

## Point-In-Time Unsheltered Observation Tool ♦ January 24, 2018

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 (e.g. security guards, police, building maintenance people)
- Engaged in illegal activities (e.g. selling drugs or trading sex)
- Conducting commercial transactions (e.g. delivering newspapers or other goods)
- Who are obviously not homeless (e.g. people leaving bar at 2 am)

Date:
Time:
County:
Person completing form:
Location description:
Type of location: <input type="checkbox"/> Street or sidewalk <input type="checkbox"/> Doorway/skyway <input type="checkbox"/> Private property (storage, barn, fish house) <input type="checkbox"/> Abandoned building <input type="checkbox"/> Vehicle (car, van, camper) <input type="checkbox"/> Park <input type="checkbox"/> Woods/cave/open space <input type="checkbox"/> Bridge/overpass/railroad <input type="checkbox"/> Up all night on bus/light rail/train <input type="checkbox"/> Up all night in restaurant/laundromat <input type="checkbox"/> Temporarily doubled up with family or friends
Total persons staying together as a household:
Number of adults:
Number of children:
Number of person of unknown age (not sure if adult or child):
1. Is this person/family homeless? <input type="checkbox"/> Definitely <input type="checkbox"/> Possibly <input type="checkbox"/> Not sure

**Please complete the next page.**

Please complete the following information for each individual being observed:

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Person #1	Person #2	Person #3	Person #4	Person #5
<b>Age:</b> <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 or older <input type="checkbox"/> Not sure	<b>Age:</b> <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 or older <input type="checkbox"/> Not sure	<b>Age:</b> <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 or older <input type="checkbox"/> Not sure	<b>Age:</b> <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 or older <input type="checkbox"/> Not sure	<b>Age:</b> <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 or older <input type="checkbox"/> Not sure
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Trans Male (FTM) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Not sure	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Trans Male (FTM) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Not sure	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Trans Male (FTM) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Not sure	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Trans Male (FTM) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Not sure	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Trans Male (FTM) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Not sure
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Multiple Races <input type="checkbox"/> Not sure	<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Multiple Races <input type="checkbox"/> Not sure	<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Multiple Races <input type="checkbox"/> Not sure	<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Multiple Races <input type="checkbox"/> Not sure	<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Multiple Races <input type="checkbox"/> Not sure
<b>Ethnicity:</b> <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not sure	<b>Ethnicity:</b> <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not sure	<b>Ethnicity:</b> <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not sure	<b>Ethnicity:</b> <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not sure	<b>Ethnicity:</b> <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not sure
<b>Other Information:</b> (If possible, please include: clothing and other physical characteristics or conditions like tattoos, scars, braces, casts, etc.)	<b>Other Information:</b>	<b>Other Information:</b>	<b>Other Information:</b>	<b>Other Information:</b>