

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 <div style="display: flex; justify-content: space-between; font-size: small;"> First Last </div>	Date of Birth: MM DD YY Prefers Not To Answer/ Doesn't Know <input type="radio"/>
(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? _____
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Head of the household <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </div> </div> <div style="width: 45%;"> Household Type Adults & Children <i>*Household includes both adults 18+ and children under 18</i> <input type="radio"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> TOTAL number of people in household <input style="width: 50px;" type="text"/> </div> <div style="width: 45%;"> Adults Only <i>*Household includes only adults 18+</i> <input type="radio"/> Children Only <i>*Household includes only children under 18</i> <input type="radio"/> </div> </div>	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 <input style="width: 50px;" type="text"/> If under age 18, is this a dependent child? No <input type="radio"/> Yes <input type="radio"/> Prefers Not To Answer <input type="radio"/>	

Race (check all that apply)	White <input type="checkbox"/>	Black, African American, or African <input type="checkbox"/>	Asian or Asian American <input type="checkbox"/>	American Indian, Alaska Native, or Indigenous <input type="checkbox"/>	Native Hawaiian or Pacific Islander <input type="checkbox"/>	Prefers Not To Answer <input type="radio"/>
	Middle Eastern or North African <input type="checkbox"/>	Hispanic/Latina/e/o <input type="checkbox"/>	Multiple Races <input type="checkbox"/>	Multiple Races & Hispanic/Latina/e/o <input type="checkbox"/>		

How long have you been living <u>on the streets</u> or <u>in emergency shelters</u> ?	Less than a year <input type="radio"/>	A year or more <input type="radio"/>	Prefers Not To Answer <input type="radio"/>
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Number of times homeless (<u>on the streets</u> or <u>in emergency shelters</u>) in the past 3 years?	1 (this time) <input type="radio"/>	2-3 <input type="radio"/>	4 or more <input type="radio"/>	Prefers Not To Answer <input type="radio"/>
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Add together all the months in the last 3 years during which you spent at least one day <u>on the streets</u> or <u>in emergency shelters</u> :	Fewer than 12 <input type="radio"/>	12 or more <input type="radio"/>	Prefers Not To Answer <input type="radio"/>
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Do you have a disability related to... MARK ALL THAT APPLY	No Disability <input type="checkbox"/>	Drug Use Disorder <input type="checkbox"/>	Developmental <input type="checkbox"/>	Physical <input type="checkbox"/>	Prefers Not To Answer <input type="radio"/>
	Mental Health <input type="checkbox"/>	Alcohol Use <input type="checkbox"/>	Chronic Health Condition <input type="checkbox"/>	HIV/AIDS <input type="checkbox"/>	

Have you ever been a victim of domestic violence?	No <input type="radio"/>	Yes <input type="radio"/>	Currently Fleeing? <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	Prefers Not To Answer <input type="radio"/>
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Have you served in the military?	No <input type="radio"/>	Yes <input type="radio"/>	Prefers Not To Answer <input type="radio"/>
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Name of Surveyor (please print):
