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. **\*Chronic Homelessness & Length of Time Homeless**
 |
| **Have you or anyone in the household been continuously homeless for a year or more?**O Yes (skip to Household Information section) O No |
| **Have you or anyone in the household been homeless 4 or more times in the last 3 years?** O No (skip to Household Information) O Yes  |
| **Do these episodes, added together, amount to a year or more?** O Yes O No |

|  |
| --- |
| 1. **\*Household Information**

(Please enter each HH member below. Use additional form if household has more than four members.) |
| 1. **Last Known Permanent City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 | **v. Disabilities**  |
| Check **all** that apply to each client |
| **Relation to Head of Household (if applicable)** Spouse/ Partner/ Child/Etc. | **ii.** | **iii.** | **iv. Population Data**  |
| **First Name** | **Last Name** | **Birth Date**(or if DOB refused; Year of Birth) | **Gender 1**  |  **Race2** (enter all that apply) |  **Ethnicity** (Hispanic (H) or Non-Hispanic (N)) |  **Domestic Violence Survivor** (check if yes) |  **Veteran** (ever served in the military)  | **Chronic Substance Abuse** | **Physical Disability** (Permanent) | **Developmental Disability** | **Mental Health** (Substantial & Long-Term) | **Chronic Health Condition** (Permanently Disabling) | **HIV/AIDS** (enter as consent refused in HMIS) |
| *Self* |   |  |   |   |  |  |  |   |   |   |   |   |   |  |
|   |   |  |   |   |  |  |  |   |   |   |   |   |   |  |
|   |   |  |   |   |  |  |  |   |   |   |   |   |   |  |
|   |   |  |   |   |  |  |  |   |   |   |   |   |   |  |

1 Male (M), Female (F), Transgender Male to Female (TMF), Transgender Female to Male (TFM), Don’t Identify as M, F, or T (D), Data not collected (R)

2 White (W), Black or African-American (B), Asian (A), American Indian or Alaska Native (I), Native Hawaiian or Other Pacific Islander (H), Data not collected (R)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **C. Circumstances that Caused Your Homelessness** (check **all** that apply) | □ | Refused | □ | 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  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **D. 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 | □ | Child Support | □ | Full time | □ | Panhandling |
| □ | Temporary Disability | □ | Medicare/Medicaid | □ | Farm/seasonal | □ | Relative/friends  |
| □ | Unemployment | □ | Soc. Sec. | □ | Under the table/informal | □ |  |

**This form is only to be used at Domestic Violence agencies. Please use the regular 2017 PIT Survey Form (with signature line and release of information) for other locations in order to avoid duplication.**

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

**Thank you for helping us improve services to homeless persons**

Department of Commerce | January 2017