2023 Non-HMIS Sheltered PIT Survey

Please Print Neatly

Use these categories: Un-answered questions will not be "interpreted"

Include notes at the bottom if necessary, but answer all questions.

Name or Initials of Homeless Person	First	Last	Date of Birth:	MM	DD	YY	Refused/ Doesn't Know ◯

(Balance of State projects only)

What county is the client currently housed in ? _____

(Balance of State projects only)

What was the county of the client's last permanent address? _____

Head of the household	No	Yes

TOTAL number of people in household: ☐

Household Type

Adults & Children ◯
**Household includes both adults 18+ and children under 18*

Adults Only ◯
**Household includes only adults 18+*

Children Only ◯
**Household includes only children under 18*

Household Identifier

If more than 1 person in household, complete form for every household member and enter the same household identifier for every household member (Eg. HH 3432).

Age ☐ Refused ◯

Gender (check all that apply)	Male ☐	Female ☐	Trans-gender ☐	A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender) ☐	Questioning ☐	Refused ◯

Race (check all that apply)	White ☐	Black, African American, or African ☐	Asian or Asian American ☐	American Indian, Alaska Native, or Indigenous ☐	Native Hawaiian or Pacific Islander ☐	Multiple Races ☐	Refused ◯

Hispanic/Latin(a)(o)(x)	Yes ◯	No ◯	Refused ◯

How long have you been living **on the streets** or **in emergency shelters**?	Less than a year ◯	A year or more ◯	Refused ◯

Number of times homeless **(on the streets** or **in emergency shelters)** in the past 3 years?	1 (this time) ◯	2-3 ◯	4 or more ◯	Refused ◯

Add together all the months in the last 3 years during which you spent at least one day **on the streets** or **in emergency shelters**:	Fewer than 12 ◯	12 or more ◯	Refused ◯

Do you have a disability related to… MARK ALL THAT APPLY	No Disability ☐	Drug Use Disorder ☐	Develop-mental ☐	Physical ☐	Refused ◯
	Mental Health ☐	Alcohol Use ☐	Chronic Health Condition ☐	HIV/AIDS ☐	

Have you ever been a victim of domestic violence?	No ◯	Yes ◯	Currently Fleeing?	No ◯	Yes ◯	Refused ◯

Have you served in the military?	No ◯	Yes ◯	Refused ◯

Name of Surveyor (please print):