COUNTY:			Surveyor Name/Team Number: Date/Time:							
2022 PA	2022 PA Balance of State: Unsheltered Point-in-Time Survey of the Homeless – 02/23/22									
Hello, I am (homelessne face, and to voluntary an need your n you. The re	introduce yourself bess in order to learn better understand vood your response to ame, date of birth, s	INTR by your first name). more about people what services are ne each question is vo social security numb	OD We exp eede lunt	UCTIONS are conducting periencing home, and to address howards ary. I will ask foor any other info	a survey to count p lessness, what kind omelessness. Your or your initials and y ormation that could	eople experiencing Is of problems they participation is our age, but I will no				
		INTERVI	EW	QUESTIONS						
Can I have	10 minutes of your t	ime? □ Yes □ No)							
experienci interviewe IF ANSWE	ing homelessness id or to complete the RABOVE IS YES: volunteer or survey	f you are unable to because individually be full interview, por Continue the survey worker already askine survey) No (continue)	al/h leas y qu	ousehold is as se skip to observe stions below.	leep or is unable of the control of	on at end of form.				
,		• • • • • • • • • • • • • • • • • • • •		- ,						
	ou sieeping/did you ERED LOCATION	sleep the night of F	-eb.		light or last hight)? LOCATIONS:					
☐ Street / s ☐ Vehicle ☐ Park ☐ Bus / tra ☐ Under be ☐ Woods of ☐ Behind s	sidewalk (car, van RV, truck) in station / airport ridge / over pass or outdoor encampn stores or shopping c ned building	nent		 □ Emergency Shelter. Name: □ In a hotel/motel/rent-a-room: If yes, who paid for the room: □ Self/friend/family (STOP. DISCONTINUE SURVEY) □ church □ charitable/service organization □ government program □ Don't know □ Other. → Specify: 						
	of unsheltered loca sehold is only coun	tion & details to hel ted once:	☐ In the home of a family member or friend → O PLEASE CHECK OFF, SAY THANK YOU & DISCONTINUE SURVEY ☐ In a home that I own/rent → O PLEASE CHECK OFF, SAY THANK YOU & DISCONTINUE THE SURVEY							
Including you		adults are there in	n yo	our household,	who are sleeping	in the same				
How many location tor	-	ge 18) are there in –	you	ur household, v	who are sleeping i	n the same				
•		ollowing information tach additional forms				ping in the same				
	# 1 Initials:	# 2 Initials:	# 3	Initials:	# 4 Initials:	# 5 Initials:				
How are you related to Person # 1?	N/A	☐ Child ☐ Spouse ☐ Other Family ☐ Non-Married Partner ☐ Other, Non-		Child Spouse Other Family Non-Married Partner Other, Non-	 □ Child □ Spouse □ Other Family □ Non-Married Partner □ Other, Non- 	☐ Child ☐ Spouse ☐ Other Family ☐ Non-Married Partner ☐ Other, Non-				
		Family	Family	Family						

1.

2.

3.

6.

Are you staying in the same location with Person # 1 tonight?	N/A	☐ Yes☐ No☐ Don't know	ıl	☐ Yes ☐ No ☐ Don't k Refuse			a't know/ used	☐ Yes☐ No☐ Don't know/Refused		
Age	How old are you? If estimating age: Under 18 yrs 18-24 years 25-59 years 60+ years	How old are your and are your	ge: yrs ırs	How old as ———————————————————————————————————	ng age: 18 yrs years years	If estim	d are you? nating age: der 18 yrs -24 years -59 years + years	How old are you? If estimating age: Under 18 yrs 18-24 years 25-59 years 60+ years		
Ethnicity	Non-Latin(a)(o)(x	☐ Hispanic/ atin(a)(o)(x) ☐ Non-Hispanic/ ☐ Non-Hispanic/		☐ Hispan Latin(a)(o) ☐ Non-Hi Non-Latin((x) spanic/	Latin(a	n-Hispanic/ atin(a)(o)(x)	☐ Hispanic/ Latin(a)(o)(x) ☐ Non-Hispanic/ Non-Latin(a)(o)(x)		
What is your race? Select all that apply.	 □ White □ Black, African-American, or □ Asian or Asian American □ American □ Indian, Alaska Native, or Indigenous □ Native Hawaiian or Pacific Islander 	☐ White ☐ Black, African- American, or African		☐ White ☐ Black, Anerican, African ☐ Asian of American ☐ American ☐ Indian, Alandigenous ☐ Native ☐ Hawaiian of Pacific Isla	or or Asian an aska s s or ander	Americ African Asia Americ Americ Indian, Native, Indiger Nat Hawaii Pacific	ck, African- can, or an or Asian can erican Alaska or nous ive an or	☐ E Ame Afric ☐ A Ame India Nati India ☐ N Haw Pac	 □ White □ Black, African- American, or African □ Asian or Asian American □ Indian, Alaska Native, or Indigenous □ Native Hawaiian or Pacific Islander 	
Gender	 ☐ Female ☐ Male ☐ Transgender ☐ A gender othe than singularly female or male ☐ Questioning 	☐ Male ☐ Transgend r ☐ A gender o than singularly female or male	☐ Transgender		 ☐ Female ☐ Male ☐ Transgender ☐ A gender other than singularly female or male ☐ Questioning 		 ☐ Female ☐ Male ☐ Transgender ☐ A gender other than singularly female or male ☐ Questioning 		Female Male Fransgender A gender other Is singularly ale or male Questioning	
	Please ask all remaining questions to adult household members only and/or a youth under age 18 if they are the Head of Household:									
When did you last sleep in one of the following locations: house or apartment, regardless of ownership or who else lived there? hotel room paid for by you, family or friends?		# 1 Initials: Less than 1 year ago 1+ years ago Don't know/ refused	□ Lo	ess than 1 ear ago + years go on't know/ efused	year □ 1+ ye ago	than 1 ago ears	# 4 Initials: Less that year ag 1+ years ago Don't kn refused	an 1 0 S	# 5 Initials: Less than 1 year ago 1+ years ago Don't know/ refused	
many differe time have you emergency si street, in a ca or any other I	he past three years, how my different periods of e have you slept in an ergency shelter, on the eet, in a car, in the woods, any other location ntified as "UNSHELTERED" 1 (only this time) 1 (only this time) 2 - 3 times 3 - 3 times		tii 2 4-	(only this me) - 3 times + times on't know/	time) 2 - 3 4+ tin	time) time 2 - 3 times			☐ 1 (only this time) ☐ 2 - 3 times ☐ 4+ times ☐ Don't know/refused	

