

2019 Point In Time (PIT) Homeless Count CLIENT SURVEY FORM

Organization Name: _____

Program Name: _____

Interviewer Name: _____

1. **First Name/Initial:** _____ **M.I.:** _____
Last Name/Initial: _____

2. **SSN or last 4 digits:** _____

3. **Date of Birth:** _____ / _____ / _____
(month) (day) (year)

Under 18 18-24 25+

4. **What do you consider to be your gender?**

Female Male Transgender
 Gender non-conforming (not exclusively male or female)

5. **Which best represents how you think of yourself?**

Straight Lesbian/Gay Bisexual
 Something else Don't Know Rather not say

6. **What do you consider to be your race?**

White Black/African American
 Asian American Indian/Alaska Native
 Native Hawaiian/Pacific Islander
 Multiple Races (indicate by checking this box along with the specific races above)

7. **Do you consider your ethnicity to be Hispanic?**

Yes No

8. **Where did you sleep the night of the PIT count?**

Place not meant for human habitation (streets, under bridge, tent, abandoned building, shed, etc.)
 Homeless Shelter (Name of shelter _____)
 Hotel/Motel Room paid for by charitable organization
 None of the Above (explain below _____)

** **How long have you been in this county?**

*** **Are you currently enrolled in college?**

Yes No

9. **Have you (or a family member with you) experienced homelessness (slept in a homeless shelter or on the streets) before tonight? Check all below that are true:**

I have been continuously homeless for a least a year
 I have been homeless less than 4 times in the past 3 years, with a total time homeless of less that 1 total year in the past 3 years.
 I have been homeless 4 or more times in the past 3 years, with a total time of being homeless at least 1 year combined.

10. **In days, weeks, months or years, please estimate the total amount of time you have been homeless during the last 3 years:** _____

11. **Describe your current family situation (staying with you tonight in shelter or on streets):**

I have no family members with me (single)
 I am a parent with at least one child with me
 My spouse is also with me
 My non-married partner is with me
 I am under 18 and have siblings with me, but no parents

12. **Have you ever received or are currently receiving treatment for any of the following?**

Mental illness (depression, schizophrenia, etc.)
 AIDS or HIV-related illness
 Chronic alcohol or drug abuse (or both)
 A physical disability
 A developmental disability
 None

13. **Are you...? (check all that apply)**

Homeless due to currently fleeing domestic violence, dating violence, sexual assault or stalking?
 A veteran of the U.S. Military (Army, Navy, Marine Corps, Coast Guard)

14. If respondent has family with them, please provide the following:

Household Member	Date of Birth	Age	Gender M/F/T/NC	Race	Ethnicity	Veteran (Y/N)	Disabling Condition (Y/N)	Fleeing Violence (Y/N)	With You Now (Y/N)
Spouse/Partner									
Child 1									
Child 2									
Child 3									
Child 4									
Child 5									
Child 6									
Other									
Other									
Other									

Thank you for participating in this survey.

* Closest Street Address, closest Intersection or landmark _____

* Town where survey was conducted. _____