

# 2019 MN Point-in-Time Count – January 23, 2019



SURVEYOR QUESTIONS		
Surveyor name: _____	Continuum of Care: _____	County: _____
Agency/team: _____	School district: <b>[School-based surveys only]</b> _____	
Specific location: _____		
Household ID: <b>[See instructions. Complete after survey]</b> _____		

Hello, my name is [Name] and I'm a volunteer for [Name of CoC/agency/county]. We are surveying people experiencing homelessness to help improve programs and services. This survey asks questions about you and others in your household. It asks about where you stay now and some of your life experiences. Your participation is voluntary, and your responses will only be used anonymously.

Can I have about 10 minutes of your time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <b>[END SURVEY. Complete observation form if able]</b>
Did another volunteer already ask you where you're staying tonight/where you stayed last night?	<input type="checkbox"/> Yes <b>[END SURVEY]</b>	<input type="checkbox"/> No
Where did you/will you sleep on Wednesday night (January 23rd, 2019)?		
<b>UNSHELTERED:</b> <input type="checkbox"/> Abandoned building/house without utilities <input type="checkbox"/> Bridge/overpass/railroad <input type="checkbox"/> Bus/light rail/train <input type="checkbox"/> Doorway/skyway <input type="checkbox"/> Park <input type="checkbox"/> Private property (storage, barn, fish house) <input type="checkbox"/> Street or sidewalk <input type="checkbox"/> Vehicle (car, truck, van, camper) <input type="checkbox"/> Woods/caves/open space <input type="checkbox"/> Restaurant/laundromat <input type="checkbox"/> Up all night walking <input type="checkbox"/> Other (Unsheltered)	<b>OTHER:</b> <input type="checkbox"/> Couch-hopping/Temporarily staying with family or friends <input type="checkbox"/> Hospital, jail or treatment program <b>[END SURVEY]</b>  <b>SHELTERED:</b> <b>[If conducting unsheltered count, you may END SURVEY if respondent selects a sheltered response]</b> <input type="checkbox"/> Emergency shelter <input type="checkbox"/> Motel/hotel (voucher stay) <input type="checkbox"/> Safe Haven shelter <input type="checkbox"/> Transitional housing	
In which county did you/will you stay on Wednesday night (January 23rd, 2019)?	-----	
What are the first three letters of your first name?	First: _____	
What are the first three letters of your last name?	Last: _____	
How old are you?	Will anyone/did anyone stay with you tonight/that night?	
Under 18 <input type="checkbox"/> 0-4 <input type="checkbox"/> 10-13 <input type="checkbox"/> 18-24 <input type="checkbox"/> 5-9 <input type="checkbox"/> 14-17 <input type="checkbox"/> 25-55 <input type="checkbox"/> 56+	<input type="checkbox"/> Yes <b>[Go to next question]</b> <input type="checkbox"/> No <b>[SKIP to Demographics section]</b>	
I'm going to ask you about the age ranges of the people who are in your household and staying in the same location with you tonight/that night. <b>[If couch-hopping/staying with family or friends, do not count the permanent residents.]</b> <b>[Clarify if needed]</b> By <u>household</u> , I mean the people who live with you now or most of the time.		
How many adults (age 25 and older) are staying with you?	_____ Adults (Age 25 and older)	
How many young adults (age 18 to 24)?	_____ Young adults (Age 18-24)	
How many children (17 and younger)?	_____ Children (Age 17 and younger)	
<b>[If household includes ONLY young adults and/or children, ask:]</b> Including yourself, how many are the parent or legal guardian of a child in your household?		
_____ Parents Age 18-24	_____ Parents Age 17 and younger	