7.

many total months have you have slept in a shelter, on the street, in a car, in the woods,	☐ 1 – 11 months ☐ 12+ mo ☐ Don't k refused	onths	1 – 11 months 12+ mon Don't kno	ths □	1 – 11 months 12+ months Don't know/ refused		1 – 11 months 12+ months Don't know/ refused		1 – 11 months 12+ months Don't know/ refused	
Instructions: For reasons of safety, please do not ask the next question in front of two										
adults who have identified that they are part of the same Household, if two+ adults are										
being interviewed togeth	ner, skip	this qu	uestion.							
Did you need to leave the pla	•			to som	neone makin	a vou	feel unsafe	? Do	o vou feel	
unable to return there because	•			, 10 0011	icono makin	gyoo	roor arioaro		you loo!	
☐ Yes ☐ No ☐ Did not ask	o you loo	i dilodio .								
If yes to feeling unsafe, a	sk the follo	wing ques	stion: Wo u	ıld you l	like to speak	to so	meone who	can t	alk to you	
about increasing your safety?										
If yes, direct this individua									33	
If yes to feeling unsafe:	If yes to feeling unsafe: Thank you for letting me know. I have a series of additional									
sensitive questions to ask you. Is that ok, or do you feel like answering additional questions										
would compromise your safety?										
☐ Yes; it is ok to proceed with your questions. ☐ No, I am not comfortable answering any additional										
Yes: it is ok to proceed with	vour ques	stions		lo Lam	not comfortat	le ans	wering any a	dditic	nal	
\square Yes; it is ok to proceed with	ı your ques	stions.								
<u> </u>			C	uestions	s. (Thank this	perso	n and end sur	vey.)		
If safety question not ask	ed, or in	ndividua	o al did not	uestions indica	s. (Thank this ate feeling	perso unsa	n and end sur fe: The ne	vey.)	et of	
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 If yes, which ones keep you from holding a job or living in stable housing? (check all that apply) 	ille us	lcohol use/ egal drug se lental ealth hysical isability		Alcohol use/ illegal drug use Mental health Physical disability						
Have you been diagnosed as having a developmental disability?	□ Y □ N □ D	es		Yes No Don't know/ refused		Yes No Don't know/ refused		Yes No Don't know/ refused		Yes No Don't know/ refused
Do you have AIDS or an HIV-related illness?	□ N □ D	es o on't know/ efused		Yes No Don't know/ refused		Yes No Don't know/ refused		Yes No Don't know/ refused		Yes No Don't know/ refused
Do you receive any disability benefits such as SSI, SSDI, or Veteran's Disability Benefits?	□ N	es o on't know/ efused		Yes No Don't know/ refused		Yes No Don't know/ refused		Yes No Don't know/ refused		Yes No Don't know/ refused
Did you serve in ACTIVE DUTY as a member of the Army, Navy, Marine Corp, Air Force, Coast Guard, National Guard or Reserves?	□ N □ D	es o on't know/ efused		Yes No Don't know/ refused		Yes No Don't know/ refused		Yes No Don't know/ refused		Yes No Don't know/ refused
For persons with prior military service, ask the following question: Would you like the name of someone who works with veterans to provide housing resources? If yes, direct this veteran to the VA's National Call Center for Homeless Veterans at 1-877-4AID-VET										
Is there anything else you want to tell me about your housing experience?										
End of interview - THANK YOU!										
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, 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: Estimated age of adults: # age 18-24 = # age 25-59 = # age 60+ = # children (under age 18) in Household: Details as to how you know/why you believe this household is unsheltered (REQUIRED): 										
Description of location, clothing and any other details that would help to ensure this household is only counted once (please be as specific as possible) (REQUIRED):										