2023 VERMONT STATEWIDE POINT-IN-TIME COUNT OF HOMELESSNESS

Complete this form on WED., 1/25/23 (6PM–6AM “Where are you currently staying?”) OR THURS., 1/26/23 (6AM–6PM “Where did you stay last night?”).

To get an accurate count and avoid duplication it is very important to have the Minimum Information Requested

MINIMUM INFORMATION: NAME INITIALS and DATE OF BIRTH of persons counted (Exception: fleeing violence and households with persons with HIV/AIDS do not need to provide initials or DOB. If possible, please provide YEAR OF BIRTH or AGE RANGE)

SECTION 1: STAFF/VOLUNTEER INFORMATION

a) Agency Name: ___________________________

b) Town: ___________________________

c) Staff/Volunteer Name (print): ___________________________

d) Staff/Volunteer Phone & Email: ___________________________

e) “Hello, my name is ___________________________ and I’m a volunteer for ___________________________. We are conducting an annual statewide survey to count people experiencing homelessness to provide better programs and services to them. Your participation is voluntary. Your responses will only be used in combination with others to help us better understand the situations of people experiencing homelessness. May I have 10 minutes of your time?”

YES ☐ NO ☐

f) IF THEY REFUSE OR ARE UNABLE TO BE INTERVIEWED PLEASE PROVIDE AN OBSERVATION AND FILL OUT WHAT YOU ARE ABLE. OBSERVATION ☐

h) Did another volunteer already complete this survey with you? YES ☐ NO ☐ IF YES, STOP THE INTERVIEW AND THANK THEM FOR THEIR TIME.

SECTION 2: LOCATION OF CURRENT LITERAL HOMELESSNESS

“Thanks for agreeing to complete this survey. First I’m going to ask you some questions about where you are or have been staying.”

a) Which Vermont town did you stay the night in on WEDNESDAY, JANUARY 25, 2023? TOWN NAME: ___________________________

b) What type of place did you stay last night? (PLEASE SELECT ONLY ONE BELOW AND PROVIDE A DESCRIPTION)

☐ PLACE NOT INTENDED FOR HUMAN HABITATION (car, abandoned building, outside/streets, tent/campground, commercial establishment, bus station, etc.)

Please describe location: ________________________________________________

☐ EMERGENCY SHELTER AND Name of Shelter ___________________________

☐ TRANSITIONAL HOUSING (dedicated to the homeless) AND Name of Transitional Housing ___________________________

☐ HOTEL ROOM paid for by Economic Services Division GA AND Name of Hotel ___________________________

☐ HOTEL ROOM paid for by a different agency/organization/church AND Name of Agency ___________________________ AND Name of Hotel: ___________________________

☐ OTHER LOCATION: ________________________________________________

Entered into Google Forms
**SECTION 3: HOUSEHOLD INFORMATION**

*The next questions help us understand your household. Your individual name & date of birth will NOT be shared with the state or federal government.*

How many people in your current household stayed with you last night in the location you just identified, including yourself?

- a) Adults (18 or over): 
- b) Children (under 18): 

**c) Subpopulation Data** – For all the people from a) and b), complete the following chart. Use additional form if needed for household and staple together.

Read questions below chart and fill chart with responses from the person being interviewed. Check each category for each person.

DO NOT provide initials/date of birth for persons fleeing domestic/sexual violence or with HIV/AIDS (optional to provide year of birth or age range:

