

COUNTY: _____

2017 PA Balance of State: Unsheltered Point-in-Time Survey of the Homeless – 01/25/2017

***** OBSERVATION ONLY FORM – WEDNESDAY NIGHT *****

Instructions: If you are not able to conduct an interview, please provide the following information. Please do not attempt to conduct an interview if the individual is asleep, hostile, or does not agree to be interviewed.

1. Please indicate why you are using this observation form:

- You are unable to safely enter a location where unsheltered individuals/households are visible.
- You cannot conduct a PIT survey (person refused to answer questions, language, or other problems).
- You do not wish to disturb people sleeping.

2. Total persons staying together as household: (USE SEPARATE OBSERVATION FORM FOR EACH HOUSEHOLD)

a. # Adults _____ b. # Children _____ c. # Not sure if Adult/Child _____ = TOTAL # _____

| | Person 1 | Person 2 | Person 3 | Person 4 |
|--|--|--|--|--|
| 3. Location where observed. [Ex: NW corner of 1 st and Main St., Borough, or Township] | | | | |
| 4. Is this person homeless? [Is the person staying in a place not meant for human habitation (tent, vehicle, etc.)?] | <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 | <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 |
| 5. Estimate each person's age. | <input type="checkbox"/> Under 18 <input type="checkbox"/> 18 - 24 <input type="checkbox"/> 25 - 59 <input type="checkbox"/> 60 + <input type="checkbox"/> Not sure | <input type="checkbox"/> Under 18 <input type="checkbox"/> 18 - 24 <input type="checkbox"/> 25 - 59 <input type="checkbox"/> 60 + <input type="checkbox"/> Not sure | <input type="checkbox"/> Under 18 <input type="checkbox"/> 18 - 24 <input type="checkbox"/> 25 - 59 <input type="checkbox"/> 60 + <input type="checkbox"/> Not sure | <input type="checkbox"/> Under 18 <input type="checkbox"/> 18 - 24 <input type="checkbox"/> 25 - 59 <input type="checkbox"/> 60 + <input type="checkbox"/> Not sure |
| 6. Indicate each person's gender. | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not sure | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not sure | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not sure | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not sure |
| 7. Indicate each person's race. [SELECT ALL THAT APPLY] | <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Not sure | <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Not sure | <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Not sure | <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Not sure |
| 8. Indicate each person's ethnicity. | <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Not sure | <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Not sure | <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Not sure | <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Not sure |
| 9. Other information or identifying characteristics [Clothing, tattoos, backpack, etc.] | | | | |