

monarch  
HOUSING ASSOCIATES

**2015 Point In Time**  
**(PIT) Count**

[www.monarchhousing.org](http://www.monarchhousing.org)



# Point In Time Data Collection Guide



Data Collection Guide:  
New Jersey Statewide Point-In-Time Count of the Homeless

January 28, 2015



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[www.monarchhousing.org](http://www.monarchhousing.org)

# Point In Time Quick Reference Guide

## NJ Counts 2015 Quick Reference Guide

### DEFINITIONS

- Chronic Health Condition** – ailment that is prolonged in duration, does not often resolve spontaneously, and is rarely cured completely
- Developmental Disability** – a severe, chronic disability that is attributable to a mental or physical impairment or combination of mental and physical impairments, is manifested before the individual is 22 years old, is likely to continue indefinitely, and results in substantial functional limitations in three or more areas of major life activity (e.g. self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency)
- Emergency Shelter** – any facility whose primary purpose is to provide temporary shelter for the homeless in general or for specific populations of the homeless
- HIV/AIDS** – human immunodeficiency virus/acquired immunodeficiency syndrome is a disease of the human immune system caused by infection with human immunodeficiency virus
- Homeless – Unsheltered** – Sleeps somewhere not designed as a regular sleeping accommodation for human beings such as a car, park, abandoned building, bus/train, street/sidewalk
- Sheltered** – Lacks a fixed, regular, and adequate nighttime residence, has a supervised emergency shelter, safe haven, or transitional housing dedicated solely for the homeless as a primary nighttime residence (this includes domestic violence and youth shelters)
- A household is considered homeless if that household spent the night in:
- On the street, under a bridge, abandoned building, public building, car, traveling on a bus or camping out;
  - Emergency Shelter;
  - Youth Shelter;
  - Hotel/Motel Paid By Agency
  - Domestic Violence Shelter
  - Safe Haven
  - Transitional Housing (time-limited);
  - Hotel/Apartment paid for with Temporary Rental Assistance from the Board of Social Services (may or may not be considered homeless depending on community)
- NOT Homeless** – Designation given to any household that spent the night in:
- Permanent Housing;
  - Psychiatric Hospital;
  - Medical Hospital;
  - Jail;
  - Juvenile Detention Center;
  - Farm Labor Housing;
  - Hotel/Motel You Paid For
  - Substance Abuse Treatment Facility;
  - Temporarily with Friends or Family;
- General Assistance** – state or federal welfare programs that benefit to adults without dependents (single persons, or childless married couples) as opposed to families with children
- Medical (disability)** – medical services needed to address a specific disability in the household
- Medical (routine healthcare)** – general medical services to address healthcare needs such as annual checkups
- Mental Health Issue** – medical condition that disrupts a person's thinking, feeling, mood, behavior, ability to relate to others, and daily functioning seriously enough to require psychiatric intervention
- Permanent Housing** – long-term rental or owned housing, includes *permanent supportive housing* programs (Long-term, community-based housing with supportive services for homeless persons with disabilities); *excludes* transitional housing and emergency shelter
- Physical Disability** – physical impairment which has a substantial and long-term effect on ability to carry out day-to-day activities: e.g. self-care, receptive/expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency
- Safe Haven** – 24-hour private or semiprivate residence for not more than 25 homeless persons which provides low-demand services and referrals to eligible persons who are not residents on a drop-in basis
- Social Security** – retirement benefits for workers aged 62 or older who have paid into the Social Security system for enough years
- SSDI** – the Social Security Disability Insurance program is for workers who have worked and paid Social Security taxes for many years who become disabled before retirement age
- SSI** – Supplemental Security Income, a federal program that pays a small cash benefit to low-income individuals who are disabled, blind, or over the age of 65 who haven't worked for long enough to qualify for SSDI
- Substance Abuse** – overindulgence in or dependence on an addictive substance, especially alcohol or drugs
- TANF** – Temporary Assistance for Needy Families is a government program that provides cash assistance to needy families with dependent children, and to pregnant women, to help them meet the basic needs of their children. This cash assistance can be used to help families with housing, utilities, and clothing costs. It is sometimes called "welfare."
- Temporary Rental Assistance** – Apartment paid for temporarily by Board of Social Services
- Transitional Housing** – program designed to provide housing and supportive services to homeless persons to facilitate movement to independent living within 24 months
- Veteran** – person who has served within the Armed Forces of the U.S. or any of the states or who has been deployed for at least one day of active duty (including National Guard and Reserves)
- Victim of Domestic Violence** – individual whose family member, partner or ex-partner attempts to physically or psychologically dominate them through physical violence, sexual abuse, emotional abuse, intimidation, economic deprivation, stalking, or threats of violence.
- Youth Shelter** – emergency housing for homeless youth (18 and younger) who need services like counseling, mediation, education, and structured treatment programs

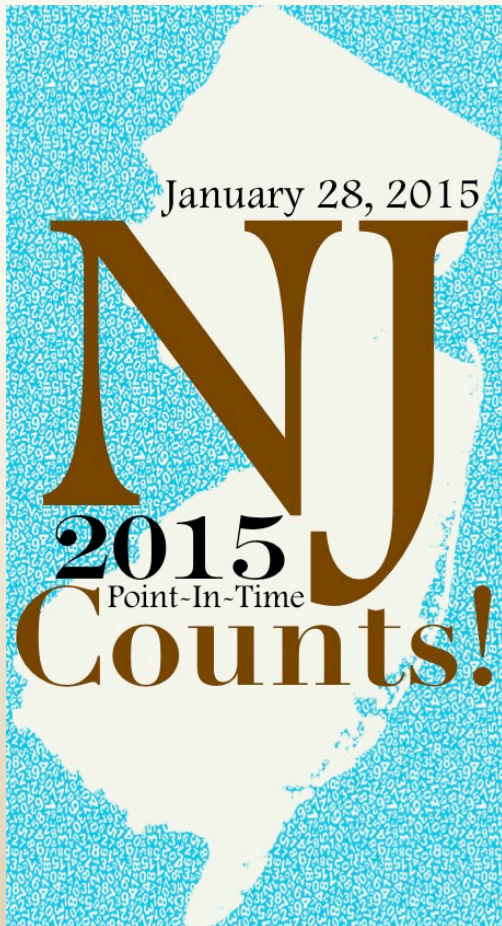
## NJ Counts 2015 Quick Reference Guide

### SURVEY QUESTIONS

Before completing the survey with the respondent, please confirm that they have not completed the survey at any other location already to prevent duplication of survey.