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Demographics					
Now I'm going to ask some basic information about you and people in your household.					
	Respondent:	Person 2:	Person 3:	Person 4:	
What are the first three letters of your first name? Of your last name?	[SKIP]	First: _____ Last: _____	First: _____ Last: _____	First: _____ Last: _____	
How old are you?	[SKIP]	Under 18 <input type="checkbox"/> 0-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-13 <input type="checkbox"/> 14-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-55 <input type="checkbox"/> 56+	Under 18 <input type="checkbox"/> 0-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-13 <input type="checkbox"/> 14-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-55 <input type="checkbox"/> 56+	Under 18 <input type="checkbox"/> 0-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-13 <input type="checkbox"/> 14-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-55 <input type="checkbox"/> 56+	
Are you Hispanic or Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	
		<b>Respondent:</b>	<b>Person 2:</b>	<b>Person 3:</b>	<b>Person 4:</b>
How do you identify your gender?	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trans Female (MTF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trans Male (FTM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gender Non-conforming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How do you identify your race? You can include all that apply.	DKR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Native Hawaiian or other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[SKIP if not American Indian or Alaska Native]  If Native American, of which tribe are you an enrolled member?	White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DKR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not enrolled member of any tribe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lower Sioux Indian Community in the State of Minnesota	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mdewakanton Sioux Indians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Minnesota Chippewa Tribe - Bois Forte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Minnesota Chippewa Tribe - Fond du Lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Minnesota Chippewa Tribe - Grand Portage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Minnesota Chippewa Tribe - Leech Lake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Minnesota Chippewa Tribe - Mille Lacs Band	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Minnesota Chippewa Tribe - White Earth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Prairie Island Indian Community in the State of Minnesota	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Red Lake Band of Chippewa Indians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Shakopee Mdewakanton Sioux Community of Minnesota	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Upper Sioux Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**[THE FOLLOWING SECTIONS ARE FOR THE FIRST RESPONDENT ONLY]**

<b>Housing History</b>			
The next set of questions are about your housing history. <b>[If couch-hopping/temporarily staying with family or friends, add]</b> These questions refer to times you've been <b>in shelter or staying outside only</b> .			
Have you been continuously homeless – <i>like in a shelter or staying outside</i> – for a year or more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DKR
Is this the first time you've been <i>homeless – like in a shelter or staying outside</i> ?	<input type="checkbox"/> Yes <b>[SKIP to Veteran section]</b>	<input type="checkbox"/> No	<input type="checkbox"/> DKR
Think back over the last three years. During that time, have you been homeless 4 or more times – <i>like in a shelter or staying outside</i> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <b>[SKIP to Veteran section]</b>	<input type="checkbox"/> DKR
If yes, do these times, added together, amount to a year or more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DKR

<b>Veteran Status</b>			
<b>[Ask the following series of questions ONLY if respondent is 18 or older]</b>			
Did you serve in the United States Armed Forces, which includes the Army, Navy, Air Force, Marine Corps, and Coast Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DKR
Did you serve on Active Duty, or in the National Guard or Reserves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DKR
<b>[If yes to either Veteran question above, ask the following. Otherwise, SKIP to Sensitive Questions section.]</b>			
If Guard or Reserve: were you ever called to Active Duty as a member of the National Guard or as a Reservist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DKR
Did you enter Active Duty before 9/7/1980?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DKR
For approximately how many months did you serve?	_____ # of months		
Are you receiving VA disability pay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DKR
What kind of discharge did you have?	<input type="checkbox"/> Honorable or under honorable conditions	<input type="checkbox"/> Other than honorable, but not dishonorable	<input type="checkbox"/> Dishonorable <input type="checkbox"/> DKR
Have you joined the Homeless Veterans Registry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DKR
<b>[If respondent has not joined registry or is unsure, state:]</b> When we complete this survey, I'd be happy to help you apply for the <a href="#">veteran's registry</a> or provide the number to connect you to the resources they offer.			

