If program is not a designated domestic violence program please use regular “Housing Programs” form to receive written consent

Unsheltered households should use *Unsheltered/Living with Family or Friends* form

ONE FORM PER HOUSEHOLD

|  |  |  |  |
| --- | --- | --- | --- |
| **For Surveyors-- \*Location: Where did you stay last night?** | | | |
| Program Name:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| O | Emergency Shelter | O | Transitional Housing Program |

|  |
| --- |
| 1. **\*Length of Time without Stable Housing** |
| 1. **Have you or anyone in the household been continuously without housing for a year or more?**   O Yes (skip to Household Information section) O No |
| 1. **Have you or anyone in the household been without housing 4 or more times in the last 3 years?**   O Yes O No (skip to Household Information Section) |
| 1. **Do these times without housing, added together, amount to a year or more?** O Yes O No |
| 1. **Does any person who answered yes for either i. or iii. have a disability?** O Yes O No |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **\*Household (HH) Information**   (Please enter each HH member below. Use additional form if household has more than four members.) **Please check a HH type in the next box.** | | | | | | | | | | | |
| **Household without Children \_\_\_\_ Household with Adults & Children\_\_\_\_\_ Households with only Children\_\_\_\_\_** | | | | | | | | | | | |
| 1. **Last known permanent City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | **v. Disabilities** | | | | |
| **Relation to Head of Household (if applicable)** Spouse/ Partner/ Child/Etc. | **ii.** | **iii.** | **iv. Population Data** | | | | Check **all** that apply to each client | | | | |
| **Year of Birth** | **Gender 1** | **Race2**  (enter all that apply) | **Ethnicity** (Hispanic (H) or Non-Hispanic (N)) | **Fleeing Domestic Violence** | **Veteran** (ever served in the military) | **Chronic Substance Abuse** | **Physical Disability** (Permanent) | **Developmental Disability** | **Mental Health** (Substantial & Long-Term) | **Chronic Health Condition** (Permanently Disabling) |
| *Self* |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

1 Male (M), Female (F), Transgender (T), Gender Non-Conforming (not exclusively M or F) (D), Refused (R)

2 White (W), Black or African-American (B), Asian (A), American Indian or Alaska Native (I), Native Hawaiian or Other Pacific Islander (H), Refused (R)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **D. Circumstances leading to your housing** status | | | | Check all that apply | | □ | Don't Know |
| Housing & Economic | | System & Legal | | Health Issues | | Family Conflict | |
| □ | Job Loss/unemployment | □ | Discharged from hospital or other medical facility | □ | Mental Illness | □ | Domestic Violence |
| □ | Eviction/Loss of housing | □ | Discharged from criminal/juvenile justice system | □ | Physical health/disability | □ | Guardian mental health/substance abuse |
| □ | Lack of job training/  unable to work | □ | Aged out of foster care | □ | Alcohol/substance abuse | □ | Family Rejection/Kicked out |
| □ | Lack of childcare | □ | Medical costs | □ | Illness | □ | Abuse/Neglect |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **E. Source(s) of Household Income and Benefits** (check **all** that apply) | | | | □ | Refused | □ | Don’t Know |
| Public Assistance/Benefits | | | | Employment | | Other | |
| □ | TANF | □ | VA | □ | Part time | □ | None |
| □ | SSI/SSDI | □ | Unemployment | □ | Full time | □ | Panhandling |
| □ | Temporary Disability/ABD | □ | Medicare/Medicaid | □ | Farm/seasonal | □ | Relative/friends |

**\* Denotes data that HUD requires for the PIT Count. All answers from the individuals surveyed are voluntary.**

**This form is only to be used at Domestic Violence agencies. Please use the regular 2019 PIT Survey Form (with signature line and release of information) for other locations in order to avoid duplication.**

**Thank you for helping us improve services to persons with unstable housing**

Department of Commerce | January 2019