

## 2024 Point-in-Time Count Unsheltered Observation Tool

**Use the form below if you are unable to collect identifying information, cannot enter a site, or do not wish to disturb someone sleeping outside, in a car or abandoned building.**

**DO NOT COMPLETE THIS IF YOU HAVE ALREADY COMPLETED THE SURVEY**

**IMPORTANT - Exclude people:**

- In uniforms (i.e., security guards, police officers, building maintenance workers)
- Engaged in illegal activities (i.e., drug dealing or sex work)
- Conducting commercial transactions (i.e., delivery workers)
- Who are obviously not homeless (i.e., bar patrons)

|   |   |                                 |       |   |  |   |   |   |   |   |  |                               |                                |   |  |
|---|---|---------------------------------|-------|---|--|---|---|---|---|---|--|-------------------------------|--------------------------------|---|--|
| Date:   | Time:   | County:                         | City: |   |  |   |   |   |   |   |  |                               |                                |   |  |
| Person completing the form:   |   | Person completing form phone #: |       |   |  |   |   |   |   |   |  |                               |                                |   |  |
| Person completing form email:   |   | Location description:           |       |   |  |   |   |   |   |   |  |                               |                                |   |  |
| Type of location: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Abandoned building</td> <td><input type="checkbox"/> Restaurant/laundromat</td> </tr> <tr> <td><input type="checkbox"/> Bridge/overpass/railroad</td> <td><input type="checkbox"/> Street or sidewalk</td> </tr> <tr> <td><input type="checkbox"/> Bus/light rail/train</td> <td><input type="checkbox"/> Vehicle (car, van, camper)</td> </tr> <tr> <td><input type="checkbox"/> Doorway/skyway</td> <td><input type="checkbox"/> Woods/cave/open space</td> </tr> <tr> <td><input type="checkbox"/> Park</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Private property (storage, barn, fish house)</td> <td></td> </tr> </table> |   |                                 |       | <input type="checkbox"/> Abandoned building | <input type="checkbox"/> Restaurant/laundromat | <input type="checkbox"/> Bridge/overpass/railroad | <input type="checkbox"/> Street or sidewalk | <input type="checkbox"/> Bus/light rail/train | <input type="checkbox"/> Vehicle (car, van, camper) | <input type="checkbox"/> Doorway/skyway | <input type="checkbox"/> Woods/cave/open space | <input type="checkbox"/> Park | <input type="checkbox"/> Other | <input type="checkbox"/> Private property (storage, barn, fish house) |  |
| <input type="checkbox"/> Abandoned building   | <input type="checkbox"/> Restaurant/laundromat      |                                 |       |   |  |   |   |   |   |   |  |                               |                                |   |  |
| <input type="checkbox"/> Bridge/overpass/railroad   | <input type="checkbox"/> Street or sidewalk         |                                 |       |   |  |   |   |   |   |   |  |                               |                                |   |  |
| <input type="checkbox"/> Bus/light rail/train   | <input type="checkbox"/> Vehicle (car, van, camper) |                                 |       |   |  |   |   |   |   |   |  |                               |                                |   |  |
| <input type="checkbox"/> Doorway/skyway   | <input type="checkbox"/> Woods/cave/open space      |                                 |       |   |  |   |   |   |   |   |  |                               |                                |   |  |
| <input type="checkbox"/> Park   | <input type="checkbox"/> Other                      |                                 |       |   |  |   |   |   |   |   |  |                               |                                |   |  |
| <input type="checkbox"/> Private property (storage, barn, fish house)   |   |                                 |       |   |  |   |   |   |   |   |  |                               |                                |   |  |
| Total persons staying together as a household:  |   |                                 |       |   |  |   |   |   |   |   |  |                               |                                |   |  |
| Is this person/family homeless? <table style="width: 100%; border: none;"> <tr><td><input type="checkbox"/> Definitely</td></tr> <tr><td><input type="checkbox"/> Possibly</td></tr> <tr><td><input type="checkbox"/> Not sure</td></tr> </table>   |   |                                 |       | <input type="checkbox"/> Definitely         | <input type="checkbox"/> Possibly              | <input type="checkbox"/> Not sure                 |   |   |   |   |  |                               |                                |   |  |
| <input type="checkbox"/> Definitely   |   |                                 |       |   |  |   |   |   |   |   |  |                               |                                |   |  |
| <input type="checkbox"/> Possibly   |   |                                 |       |   |  |   |   |   |   |   |  |                               |                                |   |  |
| <input type="checkbox"/> Not sure   |   |                                 |       |   |  |   |   |   |   |   |  |                               |                                |   |  |

