

Point In Time Interview Survey - 2022

Please complete the entire survey with the cooperation of the Individual/Head of Household (HOH) that you are interviewing. Surveys with missing information will be unusable. If the person is hesitant to provide information, please make an attempt to collect Section 1 for the HOH and complete remaining survey based on observation.

There are five (5) Sections of the survey. Each section must be completed.

Agency/Enumerator. Please list your agency and your name. If you are a community volunteer, list VOL in place of the agency.

1. **Please list name, last four digits of the social security number, date of birth and age for all household members:** (This includes the HOH and all those who usually stay with the HOH).

If the HOH has been separated from their family due to homelessness, please include their additional family members.

Complete one line for each household member beginning Line #1 with the Head of Household. Each household member must indicate the following: **Gender, Veteran status, ethnicity, race, any disability, and disclosure of any experience of domestic violence or human trafficking**

Please ask the HOH AND any family member if they have experienced any of the following (Select all that apply): (SMI) = Sever Mental Illness; (PTSD) = Post-Traumatic Stress Syndrome; (DD) = Developmental Disability; (PD) = Physical Disability; (HIV/AIDS) = Acquired Immunodeficiency syndrome; (SA) Substance Use Disorder; (DV) = Domestic Violence; and (HT) Human Trafficking = the action or practice of illegally transporting people from one country or area to another, typically for the purposes of forced labor or sexual exploitation. If the person indicates any other disability, please use the back of the form to list the disability.

To help determine Veteran status, please ask the following question: **"Have you ever served in the U.S. Armed Services, or active duty as a member of the National Guard or as a Reservist?"**.

2. **Where did you sleep last night?**

Complete to indicate where the household slept on 2/24/22. If person indicates they are living in a shelter, please list the name and location of the shelter. If the person indicates they are on the streets, please list the city location that they slept. **Only one selection is made in this category.**

3. **Is this the first time you have been homeless?** (Circle One).

Please check yes or no as indicated by the head of household.

4. **How long have you been homeless this time?** (Complete for All that apply).

Please ask the head of household the number of days, weeks, months or years he or she has been homeless. **Remember: if the HOH has been separated from their family due to homelessness, please include their family members in section 1.**

5. **Including this time, how many times have you been homeless since 2019?:** (Circle One).

Please check more than 4 times or more than 4 times as indicated by the head of household.

Question 1 requests a response for each household member and questions 2 through 5 requests a response from the head of household only.

Method of contact: Please ask head of household if he or she would like to be contacted for housing options. If yes, please list any and all methods of contact to reach the person. This section is found at the top of the survey but asked only if the client is literally homeless.