- Where did you spend the night of Tuesday, January 27<sup>th</sup>?** (Check ONE only)  
Please only read the bold text to ask question 1, and do not read the answer list to the respondent. Check only ONE box on the answer list that best corresponds to the answer given.
  - In what town did you spend the night?**  
Write legibly the town, county, and state where the respondent stayed. If the respondent was housed through a program, record the agency and program name that provided shelter to the household.
  - How long have you been in your current living situation?**  
Please only read the bold text to ask question 3; do not read the answer list to the respondent. Then, check the box that best corresponds to the answer given.
  - If you have been homeless less than 1 year, has there been another time within the past 12 months when you were homeless?**  
Check 'Yes' if the respondent has been homeless for less than 1 year and has had a previous episode of homelessness in that past 12 months. This does not apply to persons that have had one continuous episode (multiple consecutive nights) of homelessness that has lasted less than one year. If a respondent has experienced multiple consecutive nights of homelessness for less than one year, check 'No.' If a respondent is not homeless, or has been homeless for more than 12 months, choose 'N/A.'
  - Have you been homeless at least 4 separate times within the past 3 years (since January 27, 2012)?**  
Check 'Yes' or 'No.' If the respondent is not homeless, choose 'N/A.'
  - Household Information**  
A. How many adults and children were homeless in your household on the night of January 27<sup>th</sup>?  
Adults – household members 18+ (Children – 17 & under); enter a numerical value. Remember to count the respondent.  
B. Who was homeless with you on the night of January 27<sup>th</sup>? (Check all that apply to each person)  
Respondent's information must be entered in line 1 as 'Self' for the Head of Household. If the respondent gives no 'Age,' 'Gender,' 'Race,' or 'Ethnicity,' surveyor should take his/her best guess to complete the fields; do not guess other household members.  
*Relationship to Head of Household* – list every member of the household by their relationship to the respondent; you must select one of the following possible answers:  
    - 'Self'
    - 'Parent'
    - 'Child'
    - 'Spouse'
    - 'Sibling'
    - 'Relative'
    - 'Friend'
    - 'Unknown'
- Do not enter invalid answers such as 'Sister' or 'Brother,' but instead choose Sibling. For 'Aunt,' 'Uncle,' 'Cousin,' 'Grandparent,' etc., enter Relative. For 'partners' or 'significant others,' enter Spouse
- Gender** – enter 'M' for 'male,' 'F' for 'female,' 'TMF' for 'transgender male to female,' 'TFM' for 'transgender female to male'
- Race** – Please enter one of the following options:
- 'AI' for 'American Indian/Alaska Native'
  - 'B' for 'Black/African-American'
  - 'AS' for 'Asian'
  - 'PI' for 'Pacific Islander/Native Hawaiian'
  - 'WH' for 'White'
- If the respondent is Multi-Racial, list any race from the list above that the respondent identifies himself/herself or any household member as.
- \*If the respondent is Hispanic, inform them that they must choose a race from the list above in addition to identifying Ethnicity as 'Hispanic'
- Ethnicity** – enter 'H' for 'Hispanic,' or 'NH' for 'Non-Hispanic'
- Check all that apply to each person. None Apply – Be sure to check 'None Apply' if none of these characteristics applies to an individual. Only leave all fields blank if no response is given regarding what characteristics apply to an individual. Ask a direct question about each characteristic about each household member. For instance, 'Are you a Veteran,' 'Are you a victim of Domestic Violence,' etc.
- Which of the following do you, or anyone in your household receive?** (Check ALL that apply)  
For this question, ask respondents if they have each Source of Income and each Non-Cash Benefit on the answer list and check ALL that apply. Please be sure to read each option to the respondent and refer to the 'Definitions' section if further clarification on the options is needed. If the respondent's answer is not listed, check 'Other' and describe.
  - What is your monthly household income?** – Enter a numerical value.  
Enter the respondent's monthly household income—this should be the total income of all household members.
  - Would you, or anyone in your household, like to receive any of the following services?** (Check all that apply)  
Check all answers that apply, and read each option to the respondent. If respondent's answer is not listed, check 'Other' and describe.

# What is the Point In Time Count?



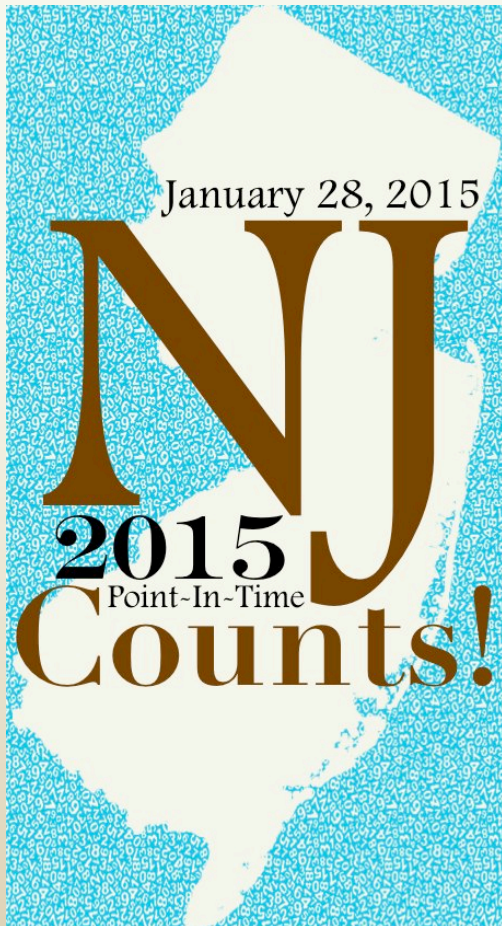
*A count of homeless persons in a given area on a single night.*

Point In Time Counts should be:

- Statistically reliable
- Unduplicated
- Inclusive of sheltered/unsheltered homeless
- Conducted during the last week of January (HUD requirement)
- Planned, coordinated, and carried out locally



# Why do a Point In Time Count?



- *Gather data for local homeless planning purposes:*
  - Who is homeless
  - Where the homeless find shelter
  - Factors contributing to homelessness in the community
  - What services are needed by the homeless
- *HUD requirement for CoC funding*

# Who to Count in the PIT Count

## HUD

a person should be counted as 'homeless' if that person:

### *Unsheltered*

1. Sleeps somewhere not designed as a regular sleeping accommodation for human beings such as a car, park, abandoned building, bus/train, street/sidewalk,

### *Sheltered*

2. Lacks a fixed, regular, and adequate nighttime residence, has a supervised emergency shelter, safe haven, or transitional housing dedicated solely for the homeless as a primary nighttime residence (this includes domestic violence and youth shelters)

### *At Risk of Homelessness*

- 3.
- doubled up with another household;
  - living in illegal dwelling units;
  - living in overcrowded units with more than 1.5 persons per room;
  - scheduled to be evicted with no subsequent residence ;
  - being discharged from jail/prison with no subsequent residence;
  - being discharged from a health facility with no subsequent residence;
  - residing in a motel unit that is being paid for by that household



# How to Count in 2015

Homeless Category	Count Method
<i>Unsheltered</i>	<ul style="list-style-type: none"><li>• Paper Survey</li></ul>
<i>Sheltered</i>	<ul style="list-style-type: none"><li>• <i>If in HMIS:</i> Update HMIS to reflect night of count</li><li>• <i>If NOT in HMIS:</i> Paper Survey</li><li>• <i>All Shelter Programs will submit a summary survey form</i></li></ul>
<i>At Risk of Homelessness</i>	<ul style="list-style-type: none"><li>• Paper Survey</li></ul>



# Sheltered Summary Form

## NJ COUNTS 2015 Sheltered Summary Form



1. County	
2. Agency Name	
3. Program Name	
4. HMIS Program Name	
5. Individual or Family Program	
6. Total number of beds available	
7. Total number of people served on the night of January 27, 2014 (combined total for adults & children)	

1. County	
2. Agency Name	
3. Program Name	
4. HMIS Program Name	
5. Individual or Family Program	
6. Total number of beds available	
7. Total number of people served on the night of January 27, 2014 (combined total for adults & children)	

1. County	
2. Agency Name	
3. Program Name	
4. HMIS Program Name	
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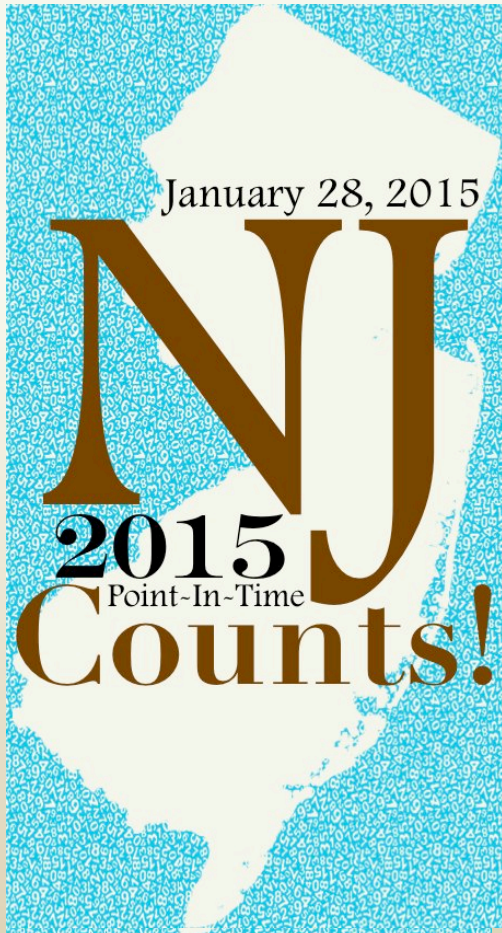
1. County	
2. Agency Name	
3. Program Name	
4. HMIS Program Name	
5. Individual or Family Program	
6. Total number of beds available	
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1. County	
2. Agency Name	
3. Program Name	
4. HMIS Program Name	
5. Individual or Family Program	
6. Total number of beds available	
7. Total number of people served on the night of January 27, 2014 (combined total for adults & children)	