<<<Additional Demographic Information on Page 2>>>

| Person #1   | Person #2   | Person #3   | Person #4   | Person #5   |
|---|---|---|---|---|
| <b>Age:</b><br><input type="checkbox"/> Under 18<br><input type="checkbox"/> 18-24<br><input type="checkbox"/> 25 -34<br><input type="checkbox"/> 35-44<br><input type="checkbox"/> 45-54<br><input type="checkbox"/> 55-64<br><input type="checkbox"/> 65 and older<br><input type="checkbox"/> Not sure | <b>Age:</b><br><input type="checkbox"/> Under 18<br><input type="checkbox"/> 18-24<br><input type="checkbox"/> 25 -34<br><input type="checkbox"/> 35-44<br><input type="checkbox"/> 45-54<br><input type="checkbox"/> 55-64<br><input type="checkbox"/> 65 and older<br><input type="checkbox"/> Not sure | <b>Age:</b><br><input type="checkbox"/> Under 18<br><input type="checkbox"/> 18-24<br><input type="checkbox"/> 25 -34<br><input type="checkbox"/> 35-44<br><input type="checkbox"/> 45-54<br><input type="checkbox"/> 55-64<br><input type="checkbox"/> 65 and older<br><input type="checkbox"/> Not sure | <b>Age:</b><br><input type="checkbox"/> Under 18<br><input type="checkbox"/> 18-24<br><input type="checkbox"/> 25 -34<br><input type="checkbox"/> 35-44<br><input type="checkbox"/> 45-54<br><input type="checkbox"/> 55-64<br><input type="checkbox"/> 65 and older<br><input type="checkbox"/> Not sure | <b>Age:</b><br><input type="checkbox"/> Under 18<br><input type="checkbox"/> 18-24<br><input type="checkbox"/> 25 -34<br><input type="checkbox"/> 35-44<br><input type="checkbox"/> 45-54<br><input type="checkbox"/> 55-64<br><input type="checkbox"/> 65 and older<br><input type="checkbox"/> Not sure |
| <b>Gender (select one):</b><br><input type="checkbox"/> Woman (Girl, if child)<br><input type="checkbox"/> Man (Boy, if child)<br><input type="checkbox"/> Not sure   | <b>Gender (select one):</b><br><input type="checkbox"/> Woman (Girl, if child)<br><input type="checkbox"/> Man (Boy, if child)<br><input type="checkbox"/> Not sure   | <b>Gender (select one):</b><br><input type="checkbox"/> Woman (Girl, if child)<br><input type="checkbox"/> Man (Boy, if child)<br><input type="checkbox"/> Not sure   | <b>Gender (select one):</b><br><input type="checkbox"/> Woman (Girl, if child)<br><input type="checkbox"/> Man (Boy, if child)<br><input type="checkbox"/> Not sure   | <b>Gender (select one):</b><br><input type="checkbox"/> Woman (Girl, if child)<br><input type="checkbox"/> Man (Boy, if child)<br><input type="checkbox"/> Not sure   |

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|  |  |  |  |  |
|--|--|--|--|--|
| <p>Race/Ethnicity (select one):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> American Indian, Alaskan Native, or Indigenous</li> <li><input type="checkbox"/> Asian or Asian American</li> <li><input type="checkbox"/> Black, African American, or African</li> <li><input type="checkbox"/> Hispanic/Latina/e/o</li> <li><input type="checkbox"/> Middle Eastern or North African</li> <li><input type="checkbox"/> Native Hawaiian or Pacific Islander</li> <li><input type="checkbox"/> White</li> <li><input type="checkbox"/> Multiple Races &amp; Hispanic/Latina/e/o</li> <li><input type="checkbox"/> Multiple Races (not Hispanic/Latina/e/o)</li> <li><input type="checkbox"/> Not sure</li> </ul> | <p>Race/Ethnicity (select one):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> American Indian, Alaskan Native, or Indigenous</li> <li><input type="checkbox"/> Asian or Asian American</li> <li><input type="checkbox"/> Black, African American, or African</li> <li><input type="checkbox"/> Hispanic/Latina/e/o</li> <li><input type="checkbox"/> Middle Eastern or North African</li> <li><input type="checkbox"/> Native Hawaiian or Pacific Islander</li> <li><input type="checkbox"/> White</li> <li><input type="checkbox"/> Multiple Races &amp; Hispanic/Latina/e/o</li> <li><input type="checkbox"/> Multiple Races (not Hispanic/Latina/e/o)</li> <li><input type="checkbox"/> Not sure</li> </ul> | <p>Race/Ethnicity (select one):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> American Indian, Alaskan Native, or Indigenous</li> <li><input type="checkbox"/> Asian or Asian American</li> <li><input type="checkbox"/> Black, African American, or African</li> <li><input type="checkbox"/> Hispanic/Latina/e/o</li> <li><input type="checkbox"/> Middle Eastern or North African</li> <li><input type="checkbox"/> Native Hawaiian or Pacific Islander</li> <li><input type="checkbox"/> White</li> <li><input type="checkbox"/> Multiple Races &amp; Hispanic/Latina/e/o</li> <li><input type="checkbox"/> Multiple Races (not Hispanic/Latina/e/o)</li> <li><input type="checkbox"/> Not sure</li> </ul> | <p>Race/Ethnicity (select one):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> American Indian, Alaskan Native, or Indigenous</li> <li><input type="checkbox"/> Asian or Asian American</li> <li><input type="checkbox"/> Black, African American, or African</li> <li><input type="checkbox"/> Hispanic/Latina/e/o</li> <li><input type="checkbox"/> Middle Eastern or North African</li> <li><input type="checkbox"/> Native Hawaiian or Pacific Islander</li> <li><input type="checkbox"/> White</li> <li><input type="checkbox"/> Multiple Races &amp; Hispanic/Latina/e/o</li> <li><input type="checkbox"/> Multiple Races (not Hispanic/Latina/e/o)</li> <li><input type="checkbox"/> Not sure</li> </ul> | <p>Race/Ethnicity: (select one)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> American Indian, Alaskan Native, or Indigenous</li> <li><input type="checkbox"/> Asian or Asian American</li> <li><input type="checkbox"/> Black, African American, or African</li> <li><input type="checkbox"/> Hispanic/Latina/e/o</li> <li><input type="checkbox"/> Middle Eastern or North African</li> <li><input type="checkbox"/> Native Hawaiian or Pacific Islander</li> <li><input type="checkbox"/> White</li> <li><input type="checkbox"/> Multiple Races &amp; Hispanic/Latina/e/o</li> <li><input type="checkbox"/> Multiple Races (not Hispanic/Latina/e/o)</li> <li><input type="checkbox"/> Not sure</li> </ul> |
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