<b>Sensitive Questions</b>			
The next set of questions asks about sensitive topics and may be upsetting. We want to keep your information private. If you prefer, you may read each question silently and point to the answers that apply to you.			
Otherwise, I can read them out loud and you can respond with the numbers or a quick yes or no. You don't have to answer any question you don't want to and I'll simply move on. How would you like to proceed? <b>[Give respondent a moment to decide, then proceed with questions. Circle the numbered response.]</b>			
Are you, or have you been, a victim/survivor of domestic violence?	1. Yes	2. No	3. DKR
<b>[clarify if needed]</b> Has anyone you stayed with ever tried to harm you, control your daily activities, resources, and/or documents, or force you to do things you do not want to do?			
Are you currently fleeing a domestic violence situation?	1. Yes	2. No	3. DKR
In the time you've been without a steady place to stay, have you experienced any of the following types of violence?	1. Physical violence	2. Sexual Assault	3. Stalking 4. Domestic violence
<b>[If response to any of the above 3 questions is yes and surveyor has resources available, state:]</b> I am sorry that's happened to			

you. When we're finished with the survey, I can suggest a program or two that might be helpful for you if you're interested.	
Now I'm going to ask about your health. Do any of the following apply to you?  <b>[Check all that apply. Skip question if none apply.]</b>	<ol style="list-style-type: none"> <li>1. AIDS or HIV-related illness</li> <li>2. Chronic health condition (such as diabetes, cancer, or heart disease)</li> <li>3. Developmental Disability</li> <li>4. Drug or alcohol abuse</li> <li>5. Physical disability or mobility impairment</li> <li>6. PTSD (Post Traumatic Stress Disorder)</li> <li>7. Psychiatric or emotional conditions such as depression or schizophrenia</li> </ol>

<b>Additional Questions</b>	
Have you ever been in foster care? <b>[Age 24 and under ONLY]</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
How long has it been since you were on a lease or in stable housing?	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> More than 5 years
Do you have an eviction on record?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
Do you have any income?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
Do you have health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
Are you employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
<b>[If employed]</b> Is your employment full-time, part-time, or temporary/seasonal?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary / Seasonal
Are you attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
What is the highest grade of school you have completed?	<input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> Some high school but did not finish 12 <sup>th</sup> grade <input type="checkbox"/> Received a high school equivalency (GED) <input type="checkbox"/> 12 <sup>th</sup> grade (high school graduate) <input type="checkbox"/> Some college but no degree <input type="checkbox"/> Completed any college degree (2-year Associate or higher)
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
How long have you been in this county?	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> More than 5 years
Were you homeless when you came here?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>[SKIP to END or next adult]</b> <input type="checkbox"/> N/A (From here originally) <b>[SKIP to END or next adult]</b>
<b>[If yes]</b> What brought you to this county?	<input type="checkbox"/> Family/friends <input type="checkbox"/> Job opportunities <input type="checkbox"/> Access to services and resources <input type="checkbox"/> Other
<p>Thank you, I appreciate your time. Your responses will be combined with those of other people taking this survey and used to help improve programs for people experiencing homelessness.</p> <p><b>[END SURVEY FOR FIRST RESPONDENT + if applicable to your region, provide resource materials specific to respondent's circumstances.]</b></p> <p><b>Day One domestic violence hotline: 1-866-223-1111</b>  <b>Homeless Veteran Registry: 1-888-546-5838</b></p> <p><b>[If additional adults in household, CONTINUE TO NEXT PAGE. If additional household members are not over 18, survey is complete.]</b></p>	

Additional Family Members			
[Ask the following series of questions ONLY if family member is 18 or older]			
	Adult 2:	Adult 3:	Adult 4:
Household ID  [Surveyor Only - COMPLETE FOR EACH HOUSEHOLD. These fields MUST be completed and will be used to link group members. Refer to instructions if needed.]	____ - ____ - ____	____ - ____ - ____	____ - ____ - ____
Will you/did you also stay in a shelter or outside Wednesday night (January 23rd, 2019)? [or in same location as first respondent if staying with family or friends]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]
Can I ask you a few additional questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]
What are the first three letters of your first and last names?	First: _____ Last: _____	First: _____ Last: _____	First: _____ Last: _____

