

COUNTY: _____

Surveyor Name/Team Number: _____

Date/Time: _____

2025 PA Balance of State: Unsheltered Point-in-Time Survey of the Homeless – 01/22/25

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 age, but I will not need your name, date of birth, 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

- Can I have 10 minutes of your time?
 Yes → Continue to question 2
 No → If unwilling to be surveyed, or asleep, please complete the “Observation Only” section below.
- Did another volunteer or survey worker already ask you questions about where you are staying tonight?
 Yes (Ⓝ please discontinue the survey) No (continue to question 3)
- Where are you sleeping/did you sleep the night of Jan. 22nd (insert: tonight or last night)?

<p><u>UNSHeltered LOCATIONS:</u></p> <input type="checkbox"/> Street / sidewalk <input type="checkbox"/> Vehicle (car, van RV, truck) <input type="checkbox"/> Park <input type="checkbox"/> Bus / train station / airport <input type="checkbox"/> Under bridge / over pass <input type="checkbox"/> Woods or outdoor encampment <input type="checkbox"/> Behind stores or shopping center <input type="checkbox"/> Abandoned building <input type="checkbox"/> Other. → Specify: _____	<p><u>SHELTERED LOCATIONS:</u></p> <input type="checkbox"/> Emergency Shelter. Name: _____ <input type="checkbox"/> In a hotel/motel/rent-a-room. If yes, paid by whom? <input type="checkbox"/> Self/friend/family (STOP. DISCONTINUE SURVEY*) <input type="checkbox"/> Church (Name: _____) <input type="checkbox"/> Charitable/service org. (Name: _____) <input type="checkbox"/> Government program (Name: _____) <input type="checkbox"/> Don't know <input type="checkbox"/> Other. → Specify: _____ <input type="checkbox"/> In the home of a family member or friend → Ⓝ PLEASE CHECK OFF, SAY THANK YOU & DISCONTINUE SURVEY* <input type="checkbox"/> In a home that I own/rent → Ⓝ PLEASE CHECK OFF, SAY THANK YOU & DISCONTINUE THE SURVEY* *NOTE: if all household members appear to be under age 25, please skip to YOUTH ADDENDUM on last page
<p>Description of unsheltered location & details to help ensure household is only counted once (REQUIRED):</p>	

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 (leave blank if unable to estimate age): # age 18-24 = _____
age 25-34 = _____ # age 35-44 = _____ # age 45-54 = _____ # age 55-64 _____
65 and older = _____
- # 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): _____

4. Including yourself, how many adults are there in your household, who are sleeping in the same location tonight? _____
5. How many children (under age 18) are there in your household, who are sleeping in the same location tonight? _____
6. Please provide me with the following information for each household member sleeping in the same location as you last night: (Attach additional forms if more than 5 persons in Household.)

	# 1 Initials: _____	# 2 Initials: _____	# 3 Initials: _____	# 4 Initials: _____	# 5 Initials: _____
How are you related to Person # 1?	N/A	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family <input type="checkbox"/> Non-Married Partner <input type="checkbox"/> Other, Non-Family	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family <input type="checkbox"/> Non-Married Partner <input type="checkbox"/> Other, Non-Family	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family <input type="checkbox"/> Non-Married Partner <input type="checkbox"/> Other, Non-Family	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family <input type="checkbox"/> Non-Married Partner <input type="checkbox"/> Other, Non-Family
Are you staying in the same location with Person # 1 tonight?	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ Refused
Age (Please ask supplemental questions of youth age <24 in households without adults age 25+)	How old are you? _____ If estimating age: <input type="checkbox"/> Under 18 <input type="checkbox"/> 45-54 <input type="checkbox"/> 18-24 <input type="checkbox"/> 55-64 <input type="checkbox"/> 25-34 <input type="checkbox"/> 65 + <input type="checkbox"/> 35-44	How old are you? _____ If estimating age: <input type="checkbox"/> Under 18 <input type="checkbox"/> 45-54 <input type="checkbox"/> 18-24 <input type="checkbox"/> 55-64 <input type="checkbox"/> 25-34 <input type="checkbox"/> 65 + <input type="checkbox"/> 35-44	How old are you? _____ If estimating age: <input type="checkbox"/> Under 18 <input type="checkbox"/> 45-54 <input type="checkbox"/> 18-24 <input type="checkbox"/> 55-64 <input type="checkbox"/> 25-34 <input type="checkbox"/> 65 + <input type="checkbox"/> 35-44	How old are you? _____ If estimating age: <input type="checkbox"/> Under 18 <input type="checkbox"/> 45-54 <input type="checkbox"/> 18-24 <input type="checkbox"/> 55-64 <input type="checkbox"/> 25-34 <input type="checkbox"/> 65 + <input type="checkbox"/> 35-44	How old are you? _____ If estimating age: <input type="checkbox"/> Under 18 <input type="checkbox"/> 45-54 <input type="checkbox"/> 18-24 <input type="checkbox"/> 55-64 <input type="checkbox"/> 25-34 <input type="checkbox"/> 65 + <input type="checkbox"/> 35-44
What is your race/ ethnicity? Select <u>all</u> that apply.	<input type="checkbox"/> White <input type="checkbox"/> Black, African-American, or African <input type="checkbox"/> Hispanic/ Latina/e/o <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Black, African-American, or African <input type="checkbox"/> Hispanic/ Latina/e/o <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Black, African-American, or African <input type="checkbox"/> Hispanic/ Latina/e/o <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Black, African-American, or African <input type="checkbox"/> Hispanic/ Latina/e/o <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Black, African-American, or African <input type="checkbox"/> Hispanic/ Latina/e/o <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Native Hawaiian or Pacific Islander
Gender	<input type="checkbox"/> Woman/ girl <input type="checkbox"/> Man/ boy <input type="checkbox"/> Culturally Specific Identity (e.g. Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity	<input type="checkbox"/> Woman/ girl <input type="checkbox"/> Man/ boy <input type="checkbox"/> Culturally Specific Identity (e.g. Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity	<input type="checkbox"/> Woman/ girl <input type="checkbox"/> Man/ boy <input type="checkbox"/> Culturally Specific Identity (e.g. Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity	<input type="checkbox"/> Woman/ girl <input type="checkbox"/> Man/ boy <input type="checkbox"/> Culturally Specific Identity (e.g. Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity	<input type="checkbox"/> Woman/ girl <input type="checkbox"/> Man/ boy <input type="checkbox"/> Culturally Specific Identity (e.g. Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity

