



## 2016 Survey Guide for: Paper Survey

### What is the Point in Time Count?

The PIT is a federally mandated count of the homeless population within a geographic area, which informs the national government and service providers alike on trends in homeless subpopulations and overall homelessness to gauge where more resources are needed and which programs are successful.

Example #1 Lily Charland is a 47 year old, white woman who came into the ABC Soup Kitchen last night with her daughter Karen, 6, and son James, 4. Lily has a documented substance use condition and has been living in their car since March 2015.

See Paper Survey Example for how the information from the example above would be collected.

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Enter Survey # Above

County	Hillsborough	Your Name	Nicole Clark
Agency	ABC Soup Kitchen	Your Email	vista@mcoCnh.org
INSTRUCTIONS - PLEASE READ:		Your Number	603-641-9441 ext 252



Use one (1) column **per person**. Number each survey in the top left (1, 2, 3, etc.) and use the surveys in order. Start by surveying the head of household, then survey every adult **and** child in the household in a separate, consecutive column.

Did you survey anyone for the Point-in-Time Count?	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		If no, please still submit.	
	Person 1 #1	Person 2 #2	Person 3 #3			
[1.1] 1st Letter of First Name	L	K	J			
[1.2] 1st Letter of Last Name	C	C	C			
[1.3] 3rd Letter of Last Name	A	A	A			
[1.4] Year of Birth (YYYY)						
[1.5] Is this person the Head of Household?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
[1.6] What type of household is this person in?	<input checked="" type="checkbox"/> With Children <input type="checkbox"/> Without Children	<input checked="" type="checkbox"/> With Children <input type="checkbox"/> Without Children	<input checked="" type="checkbox"/> With Children <input type="checkbox"/> Without Children	<input checked="" type="checkbox"/> With Children <input type="checkbox"/> Without Children	<input checked="" type="checkbox"/> With Children <input type="checkbox"/> Without Children	<input checked="" type="checkbox"/> With Children <input type="checkbox"/> Without Children
[1.7] Are you physically living with a veteran?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
[1.8] Are you physically living with someone who is 25 years old or older?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
[2.1] What age range does this person fall under?	<b>Check only 1 box per person</b>					
	<input type="checkbox"/> Under 18	<input type="checkbox"/> 18 to 24	<input checked="" type="checkbox"/> Under 18	<input type="checkbox"/> 18 to 24	<input checked="" type="checkbox"/> Under 18	<input type="checkbox"/> 18 to 24
	<input checked="" type="checkbox"/> 25 and Older		<input type="checkbox"/> 25 and Older		<input type="checkbox"/> 25 and Older	
[2.2] What gender does this person identify as?	<b>Check only 1 box per person</b>					
	<input checked="" type="checkbox"/> Female	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input checked="" type="checkbox"/> Male
	<input type="checkbox"/> Transgender		<input type="checkbox"/> Transgender		<input type="checkbox"/> Transgender	
[2.3] What race(s) does this person identify as?	<b>Check only 1 box per person</b>					
	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
	<input type="checkbox"/> Black or African American	<input checked="" type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input checked="" type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input checked="" type="checkbox"/> White
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Multiracial	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Multiracial	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Multiracial
[2.4] What ethnicity does this person identify as?	<b>Check only 1 box per person</b>					
	<input checked="" type="checkbox"/> Non-Hispanic/Non-Latino	<input type="checkbox"/> Hispanic/Latino	<input checked="" type="checkbox"/> Non-Hispanic/Non-Latino	<input type="checkbox"/> Hispanic/Latino	<input checked="" type="checkbox"/> Non-Hispanic/Non-Latino	<input type="checkbox"/> Hispanic/Latino
[3] Please indicate whether each person (adult & child) you survey is among the following subpopulations.	<b>Check all that apply per person</b>					
	<input checked="" type="checkbox"/> Chronic Substance Abuse	<input type="checkbox"/> Severely Mentally Ill	<input type="checkbox"/> Chronic Substance Abuse	<input type="checkbox"/> Severely Mentally Ill	<input type="checkbox"/> Chronic Substance Abuse	<input type="checkbox"/> Severely Mentally Ill
	<input type="checkbox"/> U.S. Veteran	<input type="checkbox"/> Domestic Violence Victim	<input type="checkbox"/> U.S. Veteran	<input type="checkbox"/> Domestic Violence Victim	<input type="checkbox"/> U.S. Veteran	<input type="checkbox"/> Domestic Violence Victim
	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Chronically Homeless	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Chronically Homeless	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Chronically Homeless
[4] Where did this person stay last night?	<b>Check only 1 box per person</b>					
	<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Friends/Family	<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Friends/Family	<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Friends/Family
	<input type="checkbox"/> Hospital	<input type="checkbox"/> Jail/Prison	<input type="checkbox"/> Hospital	<input type="checkbox"/> Jail/Prison	<input type="checkbox"/> Hospital	<input type="checkbox"/> Jail/Prison
	<input type="checkbox"/> Motel	<input checked="" type="checkbox"/> Outside/Car/Campground	<input type="checkbox"/> Motel	<input checked="" type="checkbox"/> Outside/Car/Campground	<input type="checkbox"/> Motel	<input checked="" type="checkbox"/> Outside/Car/Campground
	<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Transitional Housing