

2024 Point-in-Time Survey

Interviewer Name: _____

Agency Name: _____

“Hello, we are conducting a survey to count everyone experiencing homelessness in our community. This will help us provide better services and programs in the future. Your participation is completely voluntary. Can I have 10 minutes of your time?”

Yes – Continue with the survey

No –Use your best judgement to complete the survey. This will be used in an observed count

Have you already completed this survey?

Yes – Thank the person for completing the survey and stop the interview process

No – Continue with the survey

If this person is part of a household, complete a separate survey for each member of the household

Participant's Initials: _____

Relationship to Head of Household:

Self Child Spouse Other Family Non-Married Partner Other, Non-Family

Where did you sleep on the night of January 23, 2024?

If somewhere other than the following, thank them for their time, they will not be counted in the sheltered or unsheltered PIT

Emergency Shelter: _____

Transitional Housing: _____

Street or Sidewalk

Vehicle (car, van, RV, truck)

Park

Abandoned Building

Bus, Train station, Airport

Under Bridge, Overpass

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Woods or Outdoor Encampment

Motel/Hotel paid for by an agency (if paid for by the person(s), they cannot be counted)

Other

If Other, please specify:

Including yourself, how many in your household stayed together on the night of January 23, 2024? (Complete a separate form for each family member)

How old are you?

What is your race and ethnicity? (Choose all that apply)

American Indian, Alaska Native, or Indigenous

Asian or Asian American

Black, African American, or African

Hispanic/Latin(a)(e)(o)

Middle Eastern or North African

Native Hawaiian or Pacific Islander

White

Other

Client doesn't know

Client refused

If Other, please specify:

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What is your gender identity? (Choose all that apply)

Woman (Girl, if child)

Man (Boy, if child)

Culturally Specific Identity (e.g., Two-Spirit)

Transgender

Non-Binary

Questioning

Different Identity

Client doesn't know

Client prefers not to answer

Have you served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)?

Yes No Don't know/refused

Have you ever received health care or benefits from a Veterans Administration medical center?

Yes No Don't know/refused

Were you ever called into active duty as a member of the National Guard or Reservist?

Yes No Don't know/refused

Is this the first time you've experienced homelessness?

Yes No Don't know/refused

How long have you experienced homelessness this time (In days, and/or years)?

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If this is first time the person is experiencing homelessness SKIP the next two questions

Including this time, how many times have you experienced homelessness in the last 3 years (since January 2021)?

Less than 4 times

4 or more times

Don't know/refused

If you add up all the times you have experienced homelessness in the last 3 years (since January 2021) how long would that be (in days)?

The following questions are only to be answered for people 18 and older

“The next set of questions asks about sensitive topics. You don't have to answer any question that you don't want to, however, your answers will be combined with the answers of other people who take the survey and used to help provide better programs and services to people experiencing homelessness.”

Do you drink alcoholic beverages or use drugs (illegal or prescription for non-medical reasons?)

Yes No Don't know/refused

Do you have a mental health disorder?

Yes No Don't know/refused

Do you have a physical disability?

Yes No Don't know/refused

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If you answered yes to any of the previous three questions, do any of those situations keep you from holding a job or living in stable housing?

Yes No Don't know/refused

If yes, which one(s)—choose as many that apply

Alcohol or drugs use
Physical disability
Mental health disorder

Do you have AIDS or an HIV-related illness?

Yes No Don't know/refused

Do you receive any disability benefits such as Social Security Income, Social Security Disability Income, or Veteran's Disability Benefits?

Yes No Don't know/refused

Are you currently fleeing, or attempting to flee, a domestic violence, sexual assault, human trafficking, or stalking situation?

Yes No Don't know/refused