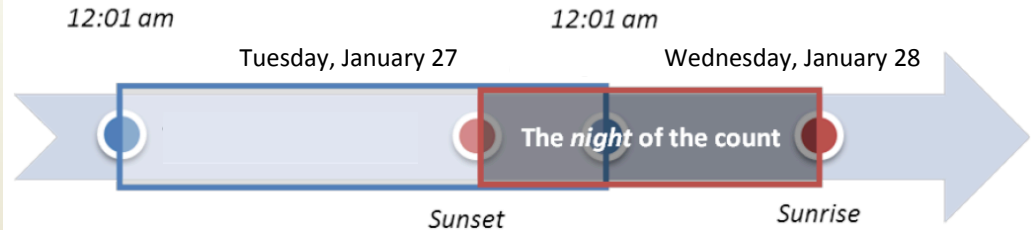


# When is the 2015 PIT Count?



Conduct Surveys from  
Tuesday, January 27<sup>th</sup> –  
Wednesday, January 28<sup>th</sup>

The Night of the Count - Illustrated



- Night Counts only on the night of January 27<sup>th</sup>, Daytime counts only on January 28<sup>th</sup>
- Or, 7 day service-based unsheltered count



# General Survey Guidelines

- **Only One** survey should be conducted per household
  - A 'Household' is defined as any group of persons who would be housed together if they were able to obtain permanent housing
- Surveys should be conducted by interviewers, and should not be given to respondents to fill out
- Do not read all answer options to the respondent unless the question says to 'check all that apply'
- If no response is given to any question on the survey, please leave the answer blank
  - Except 6B for the respondent's *Relationship to Head of Household, Age, Gender, Race, and Ethnicity*; please guess these fields for respondent;
  - Respondent may guess on 6B if unsure about other household members
- If no response for question 1, do not complete survey



# General Survey Guidelines

- If you are a veteran program, label all clients as veterans
- If you are a domestic violence program, label all clients as victims of domestic violence
- If your program is in HMIS, paper surveys from your program will not be counted unless it identifies that clients stayed in a location other than program location.
- During de-duplication
  - an agency-conducted paper survey will be used over a duplicate from another count location
  - HMIS records will be used over duplicate surveys





# General Survey Guidelines

- HMIS-participating programs that are entering multiple services into the same program in HMIS will not be able to have their information pulled from HMIS for the PIT



# Tips for Conducting Interviews

- Introduce yourself
- **Ask if they have already taken the survey**
- Let respondent know answers are anonymous
- Conduct the survey in a quiet, private manner
- Try not ask compound questions
- Use the survey questions to guide interview
- Ask questions to clarify if necessary
- Be friendly, respectful, and polite
- Thank respondents for their time



# Survey Site Identification



Code AB123 County \_\_\_\_\_ Union \_\_\_\_\_ Agency Monarch Program Ending Homelessness

**NJ COUNTS 2015 POINT IN TIME SURVEY**

## Code

The five-digit site code consisting of two letters indicating the county, and three numbers (or more depending on local sub-coding) used to sort survey responses by site.

## County

Enter the name of the county in which the survey is being administered.

## Agency

If the survey is being completed by an agency, enter the agency name.

## Program

If the respondent is participating in a specific agency program, enter the program name.

**Code, County, Agency, and Program fields should be prepopulated by local PIT Coordinators before distributing Paper Surveys to count sites**



# Survey Questions

## 1. Where did you spend the night of Tuesday, January 27<sup>th</sup>? (Check ONE only)

	On the street, under a bridge, abandoned building, public building, car, traveling on a bus, or camping out
	Emergency Shelter
	Safe Haven
	Transitional Housing (time-limited)
	Hotel/Motel Paid For By Agency
	Hotel/Motel You Paid For
<b>X</b>	Apartment paid for with Temporary Rental Assistance from the Board of Social Services
	Youth Shelter
	Permanent Housing
	Temporarily with Friends or Family
	Domestic Violence Shelter
	Psychiatric Hospital
	Jail
	Juvenile Detention Center
	Farm Labor Housing
	Medical Hospital
	Substance Abuse Treatment Facility
	Other: _____

### *Emergency Shelter*

Any facility whose primary purpose is to provide temporary shelter for the homeless in general or for specific populations of the homeless

### *Transitional Housing*

Program designed to provide housing and supportive services to homeless persons to facilitate movement to independent living within 24 months

### *Youth Shelter*

Emergency housing for homeless youth (18 and younger) who need services like counseling, mediation, education, and structured treatment programs

### *Permanent Housing*

Long-term rental or owned housing, includes *permanent supportive housing* programs (long-term, community-based housing with supportive services for homeless persons with disabilities); *excludes* transitional housing/emergency shelter

### *Temporary Rental Assistance*

Local Board of Social Services paying temporarily for an apartment stay

### *Safe Haven*

24-hour private or semiprivate residence for not more than 25 homeless persons which provides low-demand services and referrals to eligible persons on a drop-in basis

***Each interviewer must classify answers accurately and consistently***





# Survey Questions

## 2. In what town did you spend the night?

Town:                     Cranford                    

County:                     Union                     State:           NJ          

Program Name (if applicable):                     Ending Homelessness                    

Agency Name (if applicable):                     Monarch                    

- Ask respondents if the location where they stayed is affiliated with any program and agency, and record program and agency names if applicable
- The location where the survey is being conducted is *not necessarily* the program or agency that the respondent is part of
- If the respondent is not part of any housing program, leave these fields blank



# Survey Questions

## 3. How long have you been in your current living situation?

	1 day to 1 week		3 months & 1 day to 6 months
<b>x</b>	8 days to 1 month		6 months & 1 day to 12 months
	1 month & 1 day to 3 months		More than 1 year

- Asking respondent only about their *most recent, continuous* living situation
- For instance, if the respondent has been homeless ‘on-and-off’ for 2 years, but he/she lost their housing most recently 2 weeks ago, check ‘8 days to 1 month’
- If the respondent is in a shelter/transitional housing program, their length of stay in the program can be said to correspond to the length of their current living situation



# Survey Questions

**4. If you have been homeless less than 1 year, has there been another time within the past 12 months when you were homeless?**

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A
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- If the respondent has been homeless for more than 1 year, or if they have not been homeless two separate times in the last 12 months, choose 'N/A'
- Check 'Yes' if the respondent has been homeless for less than 1 year, and has experienced another distinct episode of homelessness during the past 12 months
- For respondents that have had one *continuous* episode consisting of multiple nights of homelessness in the past 12 months, you should check 'No' because they have experienced only one episode of homelessness



# Survey Questions

**5. Have you been homeless at least 4 separate times within the past 3 years? (since January 27, 2012)**

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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- If the respondent has been homeless at least 4 separate times in the past 3 years, check 'Yes'
- If the respondent has not experienced 4 separate episodes of homelessness in the past 3 years, check 'No'





# Survey Questions

## 6. Household Information

**A. How many adults and children were homeless in your household on the night of January 27th?**

**Household Size:** Adults (18 yrs. & older) 3 Children (17 yrs. & younger) 1

- Include the respondent in the total household size
- Only count household members that shared the respondent's stated sleeping arrangements on the night of the count
- If household members spent the night in separate sleeping arrangements, do not include them on this survey
- If there are either no Adults or no Children in the household, enter '0'