Additional Family Members: Housing History			
The next set of questions are about your housing history. [If couch-hopping/temporarily staying with family or friends, add] These questions refer to times you've been in shelter or staying outside only.			
	Adult 2:	Adult 3:	Adult 4:
Have you been continuously homeless – like in a shelter or staying outside – for a year or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
Is this the first time you've been homeless – like in a shelter or staying outside?	<input type="checkbox"/> Yes [SKIP to Veteran section] <input type="checkbox"/> No	<input type="checkbox"/> Yes [SKIP to Veteran section] <input type="checkbox"/> No	<input type="checkbox"/> Yes [SKIP to Veteran section] <input type="checkbox"/> No
Think back over the last three years. During that time, have you been homeless 4 or more times - like in a shelter or staying outside?	<input type="checkbox"/> Yes <input type="checkbox"/> No [SKIP to Veteran section]	<input type="checkbox"/> Yes <input type="checkbox"/> No [SKIP to Veteran section]	<input type="checkbox"/> Yes <input type="checkbox"/> No [SKIP to Veteran section]
[If yes] Do these times, added together, amount to a year or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR

Additional Family Members: Veteran Status			
	Adult 2:	Adult 3:	Adult 4:
Did you serve in the United States Armed Forces, which includes the Army, Navy, Air Force, Marine Corps, and Coast Guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
Did you serve on Active Duty, or in the National Guard or Reserves?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
[If yes to either Veteran question above, ask the following. Otherwise, END SURVEY.]			
If Guard or Reserve: were you ever called to Active Duty as a member of the National Guard or as a Reservist?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR

Did you enter Active Duty before 9/7/1980?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
For approximately how many months did you serve?	_____ # of months	_____ # of months	_____ # of months
Are you receiving VA disability pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
What kind of discharge did you have?	<input type="checkbox"/> Honorable or under honorable conditions <input type="checkbox"/> Other than honorable, but not dishonorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> DKR	<input type="checkbox"/> Honorable or under honorable conditions <input type="checkbox"/> Other than honorable, but not dishonorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> DKR	<input type="checkbox"/> Honorable or under honorable conditions <input type="checkbox"/> Other than honorable, but not dishonorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> DKR
Have you joined the Homeless Veterans Registry?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>[If respondent has not joined registry or is unsure, state:]</b> When we complete this survey, I can help you apply for the <a href="#">veteran’s registry</a> or provide a number to connect you to the resources they offer.</p>			
<p><b>Additional Family Members: Sensitive Questions</b></p>			
<p>The next set of questions asks about sensitive topics and may be upsetting. We want to keep your information private. If you prefer, you may read each question silently and point to the answers that apply to you.</p> <p>Otherwise, I can read them out loud and you can respond with the numbers or a quick yes or no. You don’t have to answer any question you don’t want to and I’ll simply move on. How would you like to proceed?</p>			
<p><b>[Give respondent a moment to decide, then proceed with questions. Circle the numbered response.]</b></p>			
	<b>Adult 2:</b>	<b>Adult 3:</b>	<b>Adult 4:</b>
Are you, or have you been, a victim/survivor of domestic violence?	1. Yes 2. No 3. DKR	1. Yes 2. No 3. DKR	1. Yes 2. No 3. DKR
<p><b>[clarify if needed]</b> Has anyone you stayed with ever tried to harm you, control your daily activities, resources, and/or documents, or force you to do things you do not want to do?</p>			
Are you currently fleeing a domestic violence situation?	1. Yes 2. No 3. DKR	1. Yes 2. No 3. DKR	1. Yes 2. No 3. DKR
<p>Since you’ve been without a steady place to stay, have you experienced any of the following types of violence?</p> <p><b>[If response to any of the above 3 questions is yes and surveyor has resources available, state:]</b> I am sorry that’s happened to you. When we’re finished with the survey, I can suggest a program or two that might be helpful for you if you’re interested.</p>	1. Physical violence 2. Sexual Assault 3. Stalking 4. Domestic Violence	1. Physical violence 2. Sexual Assault 3. Stalking 4. Domestic Violence	1. Physical violence 2. Sexual Assault 3. Stalking 4. Domestic Violence