7. Please ask all remaining questions to **adult household members only and/or a youth under age 18 if they are the Head of Household:**

	# 1 Initials: ___	# 2 Initials: ___	# 3 Initials: ___	# 4 Initials: ___	# 5 Initials: ___
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?	<input type="checkbox"/> Less than 1 year ago <input type="checkbox"/> 1+ years ago <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Less than 1 year ago <input type="checkbox"/> 1+ years ago <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Less than 1 year ago <input type="checkbox"/> 1+ years ago <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Less than 1 year ago <input type="checkbox"/> 1+ years ago <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Less than 1 year ago <input type="checkbox"/> 1+ years ago <input type="checkbox"/> Don't know/refused
In the past three years, how many different periods of time have you slept in an emergency shelter, on the street, in a car, in the woods, or any other location identified as "UNSHELTERED" in question 3?	<input type="checkbox"/> 1 (only this time) <input type="checkbox"/> 2 – 3 times <input type="checkbox"/> 4+ times <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> 1 (only this time) <input type="checkbox"/> 2 – 3 times <input type="checkbox"/> 4+ times <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> 1 (only this time) <input type="checkbox"/> 2 – 3 times <input type="checkbox"/> 4+ times <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> 1 (only this time) <input type="checkbox"/> 2 – 3 times <input type="checkbox"/> 4+ times <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> 1 (only this time) <input type="checkbox"/> 2 – 3 times <input type="checkbox"/> 4+ times <input type="checkbox"/> Don't know/refused
(IF 4+ TIMES HOMELESS) In the past three years, how many total months have you slept in a shelter, on the street, in a car, in the woods, or any other location identified as "UNSHELTERED" in question 3?	<input type="checkbox"/> 1 – 11 months <input type="checkbox"/> 12+ months <input type="checkbox"/> Don't know/Refused/N/A	<input type="checkbox"/> 1 – 11 months <input type="checkbox"/> 12+ months <input type="checkbox"/> Don't know/Refused/N/A	<input type="checkbox"/> 1 – 11 months <input type="checkbox"/> 12+ months <input type="checkbox"/> Don't know/Refused/N/A	<input type="checkbox"/> 1 – 11 months <input type="checkbox"/> 12+ months <input type="checkbox"/> Don't know/Refused/N/A	<input type="checkbox"/> 1 – 11 months <input type="checkbox"/> 12+ months <input type="checkbox"/> Don't know/Refused/N/A

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 together, skip this question.

Did you need to leave the place you were last staying due to someone making you feel unsafe? Do you feel unable to return there because you feel unsafe? Yes No Did not ask

If yes to feeling unsafe, ask the following question: **Would you like to speak to someone who can talk to you about increasing your safety?**

- If yes, direct this individual to the **National Domestic Violence Hotline at 1-800-799-7233**

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 questions. (Thank this person and end survey.)

Prompt if safety question not asked, or individual did not indicate feeling unsafe: The next set of questions asks about sensitive topics. You don't have to answer any question that you don't want to, however your answers will be combined with the answers of other people who take the survey and used to help provide better programs and services to people experiencing homelessness.