# Survey Questions

## B. Who was homeless with you on the night of January 27<sup>th</sup>?

Demographic Information							Household Characteristics <i>Check all that apply to each person</i>									
Relationship to Head of Household	First initial	Middle Initial	First 2 Letters of Last Name	Age	Gender	Race	Ethnicity	Victim of Domestic Violence	Veteran	Mental Health Issues	Substance Abuse	Physical Disability	Developmental Disability	Chronic Health Condition	HIV/AIDS	None Apply

- Fill out as completely as possible for every household member that shared identified sleeping arrangements
- If household members spent the night separately, do not include their information
- If the respondent is unsure about information for some members of his/her household, have them give their best guess
- If the respondent gives no response for himself/herself with regard to *Age, Gender, Race, or Ethnicity*, you should guess the answers. Do not guess about other demographic and personal characteristics fields for the respondent and do not guess answers for other household members.
- If respondent gives no response for household members try to at least get a *Gender* and *Age* for each



# Survey Questions

## Household Characteristics

Check all that apply to each person

Relationship to Head of Household	First initial	Middle Initial	First 2 Letters of Last Name
Respondent ↓ Self	M	S	AB
Spouse	M	R	AB
Parent	S		YZ
Child	J	R	AB
Sibling			
Relative			
Friend			
Unknown			

Possible Responses

- The respondent is considered the Head of Household, and his/her *Relationship to Head of Household* is t designated as 'Self'
- Every member of the household's relationship to the respondent should be provided
- First initial, middle initial, and first two letters of last name given only to avoid duplication and distinguish between household members
- If any household member has no middle initial, please leave that space blank



# Survey Questions

Age	Gender	Race	Ethnicity
30	F	B, WH	H
8	M	AI	NH
65	TRF	AS, PI	

- For *Age*, enter a numerical value
- For *Gender*, enter one of the following:
  - 'F' for female
  - 'M' for male
  - 'TRM' for transgender female to male
  - 'TRF' for transgender male to female
- For *Race*, list **ALL that apply from the following:**
  - 'B' for Black/African-American
  - 'AI' for American Indian/Alaska Native
  - 'AS' for Asian
  - 'PI' for Pacific Islander/Native Hawaiian
  - 'WH' for White/Caucasian
- If the respondent is Hispanic, inform them that they must choose a race from the list above in addition to identifying their ethnicity as 'Hispanic'
- For *Ethnicity*, enter either:
  - 'H' for Hispanic
  - 'NH' for Non-Hispanic
- If respondent gives no response for household members try to at least get a *Gender* and *Age* for each







## 6. Household Information

**A. How many adults and children were homeless in your household on the night of January 27th?**

**Household Size:** Adults (18 yrs. & older) 3 Children (17 yrs. & younger) 1

**B. Who was homeless with you on the night of January 27th?**

Demographic Information								Household Characteristics <i>Check all that apply to each person</i>								
Relationship to Head of Household	First initial	Middle Initial	First 2 Letters of Last Name	Age	Gender	Race	Ethnicity	Victim of Domestic Violence	Veteran	Mental Health Issues	Substance Abuse	Physical Disability	Developmental Disability	Chronic Health Condition	HIV/AIDS	None Apply
Self	M	S	AB	30	F	B, PI	NH									X
Spouse	M	R	AB	31	M	B	NH		X	X						
Parent	S	R	YZ	65	M	B	H					X				
Child	J	R	AB	8	M	B	H									X

- Be sure to ask a direct question about each characteristic for each household member
- Check that the number of household members in 6B matches the household size in 6A



# Survey Questions

**7. Where was your last permanent address before becoming homeless?**

Town: Cranford County: Union

State: NJ Country: U.S.

If no response is given, leave this section blank



# Survey Questions

## 8. What was your residence prior to your current living situation? (Check ONE only)

<b>Temporary Locations</b>	
<input type="checkbox"/>	Emergency Shelter or Emergency Hotel Voucher
<input type="checkbox"/>	Hotel/Motel Paid for Without Voucher
<input type="checkbox"/>	Place Not Meant for Human Habitation (On the Street, Bus, Car, Airport, Abandoned Building)
<input type="checkbox"/>	Safe Haven
<input type="checkbox"/>	Transitional Housing for Homeless Persons
<b>Permanent Locations</b>	
<input type="checkbox"/>	Living with Family or Friends
<input type="checkbox"/>	Permanent Housing
<input type="checkbox"/>	Permanent Supportive Housing Program
<input type="checkbox"/>	Rooming House
<b>Institutional Locations</b>	
<input checked="" type="checkbox"/>	Jail, Prison, or Juvenile Detention Facility
<input type="checkbox"/>	Medical Hospital (emergency room, acute care)
<input type="checkbox"/>	Psychiatric Hospital or Treatment Facility
<input type="checkbox"/>	Substance Abuse Treatment Facility/Detox
<b>Other Locations</b>	
<input type="checkbox"/>	Apartment paid for with Temporary Rental Assistance from the Board of Social Services
<input type="checkbox"/>	Foster Care Home or Group Home
<input type="checkbox"/>	Nursing Home or Other Long Term Care Facility
<input type="checkbox"/>	Other: _____

- Check one answer only
- Read only the bold question and do not read all answers
- For Definitions, see the NJ Counts Data Collection Guide, Section 5; page 7
- If respondent's answer is not listed, check '*Other*' and describe



# Survey Questions

## 9. Which of the following do you, or anyone in your household receive? (Check ALL that apply)

<i>Sources of Income</i>		<i>Non-Cash Benefits</i>	
SSI		Food stamps/SNAP	
SSDI		Medicaid	
TANF		Medicare	
General/Public Assistance/Welfare		State Children's Health Insurance/FamilyCare	
Unemployment		VA Benefits	
Private Disability Insurance		WIC/Special Nutrition Program for Women, Infants, and Children	
Work Income/Wage		TANF Child Care	
Worker's Compensation		TANF Transportation	
Alimony		Other TANF-Funded Service	
Child Support		Temporary Rental Assistance	
Veteran's Pension		Section 8/Public Housing/Ongoing Rental Assistance	
Veteran's Disability			
Pension From Former Job			
Social Security			
Temporary State Disability		Other: _____	
Other: _____		Receiving No Government Benefits	
No Source of Income			

### *SSI*

Supplemental Security Income, a federal program that pays a small cash benefit to low-income individuals who are disabled, blind, or over the age of 65 who haven't worked for long enough to qualify for SSDI

### *SSDI*

The Social Security Disability Insurance program is for workers who have worked and paid Social Security taxes for many years who become disabled before retirement age

### *TANF*

Temporary Assistance for Needy Families is a government program that provides cash assistance to needy families with dependent children, and to pregnant women, to help them meet the basic needs of their children. This cash assistance can be used to help families with housing, utilities, and clothing costs. It is sometimes called "welfare."



