earth <input type="checkbox"/> Prairie Island Indian Community in the State of Minnesota <input type="checkbox"/> Red Lake Band of Chippewa Indians <input type="checkbox"/> Shakopee Mdewakanton Sioux Community of Minnesota <input type="checkbox"/> Upper Sioux Community <input type="checkbox"/> Other

If all additional family members are under 18, STOP SURVEY HERE. If any are 18+, continue.

Veteran Status (18+ Only)			
	Household Member 2:	Household Member 3:	Household Member 4:
Did you serve in the United States Armed Forces, which includes the Army, Navy, Air Force, Marine Corps, Space Force and Coast Guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer
If yes, Have you joined the Homeless Veterans Registry?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer

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Additional Family Members (18+ Only): Sensitive Questions			
[As with primary household member, get consent before proceeding with these questions.]			
	Household Member 2:	Household Member 3:	Household Member 4:
Are you, or have you been, a victim/survivor of domestic violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer
Are you currently fleeing a domestic violence situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer
Do any of the following apply to you?	<input type="checkbox"/> Positive HIV status <input type="checkbox"/> Drug or alcohol use disorder <input type="checkbox"/> Serious mental health disorder (such as depression, schizophrenia or PTSD) <input type="checkbox"/> Any other disabling conditions (such as diabetes, cancer, heart disease, development disability, physical disability or mobility impairment) <input type="checkbox"/> No disabling conditions	<input type="checkbox"/> Positive HIV status <input type="checkbox"/> Drug or alcohol use disorder <input type="checkbox"/> Serious mental health disorder (such as depression, schizophrenia or PTSD) <input type="checkbox"/> Any other disabling conditions (such as diabetes, cancer, heart disease, development disability, physical disability or mobility impairment) <input type="checkbox"/> No disabling conditions	<input type="checkbox"/> Positive HIV status <input type="checkbox"/> Drug or alcohol use disorder <input type="checkbox"/> Serious mental health disorder (such as depression, schizophrenia or PTSD) <input type="checkbox"/> Any other disabling conditions (such as diabetes, cancer, heart disease, development disability, physical disability or mobility impairment) <input type="checkbox"/> No disabling conditions

Additional Family Members (18+ Only): Housing History			
The next set of questions are about your housing history. [These questions only need to be answered if they indicated having a disabling condition above!! If currently couch-hopping/temporarily staying with family or friends, these questions refer to times you've been in shelter or staying outside only.]			
	Household Member 2:	Household Member 3:	Household Member 4:
Have you been continuously homeless – like in a shelter or staying outside – for a year or more?	<input type="checkbox"/> Yes [you do not need to ask any of the following questions] <input type="checkbox"/> No [continue with questions] <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> Yes [you do not need to ask any of the following questions] <input type="checkbox"/> No [continue with questions] <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> Yes [you do not need to ask any of the following questions] <input type="checkbox"/> No [continue with questions] <input type="checkbox"/> DK/prefers not to answer
Is this the first time you've been homeless – like in a shelter or staying outside?	<input type="checkbox"/> Yes [you do not need to ask any of the following questions] <input type="checkbox"/> No [continue with questions] <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> Yes [you do not need to ask any of the following questions] <input type="checkbox"/> No [continue with questions] <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> Yes [you do not need to ask any of the following questions] <input type="checkbox"/> No [continue with questions] <input type="checkbox"/> DK/prefers not to answer
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 [continue with questions] <input type="checkbox"/> No [you do not need to ask any of the following questions] <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> Yes [continue with questions] <input type="checkbox"/> No [you do not need to ask any of the following questions] <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> Yes [continue with questions] <input type="checkbox"/> No [you do not need to ask any of the following questions] <input type="checkbox"/> DK/prefers not to answer
Do these times, added together, amount to a year or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer

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.

Day One domestic violence hotline: 1-866-223-1111 Homeless Veteran Registry: 1-888-546-5838