Surveyor Name/Team Number (**REQUIRED**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Time Conducted (**REQUIRED**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COUNTY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2021 PA Balance of State: Unsheltered Point-in-Time Survey of the Homeless – 01/27/21**

\*\*\* FORM FOR OBSERVATION COUNT OR BRIEF SURVEY \*\*\*

**OBSERVATION ONLY**

|  |
| --- |
| **Interviewer: If you are unable to survey an individual/household that you believe to be experiencing homelessness,** because individual/household is asleep or is unable or unwilling to be interviewed or to complete the full interview *(or if your county is conducting an observation only count*), please provide the following information to the best of your ability based on what you can observe for each person within the household. (Each household should be submitted as a separate survey.)* **# adults in Household:** \_\_\_\_\_\_
* **# children (under age 18) in Household:** \_\_\_\_\_\_
* **Details as to how you know/why you believe this household is unsheltered (REQUIRED):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* **Description of location and details to help ensure this household is only counted once (please be specific) (REQUIRED):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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**BRIEF SURVEY COUNT**

**INTRODUCTIONS**

*Hello, I am (introduce yourself by your first name). We are conducting a survey to count people experiencing homelessness in order to learn more about people experiencing homelessness, what kinds of problems they face, and to better understand what services are needed to address homelessness. Your participation is voluntary and your response to each question is voluntary. I will ask for your initials and your date of birth, but I will not need your name, social security number, or any other information that could be traced back to you. The responses to these questions will not be shared with anyone outside of our team. I will need to read each question all the way through.*

**INTERVIEW QUESTIONS**

1. Can I have 3 minutes of your time? 🞏 Yes 🞏 No (If no, STOP - please conduct observation only count if the person is unsheltered, or discontinue the survey)
2. Did another volunteer or survey worker already ask you questions about where you are staying the night of Jan. 27th *(insert:* *tonight or last night*)? 🞏 Yes (If yes, STOP - please discontinue the survey) 🞏 No

*(continued on next page)*

1. Where are you sleeping/did you sleep the night of Jan. 27th *(insert:* *tonight or last night*)?

|  |  |
| --- | --- |
|  UNSHELTERED LOCATIONS: | SHELTERED LOCATIONS: |
| 🞏 Street / sidewalk 🞏 Vehicle (car, van RV, truck) 🞏 Park 🞏 Bus / train station / airport 🞏 Under bridge / over pass 🞏 Woods or outdoor encampment🞏 Behind stores or shopping center 🞏 Abandoned building 🞏 Other. → Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 Emergency Shelter. Name of shelter:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 In a hotel/motel/rent-a-room: If yes, who paid for  the room: 🞏 Self / friend / family 🞏 church 🞏 charitable/service organization 🞏 government program 🞏 Don’t know🞏 Other. → Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 In the home of a family member or friend**→ STOP.****PLEASE CHECK OFF, SAY THANK YOU & DISCONTINUE SURVEY**🞏 In a home that I own/rent **→ STOP. PLEASE CHECK OFF, SAY THANK YOU & DISCONTINUE THE SURVEY** |
| **Description of unsheltered location & details that would help to ensure household is only counted once:** |

1. Including yourself, how many adults are there in your household, who are sleeping in the same location the night of Jan. 27th *(insert: tonight or last night)*?\_\_\_\_\_\_\_\_\_
2. How many children (under age 18) are there in your household, who are sleeping in the same location the night of Jan. 27th *(insert: tonight or last night)*? \_\_\_\_\_\_\_\_\_\_
3. Please provide me with the following information for each household member sleeping in the same location as you the night of Jan. 27th *(insert: tonight or last night)*? (Attach additional forms if more than 5 persons in Household.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Person | # 1  | # 2  | # 3  | # 4  | # 5  |
| **NOTE to Interviewer:** If an answer to these questions is not provided, please select a response based on your observation.  | **Initials** | Initials:  | Initials: | Initials: | Initials: | Initials: |
| **What is your relationship to Person # 1?** | N/A | * Child
* Spouse
* Other Family
* Non-Married

 Partner* Other, Non-

 Family | * Child
* Spouse
* Other Family
* Non-Married

 Partner* Other, Non-

 Family | * Child
* Spouse
* Other Family
* Non-Married

 Partner* Other, Non-

 Family | * Child
* Spouse
* Other Family
* Non-Married

 Partner* Other, Non-

 Family |
| **Are you staying in the same location with Person # 1 night of 1/27?** | N/A | * Yes
* No
* Don’t know/

 Refused | * Yes
* No
* Don’t know/

 Refused | * Yes
* No
* Don’t know/

 Refused | * Yes
* No
* Don’t know/

 Refused |
| **Date of birth *(if unwilling to provide, please ask for age)*** | DOB or age: | DOB or age: | DOB or age: | DOB or age: | DOB or age: |

**End of interview - THANK YOU!**