# Survey Questions

## 9. Which of the following do you, or anyone in your household receive? (Check ALL that apply)

<i>Sources of Income</i>		<i>Non-Cash Benefits</i>	
	SSI		Food stamps/SNAP
	SSDI		Medicaid
<b>X</b>	TANF		Medicare
	General/Public Assistance/Welfare		State Children's Health Insurance/FamilyCare
	Unemployment	<b>X</b>	VA Benefits
	Private Disability Insurance		WIC/Special Nutrition Program for Women, Infants, and Children
	Work Income/Wage		
<b>X</b>	Worker's Compensation		TANF Child Care
	Alimony		TANF Transportation
	Child Support		Other TANF-Funded Service
	Veteran's Pension		Temporary Rental Assistance
<b>X</b>	Veteran's Disability		Section 8/Public Housing/Ongoing Rental Assistance
	Pension From Former Job		
	Social Security		Other: _____
	Temporary State Disability		
	Other: _____		Receiving No Government Benefits
	No Source of Income		

### *Social Security*

Retirement benefits for workers aged 62 or older who have paid into the Social Security system for the requisite number of years

### *General Assistance*

State welfare program that provides cash assistance and other benefits to adults with no dependents (single persons, childless married couples) as opposed to families with children

- Read each option to the respondent, and check all answers that apply for both income and benefits
- *If the respondent says he or she has 'No Source of Income,' or is receiving 'No Government Benefits, be sure to mark these fields*



# Survey Questions

**10. What is your total monthly household income?**

\$ 1,100

Total monthly income should take into account:

- all earned income for household members 18 or older
- all non-earned income for household members 17 or younger





# Survey Questions

**11. Would you, or anyone in your household, like to receive any of the following services? (Check ALL that apply)**


	Emergency Shelter
<b>X</b>	Housing
<b>X</b>	Substance Abuse Services
	Mental Health Care
	Medical Care (disability)
<b>X</b>	Medical Care (routine healthcare)
	Dental Care
	HIV/AIDS Services
	Financial Assistance for Utilities
<b>X</b>	Financial Assistance for Housing
	Financial Assistance for Moving Expenses
<b>X</b>	Emergency Food or Meal Assistance
	Domestic Violence Services
	Legal Services
	Immigration Services
	Assistance Obtaining ID
	Child Care
	Educational Training
<b>X</b>	Employment Assistance
	Transportation Services
	Veterans Services
	Family Reunification
	Other: <u>English as a Second Language</u>

- Check all answers that apply, and read each option to the respondent
- If respondent's answer is not listed, check '*Other*' and describe



# Survey Questions

**12. What was the primary factor that contributed to or caused your current living situation? (Check ONE only)**

	Loss or Reduction of Benefits
	Loss or Reduction of Job Income
<b>X</b>	Eviction or at Risk of Eviction
	Relocation
	Released From Prison/Jail
	Released From Hospital
	Released from Psychiatric Facility
	Illness
	Injury
	Domestic Violence
	Asked To Leave Shared Residence
	Drug/Alcohol Abuse
	Natural Disaster
	Foreclosure of Rented or Owned Property
	Household breakup/death in household
	Other: _____

**Thank you for participating in NJ Counts 2015!**

- Read only the bold question and do not read all answer options
- Check one answer only
- If respondent's answer is not listed, check '*Other*' and describe
- Be sure to thank the respondent for his/her time!



# Completed Surveys


 Code \_\_\_\_\_ County \_\_\_\_\_ Agency \_\_\_\_\_ Program \_\_\_\_\_  
**NJ COUNTS 2015 POINT IN TIME SURVEY**

1. Where did you spend the night of Tuesday, January 27<sup>th</sup>? (Check ONE only)

<input type="checkbox"/>	On the street, under a bridge, abandoned building, public building, car, traveling on a bus, or camping out
<input type="checkbox"/>	Emergency Shelter
<input type="checkbox"/>	Safe Haven
<input type="checkbox"/>	Transitional Housing (time-limited)
<input type="checkbox"/>	Hotel/Motel Paid For By Agency
<input type="checkbox"/>	Hotel/Motel You Paid For
<input type="checkbox"/>	Apartment paid for with Temporary Rental Assistance from the Board of Social Services
<input type="checkbox"/>	Youth Shelter
<input type="checkbox"/>	Permanent Housing
<input type="checkbox"/>	Temporarily with Friends or Family
<input type="checkbox"/>	Domestic Violence Shelter
<input type="checkbox"/>	Psychiatric Hospital
<input type="checkbox"/>	Jail
<input type="checkbox"/>	Juvenile Detention Center
<input type="checkbox"/>	Farm Labor Housing
<input type="checkbox"/>	Medical Hospital
<input type="checkbox"/>	Substance Abuse Treatment Facility
<input type="checkbox"/>	Other: _____

2. In what town did you spend the night?

Town: \_\_\_\_\_  
 County: \_\_\_\_\_ State: \_\_\_\_\_  
 Program Name (if applicable): \_\_\_\_\_  
 Agency Name (if applicable): \_\_\_\_\_

3. How long have you been in your current living situation?

<input type="checkbox"/>	1 day to 1 week	<input type="checkbox"/>	3 months & 1 day to 6 months
<input type="checkbox"/>	8 days to 1 month	<input type="checkbox"/>	6 months & 1 day to 12 months
<input type="checkbox"/>	1 month & 1 day to 3 months	<input type="checkbox"/>	More than 1 year

4. If you have been homeless less than 1 year, has there been another time within the past 12 months when you were homeless?

Yes     No     N/A

5. Have you been homeless at least 4 separate times within the past 3 years? (since January 27, 2012)

Yes     No

**6. Household Information**

A. How many adults and children were homeless in your household on the night of January 27<sup>th</sup>?

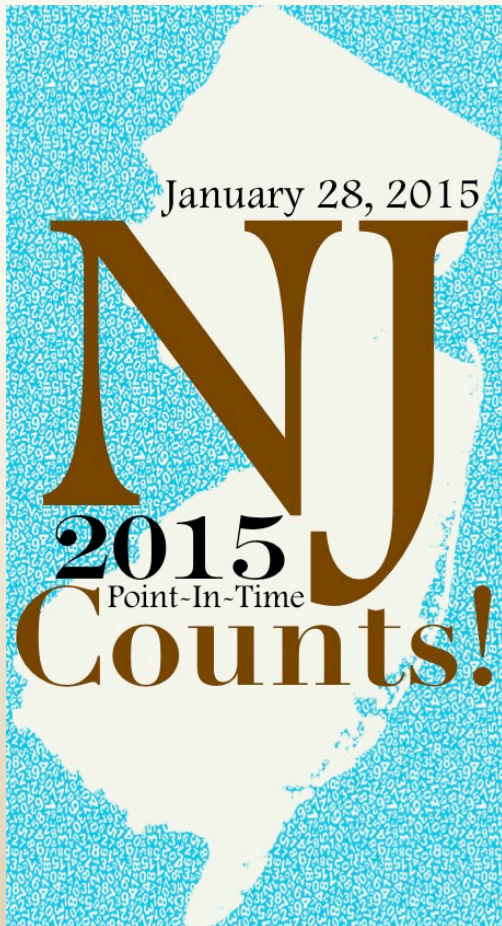
Household Size: Adults (18 yrs. & older) \_\_\_\_\_ Children (17 yrs. & younger) \_\_\_\_\_

B. Who was homeless with you on the night of January 27<sup>th</sup>?

Demographic Information				Household Characteristics <i>Check all that apply to each person</i>												
Relationship to Head of Household	First Initial	Middle Initial	First 2 Letters of Last Name	Age	Gender	Race	Ethnicity	Victim of Domestic Violence	Veteran	Mental Health Issues	Substance Abuse	Physical Disability	Developmental Disability	Chronic Health Condition	HIW/AIDS	None Apply
Self																

- Check that all answers are complete and legible
- Input and submit information from all paper surveys into the NJ Counts 2015 Online Survey Tool using SurveyMonkey
- Turn in all completed paper surveys to local PIT Coordinators
- For guidance on submitting data online, see the Data Collection Guide, Section 8, page 14

# Entering Point In Time Data Online



*2015 Online Survey Tool:*





# Online Survey Timeline

Online Survey Event	Date
<p>Practice Online Survey link will be sent out to communities for familiarization (Practice Online Survey not part of official count)</p>	<p>Monday, December 8, 2014 – Monday, January 19, 2015</p>
<p>Live Online Survey link will be sent out to communities for official PIT Data entry (Only programs that are certain participants will remain in their programs on the night of January 27, 2015 should enter data into the live online survey prior to the date of the count)</p>	<p>Wednesday, January 21, 2015 – Wednesday, February 11, 2015</p>
<p>Date of Count—collecting data about the night of January 27 – January 28, 2015</p>	<p>Wednesday, January 28, 2015 Or other count model within 7 day timeframe</p>
<p>All data must be submitted into Online Survey tool</p>	<p>No later than <b>Wednesday, February 11, 2015 by 5 pm</b> (There will be no exceptions to this deadline)</p>

