

**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)	
<input type="radio"/> Out of Doors (street, tent, etc.)	<input type="radio"/> Temp. Living w/ Family or Friends †
<input type="radio"/> Vehicle	<input type="radio"/> Currently in Hosp/Detox/Other facility †
<input type="radio"/> Abandoned Building	<input type="radio"/> Currently in Jail †
<input type="radio"/> RV/Boat Lacking Any of the Following Amenities <small>Drinking water, restroom, heat, ability to cook hot food, ability to bathe</small>	†Not considered homeless for PIT by HUD; Optional

B. *Length of Time without Stable Housing
i. Have you or anyone in the household been continuously without housing for a year or more? <input type="radio"/> Yes (skip to Household Information section) <input type="radio"/> No
ii. Have you or anyone in the household been without housing 4 or more times in the last 3 years? <input type="radio"/> Yes <input type="radio"/> No (skip to Household Information Section)
iii. Do these times without housing, added together, amount to a year or more? <input type="radio"/> Yes <input type="radio"/> No
iv. Does any person who answered yes for either i. or iii. have a disability? <input type="radio"/> Yes <input type="radio"/> No

C. *Household (HH) Information										
<small>(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.</small>										
Household without Children _____			Household with Adults & Children _____				Households with only Children _____			
i. 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 <sup>1</sup>	Race <sup>2</sup> (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)
Self										

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

<sup>2</sup> 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	<input type="checkbox"/> Don't Know
Housing & Economic	System & Legal	Health Issues	Family Conflict
<input type="checkbox"/> Job Loss/unemployment	<input type="checkbox"/> Discharged from hospital or other medical facility	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Eviction/Loss of housing	<input type="checkbox"/> Discharged from criminal/juvenile justice system	<input type="checkbox"/> Physical health/disability	<input type="checkbox"/> Guardian mental health/substance abuse
<input type="checkbox"/> Lack of job training/ unable to work	<input type="checkbox"/> Aged out of foster care	<input type="checkbox"/> Alcohol/substance abuse	<input type="checkbox"/> Family Rejection/Kicked out
<input type="checkbox"/> Lack of childcare	<input type="checkbox"/> Medical costs	<input type="checkbox"/> Illness	<input type="checkbox"/> Abuse/Neglect

E. Source(s) of Household Income and Benefits (check all that apply)		<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know
Public Assistance/Benefits		Employment	Other
<input type="checkbox"/> TANF	<input type="checkbox"/> VA	<input type="checkbox"/> Part time	<input type="checkbox"/> None
<input type="checkbox"/> SSI/SSDI	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Full time	<input type="checkbox"/> Panhandling
<input type="checkbox"/> Temporary Disability/ABD	<input type="checkbox"/> Medicare/Medicaid	<input type="checkbox"/> Farm/seasonal	<input type="checkbox"/> 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 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