(Continued)	# 1 Initials: ___	# 2 Initials: ___	# 3 Initials: ___	# 4 Initials: ___	# 5 Initials: ___
Do you drink alcoholic beverages or use drugs (illegal or prescription for non-medical reasons)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused
Do you have any mental health conditions (such as depression, anxiety, schizophrenia)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused

Do you have a physical disability? This could include something that substantially limits one or more basic physical activity such as walking, climbing stairs, reaching, lifting, or carrying?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ refused
Do any of the situations we just discussed keep you from holding a job or living in stable housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ refused
• If yes, which ones keep you from holding a job or living in stable housing? (check all that apply)	<input type="checkbox"/> Alcohol/drug <input type="checkbox"/> Mental health <input type="checkbox"/> Physical disability	<input type="checkbox"/> Alcohol/drug <input type="checkbox"/> Mental health <input type="checkbox"/> Physical disability	<input type="checkbox"/> Alcohol/drug <input type="checkbox"/> Mental health <input type="checkbox"/> Physical disability	<input type="checkbox"/> Alcohol/drug <input type="checkbox"/> Mental health <input type="checkbox"/> Physical disability	<input type="checkbox"/> Alcohol/drug <input type="checkbox"/> Mental health <input type="checkbox"/> Physical disability
Have you been diagnosed as having a developmental disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ refused
Do you have AIDS or an HIV-related illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?					

IF HOUSEHOLD ONLY INCLUDES PERSONS AGED 24 AND UNDER, ASK QUESTIONS 8-11.
If this the household includes individuals aged 25+, thank them for their time and end the interview.

8. Are you pregnant, a parent, or a stepparent? yes no Don't know/ refused

9. Which of the following best fits how you think about your sexual orientation?

- Heterosexual/ Straight Lesbian Gay
 Bisexual Queer Other, please specify: _____
 Don't know/ refused

10. Were you ever involved in the foster care system, such as a foster home, group home, or child welfare placement? yes no Don't know/ refused

11. What help or resources would improve your current situation? (check all that apply)

- Help in finding housing Youth specific housing resources
 Help getting a job/ employment Help with my education (graduating, GED)
 LGBTQ+ friendly/specific services Transportation
 Childcare Healthcare resources
 Mental health resources Other (please specify): _____
 None Don't know/ refused

YOUTH ADDENDUM → for households where all persons are aged 24 and below AND did not complete the PIT survey because they question 3 indicated “SHELTERED LOCATION”

Instructions: Please ask these questions of any unaccompanied (without a parent/guardian) or parenting youth you encounter during the PIT Count who is age 24 and under, even if the youth identified that they are not unsheltered. We want to gather this information from any unaccompanied or parenting youth who may be unstably housed or homeless.

INTRO: We have a few additional questions that we are asking of youth and young adults ages 24 and under. This information will be used to identify specific needs for youth in Pennsylvania. Would you be willing to answer a few additional questions? Reminder that your participation is voluntary and your response to each question is voluntary. 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. How old are you? _____ If estimating age, please select: Under 18 18-24*
* If over age 24, please say thank you and end the interview.

2. Initials _____

3. Is the place you are staying now a safe and stable place to stay? yes no*
*If appropriate to offer/ and desired: **National Domestic Violence Hotline available at 1-800-799-7233**

4. Think about the last time you felt that you were living in safe and stable housing. How long ago was that?

- Less than 1 month ago
- 1-3 months ago
- 4-6 months ago
- 7 months to 1 year ago
- More than 1 year
- Never felt stably housed
- Don't know/ refused

5. Are you pregnant, a parent, or a stepparent? yes no Don't know/ refused

6. Which of the following best fits how you think about your sexual orientation?

- Heterosexual/ Straight
- Lesbian
- Gay
- Bisexual
- Queer
- Other, please specify: _____
- Don't know/ refused

7. Were you ever involved in the foster care system, such as a foster home, group home, or child welfare placement? yes no Don't know/ refused

8. What help or resources would improve your current situation? (check all that apply)

- Help in finding housing
- Youth specific housing resources
- Help getting a job/ employment
- Help with my education (graduating, GED)
- LGBTQ+ friendly/specific services
- Transportation
- Childcare
- Healthcare resources
- Mental health resources
- Other (please specify): _____
- None
- Don't know/ refused

Instructions: For reasons of safety please do not ask the next two questions in front of two youth who have identified that they are part of the same household. If two adults are being interviewed together, skip to question 11.

9. Did you need to leave the place you were last staying due to someone making you feel unsafe? Do you feel unable to return there because you feel unsafe?

- yes no Did not ask

10. If yes to feeling unsafe, ask the following question: Would you like to speak to someone who can talk to you about increasing your safety?

- yes If yes, direct this individual to the National Domestic Violence Hotline at 1-800-799-7233.
 no

11. What is your race/ ethnicity? Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black, African-American, or African |
| <input type="checkbox"/> Hispanic/ Latina/o/x | <input type="checkbox"/> Asian or Asian American |
| <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> American Indian, Alaska Native, or Indigenous |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | |

12. Please identify your gender. Select all that apply.

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Woman/ girl | <input type="checkbox"/> Man/ boy |
| <input type="checkbox"/> Culturally Specific Identity (e.g. Two-Spirit) | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Non-Binary | <input type="checkbox"/> Questioning |
| <input type="checkbox"/> Different Identity | |