# Inputting Data Online

- Click the link emailed to you for the survey; be sure you are following the link for the LIVE survey
- It is recommended that one person from each agency enter the survey data, to reduce data entry differences from person to person
- If more than one person will be entering data, it is suggested that they agree upon uniform data entry
- If a question requires an answer but the respondent did not respond, or a question was left blank, select *No Response*.
- **If Question 1, or the *Gender* or *Age* fields in question 6B are blank, do not input the survey online.**

# Inputting Data Online

- Note that every question with an asterisk MUST be answered in order to move on to the next page of the survey

* Code	* County	* Agency	* Program
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- When you complete all questions on pages 1, 2, or 3 of the survey, click the  button at the bottom of the screen; to go back, click the  button
- If you are returned to the page you just completed, find any questions missed and complete them

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\* Code


UN123

\* County

Union

\* Agency

Monarch

 This question requires an answer.


\* Program



# Completing the Survey Questions



2015 Point-In-Time Count Survey

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* Code	* County	* Agency	* Program
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Next

Page 1 of 4

Powered by **SurveyMonkey**  
Check out our [sample surveys](#) and create your own now!

- Please enter the codes listed at the top of the survey in this first section; be sure to enter the correct information in each box as this will help distinguish the program/agency the survey is associated with



# Completing the Survey Questions

## Homeless Experience

2 / 4

\* 1. Where did you spend the night of Tuesday, January 27th? (Check ONE only)

- On the streets, under a bridge, abandoned building, public building, car, traveling on a bus, or camping out
- Emergency Shelter
- Safe Haven
- Transitional Housing (time-limited)
- Hotel/Motel paid for by agency
- Hotel/Motel you paid for
- Apartment paid for with Temporary Rental Assistance from the Board of Social Services
- Youth Shelter
- Permanent Housing
- Temporarily with friends or family
- Domestic violence shelter
- Psychiatric hospital
- Jail
- Juvenile detention center
- Farm labor housing
- Medical hospital
- Substance abuse treatment facility

Other (please specify)

## Page 2 of 4

### Question 1

- Select one option, click in the correct circle so checkmark appears
- If *Other*, click in the text box and type in answer
- If no response is given, do not enter survey



# Completing the Survey Questions

**\*2. In what town did you spend the night?**

Town:

County:

State:

Program Name (if applicable):

Agency Name (if applicable):

Page 2 of 4

Question 2

- Please enter the full name of the town, county, state and agency/program (if applicable) into each text box
- If no answer is provided for this question, type the word 'None' in the field for *Town*, because you will need to provide an answer for at least one of these items in order to move on to the next screen
- If no agency/program information is provided or the household was not in a program, please leave blank

# Completing the Survey Questions

**\* 3. How long have you been in your current living situation?**

- 1 day to 1 week
- 8 days to 1 month
- 1 month & 1 day to 3 months
- 3 months & 1 day to 6 months
- 6 months & 1 day to 12 months
- More than 1 year
- No Response

Page 2 of 4

Question 3

- Please select one option
- If there is not a response available please select *No Response*

# Completing the Survey Questions

\*4. If you have been homeless less than 1 year, has there been another time within the past 12 months when you were homeless?

- Yes
- No
- N/A
- No Response

## Page 2 of 4

### Question 4

- Please select one option
- If the respondent has been homeless for more than 1 year continuously, or is not homeless, choose *N/A*
- If there is not a response available please select *No Response*

# Completing the Survey Questions

\* 5. Have you been homeless at least 4 separate times within the past 3 years (since January 27, 2012)?

- Yes
- No
- No Response

Prev

Next

## Page 2 of 4

### Question 5

- Please select one option
- Asking if the respondent has experienced 4 separate episodes of homelessness in the past 3 years
- If there is not a response available please select *No Response*

# Completing the Survey Questions



January 28, 2015  
NJ  
2015  
Point-In-Time  
Counts!

## 2015 Point-In-Time Count Survey

### Household Information

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**\* 6A. How many adults and children were homeless in your household on the night of January 27th?**

**Household Size:**

Adults (18 yrs & older)

Children (17 yrs & younger)

- Enter a number for both adults and children in household
- If no adults, or no children, are in the household, enter '0'
- At least the number '1' must be filled into either the *Adult* or *Children* field in order to move to next page





# Completing the Survey Questions

\*6B. Who was homeless with you on the night of January 27th?

## Demographic Information

	Relationship to Head of Household	First Initial	Middle Initial	First Letter of Last Name	Second Letter of Last Name	Age	Gender	Ethnicity
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*Race

## Check all that apply

	White	Black/African-American	Asian	Hawaiian/Pacific Islander	American Indian/Alaska Native	No Response
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Household Characteristics

## Check all that apply

	Domestic Violence Victim	Mental Health Issues	Substance Abuse	Physical Disability	Developmental Disability	Chronic Health Condition	HIV/AIDS	None Apply	No Response
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prev Next

## Page 3 of 4 - Question 6B

- Row numbers under Demographic Information correspond to row numbers under Household Characteristics
- Reserve Row 1 for the Head of Household's information
- Be sure information matches correct household member



# Completing the Survey Questions

\* 6B. Who was homeless with you on the night of January 27th?

Page 3 of 4 - Question 6B

## Demographic Information

	Relationship to Head of Household	First Initial	Middle Initial	First Letter of Last Name	Second Letter of Last Name	Age	Gender	Ethnicity
1.	Self	B	(none)	A	No Response	21	Male	Non-Hispanic
2.	Spouse							
3.	Parent							
4.	Child							
5.	Sibling							
6.	Relative							
7.	Friend							
8.	Unknown							
9.	No Response							

If the respondent has no middle initial, select *(none)*

If no response is given for initials fields, select *No Response*

If the respondent gives no 'Age,' 'Gender,' or 'Ethnicity,' surveyor should take his/her best guess to complete these fields; do not guess other household members.

If no response is chosen on a paper survey being entered, please select *No Response* for fields that are blank

- Row 1 - *Self* for Head of Household
- Must select one of the menu options
- If paper survey has invalid answers such as 'Sister' or 'Brother,' select *Sibling* from the menu; for 'Aunt,' 'Uncle,' 'Cousin,' 'Grandparent,' etc., select *Relative*, for partners or significant others, select *Spouse*

**Information for the Head of Household on line 1 must be completely filled out in order to progress to the next section of the survey**



# Completing the Survey Questions

## \* Race

Check all that apply

	White	Black/African-American	Asian	Hawaiian/Pacific Islander	American Indian/Alaska Native	No Response
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Page 3 of 4 - Question 6B

If this section is left blank for a household member on the paper survey, or if there is no response, check *No Response*

If multiple racial identities apply to a household member, check all that apply



# Completing the Survey Questions

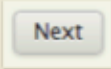
## Page 3 of 4 - Question 6B

**\* Household Characteristics**  
Check all that apply

	Victim of Domestic Violence	Mental Health Issues	Substance Abuse	Physical Disability	Developmental Disability	Chronic Health Condition	HIV/AIDS	None Apply	No Response
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

← If this section is left blank for a household member on the paper survey, or if there is no response, check *No Response*

← If no characteristics apply to a household member, check *None Apply*

Make sure all information is completed accurately for each household member before clicking 

- Check all the boxes that apply to each household member
- **Information for the Head of Household on line 1 must be completely filled out in order to progress to the next section of the survey**



# Completing the Survey Questions



2015 Point-In-Time Count Survey

Page 4 of 4

Question 7

## Service and Income Information

4 / 4

### 7. Where was your last permanent address before becoming homeless?

Town:

