

2023 Point-in-Time (PIT) Count Survey

Town of Survey: _____ County: _____ Zip Code: _____

Interviewer: _____ Date: 01/____/2022 Time: _____ AM/PM

ES= Emergency Shelter

TH=Transitional Housing

PSH= Permanent Supportive Housing

<p>1. Where are/were you sleeping on 1/24/23?</p> <p><input type="checkbox"/> street/sidewalk <input type="checkbox"/> park</p> <p><input type="checkbox"/> bus/train station/airport <input type="checkbox"/> woods/outdoor encampment</p> <p><input type="checkbox"/> vehicle <input type="checkbox"/> under bridge/overpass</p> <p><input type="checkbox"/> abandoned building <input type="checkbox"/> other _____</p>	<p><input type="checkbox"/> ES _____</p> <p><input type="checkbox"/> TH _____</p> <p><input type="checkbox"/> PSH _____</p> <p><input type="checkbox"/> Hotel/Motel _____</p> <p style="text-align: right;">Paid by: _____</p>
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2. What is your full name?

First: _____ Middle: _____ Last: _____

3. Are you a U.S. Military Veteran?

*Yes No CDK Client Refused

***If yes, were you ever called into active duty as a member of the National Guard or as a Reservist?**

Yes No CDK Client Refused

Have you ever received health care or benefits from the Veteran's Administration medical center?

Yes No CDK Client Refused

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

Yes No CDK Client Refused

4. Are you the head of the household?

Yes, Self

No, Name of head of household: _____

5. Relationship to head of household:

spouse/partner child other relation non-relation

6. How many people in your household (including you) are sleeping in the same location on January 24, 2023?

Adults 18 yrs.+ _____

Children 17 yr. & under _____

7. What is your date of birth? _____/_____/_____ **If alone, and under age 25 (born after 1/24/98) also fill out the Youth Addendum Form.**

8. What is your race? (select all that apply)

White Black/African American/African CDK Client Refused

Native Hawaiian/Pacific Islander Asian/Asian American

American Indian/Alaska Native/Indigenous

9. Are you Hispanic or Latino (o)(a)(x)?

Yes No

CDK Client Refused

10. What is your gender? (select all that apply)

Female Male Transgender Gender that isn't only "male" or "female" Questioning CDK Client Refused

11.-13. Do you have a disabling condition? **If "Yes" please which condition(s) and circle if expected to be long-continued and substantially impair your ability to live independently.**

Yes No CDK Client Refused

<p>Physical:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> CDK</p> <p><input type="checkbox"/> Refused</p>	<p>Developmental:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> CDK</p> <p><input type="checkbox"/> Refused</p>	<p>Chronic Health Condition:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> CDK</p> <p><input type="checkbox"/> Refused</p>	<p>HIV/AIDS:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> CDK</p> <p><input type="checkbox"/> Refused</p>	<p>Mental Health Problem:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> CDK</p> <p><input type="checkbox"/> Refused</p>	<p>Alcohol Abuse:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> CDK</p> <p><input type="checkbox"/> Refused</p>	<p>Drug Abuse:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> CDK</p> <p><input type="checkbox"/> Refused</p>
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