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	Adult 2:	Adult 3:	Adult 4:	
Do any of the following apply to you?  <b>[Check all that apply. Skip question if none apply.]</b>	1. AIDS or HIV-related illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Chronic health condition (such as diabetes, cancer, or heart disease)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Developmental Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Drug or alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Physical disability or mobility impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. PTSD (Post Traumatic Stress Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7. Psychiatric or emotional conditions such as depression or schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Questions				
	Adult 2	Adult 3	Adult 4	
Have you ever been in foster care? <b>[Age 24 and under ONLY]</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	
How long has it been since you were on a lease or in stable housing?	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> More than 5 years	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> More than 5 years	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> More than 5 years	
Do you have an eviction on record?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	
Do you have any income?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	
Do you have health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	
Are you employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	
<b>[If employed]</b> Is your employment full-time, part-time, or temporary/seasonal?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp/ Seasonal	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp/ Seasonal	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp/Seasonal	
Are you attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	
What is the highest grade of school you have completed?	8 <sup>th</sup> grade or less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Some high school but did not finish 12 <sup>th</sup> grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Received a high school equivalency (GED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12 <sup>th</sup> grade (high school graduate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Some college but no degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Completed any college degree (2-year Associate or higher)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	
How long have you been in this county?	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> More than 5 years	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> More than 5 years	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> More than 5 years	

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Were you homeless when you came here?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>[SKIP to END]</b> <input type="checkbox"/> N/A (From here originally) <b>[SKIP to END]</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>[SKIP to END]</b> <input type="checkbox"/> N/A (From here originally) <b>[SKIP to END]</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>[SKIP to END]</b> <input type="checkbox"/> N/A (From here originally) <b>[SKIP to END]</b>
<b>[If yes]</b> What brought you to this county? <b>[Choose one option]</b>	<input type="checkbox"/> Family/friends <input type="checkbox"/> Job opportunities <input type="checkbox"/> Access to services and resources <input type="checkbox"/> Other	<input type="checkbox"/> Family/friends <input type="checkbox"/> Job opportunities <input type="checkbox"/> Access to services and resources <input type="checkbox"/> Other	<input type="checkbox"/> Family/friends <input type="checkbox"/> Job opportunities <input type="checkbox"/> Access to services and resources <input type="checkbox"/> Other
<p><b>[END SURVEY + if applicable to your region, provide resource materials specific to respondent’s circumstances.]</b>  <b>Day One domestic violence hotline: 1-866-223-1111</b>  <b>Homeless Veteran Registry: 1-888-546-5838</b></p> <p>Thank you, I appreciate your time. Your responses will be combined with those of other people taking this survey and used to help improve programs for people experiencing homelessness.</p>			



## Point-In-Time Unsheltered Observation Tool: January 23, 2019

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: <ul style="list-style-type: none"><li><input type="checkbox"/> Abandoned building</li><li><input type="checkbox"/> Bridge/overpass/railroad</li><li><input type="checkbox"/> Bus/light rail/train</li><li><input type="checkbox"/> Doorway/skyway</li><li><input type="checkbox"/> Park</li><li><input type="checkbox"/> Private property (storage, barn, fish house)</li><li><input type="checkbox"/> Restaurant/laundromat</li><li><input type="checkbox"/> Street or sidewalk</li><li><input type="checkbox"/> Vehicle (car, van, camper)</li><li><input type="checkbox"/> Woods/cave/open space</li><li><input type="checkbox"/> Other</li></ul>
Total persons staying together as a household:
Number of adults (age 25 or older):
Number of young adults (age 18-24):
Number of children (age 17 or younger):
Number of people of unknown age (not sure if adult or child):
Is this person/family homeless? <ul style="list-style-type: none"><li><input type="checkbox"/> Definitely</li><li><input type="checkbox"/> Possibly</li><li><input type="checkbox"/> Not sure</li></ul>

### **Please complete the next page.**

Please complete the following information for each person being observed:

## Point-In-Time Unsheltered Observation Tool: January 23, 2019

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>