County:

State:

Country:

- Please be sure to enter all information for the town, county, state and country
- If no answer has been provided please leave blank
- If the respondent is not homeless, write 'N/A' in the *Town* field



# Completing the Survey Questions

## 8. What was your residence prior to your current living situation? (Check ONE only)

- Emergency Shelter, or Emergency Hotel Voucher
- Hotel/Motel Paid for Without Voucher
- Place Not Meant for Human Habitation (On the Street, Bus, Car, Airport, Abandoned Building)
- Safe Haven
- Transitional Housing for Homeless Persons
- Living with Family or Friends
- Permanent Housing
- Permanent Supportive Housing Program
- Rooming House
- Jail, Prison, or Juvenile Detention Facility
- Medical Hospital (emergency room, acute care)
- Psychiatric Hospital or Treatment Facility
- Substance Abuse Treatment Facility/Detox
- Apartment paid for with Temporary Rental Assistance from the Board of Social Services
- Foster care or Group Home
- Nursing Home or Other Long Term Care Facility
- No Response

Other (please specify)

## Page 4 of 4 - Question 8

- Please select one option
- If no response is given, check *No Response*
- If the respondent's answer is not included in the list, click in the text box under *Other*, and type in answer



# Completing the Survey Questions

9. Which of the following do you, or anyone in your household receive? (Check ALL that apply)

- SSI
- SSDI
- TANF
- General/Public Assistance/Welfare
- Unemployment
- Private Disability Insurance
- Work Income/Wage
- Worker's Compensation
- Alimony
- Child Support
- Veteran's Pension
- Veteran's Disability
- Pension From Former Job
- Social Security
- Temporary State Disability

Other (please specify)

- No Source of Income
- Food Stamps/SNAP
- Medicaid
- Medicare
- State Children's Health Insurance/FamilyCare
- VA Benefits
- WIC/Special Nutrition Program for Women, Infants, and Children
- TANF Child Care
- TANF Transportation
- Other TANF-Funded Service
- Temporary Rental Assistance
- Section 8/Public Housing/Ongoing Rental Assistance
- Receiving NO governmental benefits
- No Response

## Page 4 of 4 Question 9

- Check all income or benefits that any household members receive
- If a paper survey is blank or there is no response, check *No Response*
- Check *No Source of Income, Receiving NO government benefits*, or click in text box to specify another answer under *Other*, if applicable

# Completing the Survey Questions

## Page 4 of 4 – Question 10

10. What is your total monthly household income?

\$

- Please enter a valid numerical value
- Do not enter commas or periods
- Number should reflect:
  - the total monthly earned income of all household members 18 or older, and
  - all non-earned income for household members 17 or younger
- If there is no response available leave field blank





# Completing the Survey Questions

11. Would you, or anyone in your household, like to receive any of the following services? (Check ALL that apply)

- Emergency Shelter
- Housing
- Substance Abuse Services
- Mental Health Care
- Medical Care (disability)
- Medical Care (routine healthcare)
- Dental Care
- HIV/AIDS Services
- Financial Assistance for Utilities
- Financial Assistance for Housing
- Financial Assistance for Moving Expenses
- Emergency Food or Meal Assistance
- Domestic Violence Services
- Legal Services
- Immigration Services
- Assistance Obtaining ID
- Child Care
- Educational Training
- Employment Assistance
- Transportation Services
- Veterans Services
- Family Reunification
- No Response

Other (please specify)

## Page 4 of 4 - Question 11

- Check all that apply
- If no response is given, check *No Response*
- If the respondent's answer is not included in the list, click in the text box under *Other*, and type in answer

# Completing the Survey Questions

12. What was the primary factor that contributed to or caused your current living situation? (Check ONE only)

- Loss or Reduction of Benefits
- Loss or Reduction of Job Income
- Eviction or at Risk of Eviction
- Relocation
- Released From Prison/Jail
- Released From Hospital
- Released From Psychiatric Facility
- Illness
- Injury
- Domestic Violence
- Asked To Leave Shared Residence
- Drug/Alcohol Abuse
- Natural Disaster
- Foreclosure of Rented Property or Owned Property
- Household breakup/death in household
- No Response

Other (please specify)

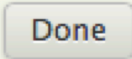
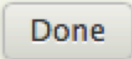
## Page 4 of 4 - Question 12

- Check one option only
- If no response is given, check *No Response*
- If the respondent's answer is not included in the list, click in the text box under *Other*, and type in answer

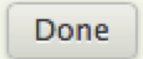
Prev

Done

# Submitting the Survey

After finishing page 4 of the online survey, if you are sure that the information entered is accurate and complete, click ; If you are unsure, check your work because if you click  you will no longer be able to change data

If the survey is fully completed, you will see a screen that says *Thank you for participating in NJ Counts 2015!* indicating that your answers have been successfully submitted

If you do NOT see this screen, then your information has NOT yet been uploaded to the database. Find any missing answers and complete them. Then click 

# Submitting the Survey

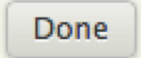
When the survey is fully submitted you will see this screen:



## 2015 Point-In-Time Count Survey

Thank you for participating in NJ Counts 2015!

Done

- Once the 'Thank You' screen is displayed, you cannot change the information uploaded
- If a significant error must be corrected after this point, contact Monarch Housing Associates with the respondent identifier information for the survey containing the error
- If you see the 'Thank You' screen you may exit the survey by closing the browser window
- If you would like to enter another survey, click the  button at the bottom of the screen; this will bring you to another survey where you can begin entering new data

January 28, 2015

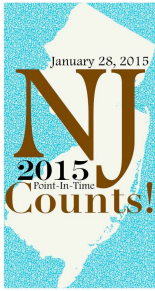
**NJ**  
**2015**  
Point-In-Time  
**Counts!**



monarch  
HOUSING ASSOCIATES

*Sheltered  
HMIS  
Count*

## NJ COUNTS 2015 Sheltered Summary Form



1. County	
2. Agency Name	
3. Program Name	
4. HMIS Program Name	
5. Individual or Family Program	
6. Total number of beds available	
7. Total number of people served on the night of January 27, 2015 (combined total for adults & children)	

1. County	
2. Agency Name	
3. Program Name	
4. HMIS Program Name	
5. Individual or Family Program	
6. Total number of beds available	
7. Total number of people served on the night of January 27, 2015 (combined total for adults & children)	

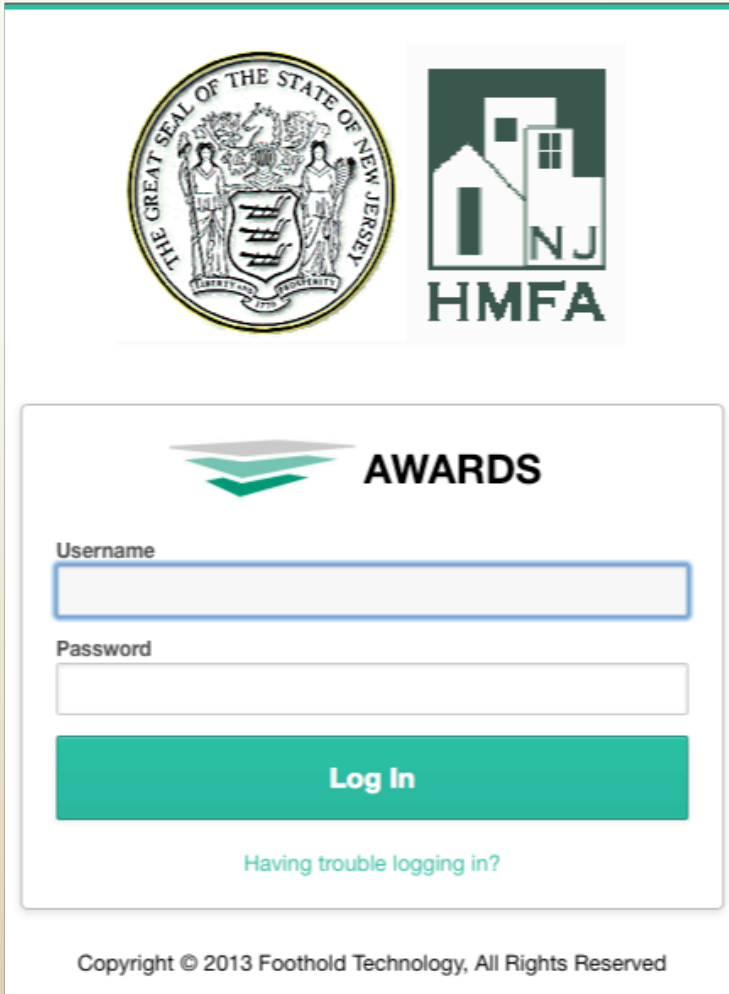
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4. HMIS Program Name	
5. Individual or Family Program	
6. Total number of beds available	
7. Total number of people served on the night of January 27, 2015 (combined total for adults & children)	