- Under age 18, 18-24, 25-34, 35-44, 45-54, 55-64, 65 and older

<table>
<thead>
<tr>
<th>Relation to Head of Household - if applicable (Self, Child, Spouse, Partner, Aunt, etc.)</th>
<th>1st letter FIRST Name</th>
<th>1st letter LAST Name</th>
<th>3rd letter LAST Name</th>
<th>(MONTH) (DAY)</th>
<th>(YEAR)</th>
<th>DOB</th>
<th>Age Range *see below</th>
<th>GENDER *see below</th>
<th>HISPANIC OR LATINA/LATINO/LATINX *see below</th>
<th>CURRENTLY Fleeing *see below</th>
<th>VETERAN Status *see below</th>
<th>Physical Condition (long-term)</th>
<th>Developmental Condition</th>
<th>Mental Health (Severe &amp; Persistent)</th>
<th>Substance Use Disorder (Alcohol and/or Drugs)</th>
<th>HIV/AIDS</th>
<th>Other Chronic Health Condition (long-term)</th>
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<td>SELF</td>
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VETERAN: Have you or a household member served in the active US military, US naval, US air or US space service, regardless of length of service, and who was discharged or released therefrom, excluding anyone who received a dishonorable discharge from the Armed Forces or was discharged or dismissed from the Armed Forces by reason of a general court-martial. 38 U.S.C. § 2002(b)? Yes or No?

PLEASE NOTE: An Other than Honorable or Bad Conduct discharge can result from a general court-martial or a special court-martial. A person with an Other than Honorable or Bad Conduct discharge from a general court-martial is not a Veteran as defined in 38 USC § 2002 (b) and should answer no, however a person with an Other than Honorable or Bad Conduct discharge from a special court-martial is a Veteran as defined in 38 USC § 2002 (b) and should answer yes.

The minimum duty requirements do not apply. Veterans in the Reserves can be considered a Veteran if they are Active Duty for Training (ACDUTRA) only. National Guard who are active duty for training (ACDUTRA) only are not considered to be a Veteran. To qualify, National Guard must have been called to active duty under Title 10.

DISABLING CONDITIONS (ASK ABOUT EACH TYPE OF DISABILITY) Do you and/or household members have or been diagnosed with, any of the listed conditions of long duration? Yes or No?

SECTION 4: STATUS OF DISABLING CONDITION(S)

Record long-term disabling conditions for each household member in the chart above; disabling conditions may be self-reported by household member or confirmed by a medical professional.

Check the correct statement:

☐ None of the adults listed in Section 3 above has a disabling condition of long duration (last 6 columns on the chart).
☐ One or more of the adults listed in Section 3 has a disabling condition of long duration (last 6 columns on the chart).

SECTION 5: HISTORY OF HOMELESSNESS – Ask the following questions for the Adult or Head of Household.

“In addition to where you are staying/stayed on the night of Wednesday, January 25...”

a) Is this the first time you have stayed in a place not meant for human habitation, in an emergency shelter, in a motel/hotel room paid for by an organization, or transitional housing? YES ☐ NO ☐

b) How long have you been staying there THIS TIME?
☐ 1 day or less ☐ 2 days to 1 week ☐ More than 1 week to less than 1 month ☐ 1-3 months ☐ More than 3 months to less than 1 year ☐ 1 year or more

c) If this isn’t the first time you’ve stayed in one of places listed in question A, how many separate times, including this time, have you stayed in one of those places in the past 3 years (since January 2020)?: ☐ Less than 4 times ☐ 4 times or more

d) In total, how many months did you stay in one of those places for all those times combined? ☐ Less than 12 Months ☐ 12 Months or more

ADDITIONAL SURVEY INFORMATION

SCHOOLS: Please count unaccompanied minors (under 18) who are NOT staying with their legal guardian. Only count children in families that are homeless if data for entire household is included in the survey.
DO NOT COUNT: Any person(s) residing in any of the following on the night of Wednesday, 1/25/23:

- Precariously Housed / Doubled Up / Couch Surfing / Private Motel Stay paid by the household or their family/friends/etc.
- Corrections (Jail/Prison/Transitional Housing, etc.); Foster Care (home placement or group home not dedicated to serving the homeless); Mental Health (VT State Hospital or equivalent, DMH Housing Subsidy Program, MH crisis bed or group home, etc.); Other Health Care (hospitals, nursing facility/assisted living, substance use treatment bed/facility, etc.) *except in an emergency room, but not admitted.

Data Entry Due in the Google Forms by Thursday, 2/9/2023.

THANK YOU for helping us improve services & housing options for everyone in Vermont!