Point In Time Count - DV

DOMESTIC VIOLENCE UNSHELTERED/LIVING WITH FAMILY OR FRIENDS

Households threatened by DV and households with an individual with HIV/AIDS: Do not sign the form at the bottom.

Location where household was surveyed ____________________ Current City/Town: ____________________

If individual/household is staying at shelter program, do not use this form, their information will be collected at the program.

A. *Location: Where did you stay last night? (choose one - applies to entire household)

- Out of Doors (street, tent, etc.)
- Vehicle
- Abandoned Building
- RV/Boat Lacking Any of the Following Amenities
  Drinking water, restroom, heat, ability to cook hot food, ability to bathe

B. *Length of Time without Stable Housing

i. Have you or anyone in the household been continuously without housing for a year or more?
   - Yes (skip to Household Information section)
   - No

ii. Have you or anyone in the household been without housing 4 or more times in the last 3 years?
   - Yes
   - No (skip to Household Information Section)

iii. Do these times without housing, added together, amount to a year or more?
   - Yes
   - No

iv. Does any person who answered yes for either i. or ii. have a disability?
   - Yes
   - No

C. *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_____

i. Last known permanent City___________________ State_______ Zip____________________

ii. iv. Population Data

Relation to Head of Household (if applicable) Spouse/Partner/Child/Etc.

Self

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 (Substantial & Long-Term)

Mental Health

Chronic Health Condition (Permanently Disabling)

Check all that apply to each client

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

<table>
<thead>
<tr>
<th>Housing &amp; Economic</th>
<th>System &amp; Legal</th>
<th>Health Issues</th>
<th>Family Conflict</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Job Loss/unemployment</td>
<td>□ Discharged from hospital or other medical facility</td>
<td>□ Mental Illness</td>
<td>□ Domestic Violence</td>
</tr>
<tr>
<td>□ Eviction/Loss of housing</td>
<td>□ Discharged from criminal/juvenile justice system</td>
<td>□ Physical health/disability</td>
<td>□ Guardian mental health/substance abuse</td>
</tr>
<tr>
<td>□ Lack of job training/unable to work</td>
<td>□ Aged out of foster care</td>
<td>□ Alcohol/substance abuse</td>
<td>□ Family Rejection/Kicked out</td>
</tr>
<tr>
<td>□ Lack of childcare</td>
<td>□ Medical costs</td>
<td>□ Illness</td>
<td>□ Abuse/Neglect</td>
</tr>
</tbody>
</table>

### E. Source(s) of Household Income and Benefits (check all that apply)

<table>
<thead>
<tr>
<th>Public Assistance/Benefits</th>
<th>Employment</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ TANF</td>
<td>□ VA</td>
<td>□ Part time</td>
</tr>
<tr>
<td>□ SSI/SSDI</td>
<td>□ Unemployment</td>
<td>□ Full time</td>
</tr>
<tr>
<td>□ Temporary Disability/ABD</td>
<td>□ Medicare/Medicaid</td>
<td>□ Farm/seasonal</td>
</tr>
</tbody>
</table>

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

This form is only to be used if the household is threatened by DV or includes an individual with HIV/AIDS. Please use the regular 2019 PIT Survey Form (with signature line and release of information) for other households in order to avoid duplication.

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