- County
- Agency Name
- Program Name
- HMIS Program Name
- Individual or Family Program
- Total Number of Beds
- Total Number of People served on the night of the Count
- Due on January 29<sup>th</sup> by 5 pm

# When is the 2015 PIT Count?



The screenshot shows the login interface for the HMFA Awards system. At the top left is the Great Seal of the State of New Jersey, and to its right is the HMFA logo. Below these is the 'AWARDS' header with a green icon. The login form includes a 'Username' field, a 'Password' field, and a green 'Log In' button. A link for 'Having trouble logging in?' is located below the button. At the bottom, a copyright notice reads: 'Copyright © 2013 Foothold Technology, All Rights Reserved'.

Count Date:

**Tuesday, January 27 –  
Wednesday, January 28, 2015**  
(HMIS data must be accurate for this  
period)

Compare HMIS  
and Summary  
Survey Form:

Monarch will pull HMIS data  
at **1 pm on Wednesday,  
February 4**, for verification  
(Summary Survey Form submitted to PIT  
Coordinator by 5 pm on January 29, 2015)

Verify and  
finalize HMIS  
data:

**Wednesday, February 11, 2015**  
Verify accuracy of HMIS data for  
night of the count by **5 pm**



# Updating HMIS

- Ensure accurate information is entered for all program participants for January 27 – January 28, 2015
- Be sure that both individual and household level information is accurate
- Update household income to reflect current information accurately. Don't change client admission information, just conduct and update. Contact HMIS provider if experiencing difficulties.
- Answers of 'Don't Know' or 'No Response' will not be accepted as part of the PIT count





# Important HMIS Fields

- Name
- Relation to Primary Client
- Date of Birth
- Race
- Gender
- Ethnicity
- Admission Date
- Monthly Household Income
- Monthly Income Sources
- Non-Cash Benefits
- Disabling Condition
- Physical Disability
- Developmental Disability
- Chronic Health Condition
- HIV/AIDS
- Domestic Violence Victim/Survivor
- Mental Health Problem
- Substance Abuse
- Veteran Status
- Residence Prior to Program Entry
- Number of Times The Client has been Homeless in the Past Three Years
- Total Number of Months continuously homeless immediately prior to project entry
- Length of Program Stay
- ZIP Code of Last Permanent Address
- Homeless Cause
- Services Sought



# Important HMIS Fields

The following fields **MUST** be accurate to determine whether a client is chronically homeless:

- Number of Times The Client has been Homeless in the Past Three Years
- Total Number of Months continuously homeless immediately prior to project entry
- Length of Program Stay
- Disabling Condition
- Physical Disability
- Developmental Disability
- Chronic Health Condition
- HIV/AIDS
- Mental Health Problem
- Substance Abuse

# Important HMIS Fields

The following fields are used to determine client demographic information and to create unique identifiers for de-duplication:

- Name
- Relation to Primary Client
- Date of Birth
  - Make sure this is accurate and not confused with admission date
- Race
- Gender
- Ethnicity



# Important HMIS Fields

The following fields are used to determine client income information:

- Monthly Household Income
- Monthly Income Sources
- Non-Cash Benefits
  
- Update these fields if necessary so that the HMIS record matches what a client survey would say. This will help ensure the records can be effectively de-duplicated.



# Important HMIS Fields

The following fields are used to determine client disabilities or subpopulation characteristics:

- Disabling Condition
- Physical Disability
- Developmental Disability
- Chronic Health Condition
- HIV/AIDS
- Mental Health Problem
- Substance Abuse
- Domestic Violence Victim/Survivor
- Veteran Status



# Important HMIS Fields

The following fields are used to determine client status prior to program entry:

- Residence Prior to Program Entry
- ZIP Code of Last Permanent Address – PLEASE CHECK
- Homeless Cause
- Services Sought

# Updating HMIS

Home > Media Room > HMIS Training Videos

## HMIS Training Videos

User: Trainer Trainer - 09/05/2012 - 4:21 pm

Training Services Only  
Household Search  
Household ID: 275774  
John Gerard

Enter the first name, last name or SSN of the household member you would like to add.  
If the member is an existing client you will be given the option to select them to be added to the household.

First Name	Last Name	SSN
Jonah	Ge	

Limit Search Results to 5 Matches

CONTINUE

Face Sheet | Jump Back | Opening Menu | 10 New Messages | Help Menu | Log Out

Adding a Household Member	Entering a Contact Log	Deleting a Contact Log	Entering a Progress Note
Process a Single Step Intake	Process a Multi-Step Intake	Discharge	Supportive Services Delivery Report
Adding a New User to Awards	Swapping Clients		

If you are unsure about how to update or correct data in HMIS and your CoC subscribes to Foothold A.W.A.R.D.S. HMIS software, see:

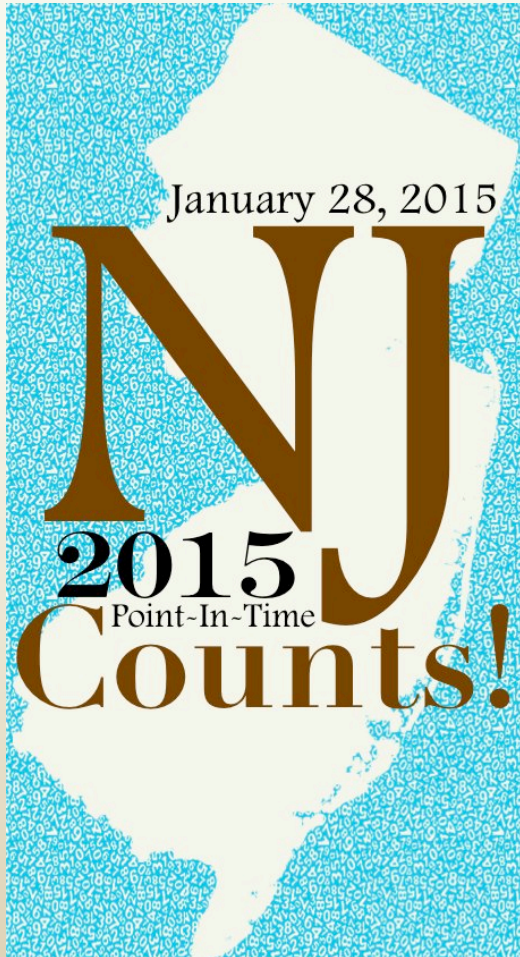
## HMFA's HMIS training resources

- Entering additional household members
- Processing new Intakes
- Contact NJHMIS:

<https://hmis.njhmfaserv.org/>

609-278-7400

# Questions



Contact your local  
Point In Time  
Coordinator





monarch  
HOUSING ASSOCIATES

**Thank you!**

[www.monarchhousing.org](http://www.monarchhousing.org)

[njcounts@monarchhousing.org](mailto:njcounts@monarchhousing.org)

908-272-5363 x228