



NJ COUNTS 2025 POINT-IN-TIME SURVEY

When conducting the PIT survey, remember that you are asking for sensitive information. Be transparent. Let survey respondents know what you are doing and why. Explain that it is completely confidential. Have empathy and be kind.

QUESTIONS DENOTED IN GREY ARE CONSIDERED MANDATORY AND SHOULD BE COLLECTED

Have you already participated in the 2025 PIT Survey? (CIRCLE ONE)

YES	NO
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(1) Would you, or anyone in your household like to receive any of the following services? (CHECK ALL THAT APPLY)

EMERGENCY SHELTER	HOUSING
SUBSTANCE ABUSE TREATMENT SERVICES	MENTAL HEALTH CARE
FINANCIAL ASSISTANCE FOR SECURITY DEPOSITS	GENERAL HEALTH CARE
FINANCIAL ASSISTANCE FOR HOUSING	FINANCIAL ASSISTANCE FOR UTILITIES
DOMESTIC VIOLENCE SERVICES	EMERGENCY FOOD OR MEAL ASSISTANCE
ASSISTANCE OBTAINING ID	LEGAL SERVICES
EMPLOYMENT ASSISTANCE	EDUCATIONAL TRAINING
FAMILY REUNIFICATION	VETERANS SERVICES
OTHER:	

(2) What issues have you encountered when trying to get access to services? (CHECK ALL THAT APPLY)

NO ID / DOCUMENTS
PLACED ON THE WAITLIST
LACK OF TRANSPORTATION
LANGUAGE BARRIERS
DID NOT QUALIFY FOR SPECIFIC SERVICES
PREMATURELY DISCHARGED FROM PROGRAM / SERVICES
ISSUES MOVING OR RELOCATING BETWEEN COUNTIES
LIMITED SERVICES BECAUSE OF AGE
NO PHYSICAL MAILING ADDRESS
ISSUES WITH CLEANLINES IN PROGRAM (MOLD, COCKROACHES, BED BUGS, ETC.)
ISSUES WITH COUNTY WELFARE AGENCY
OTHER:

(3) Where did you spend the night of Tuesday, January 28th? (CHECK ONLY ONE)

HOMELESS	
ON THE STREET	
ABANDONED BUILDING	
SLEEPING IN CAR	
CAMPING OUTSIDE/ENCAMPMENT	
EMERGENCY SHELTER	
CODE BLUE WARMING CENTER	
DOMESTIC VIOLENCE SHELTER	
TRANSITIONAL HOUSING	
HOTEL / MOTEL PAID FOR BY AGENCY	
SAFE HAVEN	
PERMANENT HOUSING / AT RISK	
HOTEL / MOTEL YOU PAID FOR	
APARTMENT PAID FOR WITH TEMPORARY RENTAL ASSISTANCE FROM THE BOARD OF SOCIAL SERVICES	
PERMANENT HOUSING	
STAYING WITH FRIENDS OR FAMILY	
FARM LABOR HOUSING	
INSTITUTION	
PSYCHIATRIC OR MEDICAL HOSPITAL/FACILITY	
JAIL / PRISON / JUVENILE DETENTION CENTER	
LONG-TERM CARE FACILITY / NURSING HOME / REHAB	
FOSTER CARE HOME / FOSTER CARE GROUP HOME	
SUBSTANCE ABUSE TREATMENT FACILITY	
OTHER:	

(4) In what town did you spend the night?

STATE
COUNTY
TOWN
PROGRAM
AGENCY

(5) How long have you been in your current living situation?

	YEARS		MONTHS		DAYS
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(6) During the past 12 months, how many months have you been:

ON THE STREETS
IN AN EMERGENCY SHELTER
IN A SAFE HAVEN

(7) How many separate times have you been on the street, in a shelter, or in a Safe Haven within the past 3 years? (pre 1/28/25)

MONTHS PER HOMELESS EPISODE			
EPISODE 1		EPISODE 6	
EPISODE 2		EPISODE 7	
EPISODE 3		EPISODE 8	
EPISODE 4		EPISODE 9	
EPISODE 5		EPISODE 10	

(8) Where was your last permanent address before becoming homeless?

COUNTRY
STATE
COUNTY
CITY

(9) Do you need assistance obtaining a Green Card / seeking asylum?

YES	NO
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RELATIONSHIP TO HEAD OF HOUSEHOLD

PLEASE LIST EVERY MEMBER OF HOUSEHOLD BY THEIR RELATIONSHIP TO THE RESPONDENT USING ONE OF THE FOLLOWING ANSWERS.

- SELF
- CHILD
- SIBLING
- FRIEND
- PARENT
- SPOUSE
- RELATIVE
- UNKNOWN

GENDER

PLEASE LIST THE PREFERRED IDENTIFICATION BELOW.

- M - MAN (BOY IF CHILD)
- W - WOMAN (GIRL IF CHILD)
- T - TRANSGENDER
- CSI - CULTURALLY-SPECIFIC IDENTITY
- NB - NON-BINARY
- Q - QUESTIONING

RACE / ETHNICITY

PLEASE WRITE IN ALL OPTIONS THAT THE RESPONDENT IDENTIFIES HIMSELF/HERSELF OR ANY HOUSEHOLD MEMBER AS

- AI - AMERICAN INDIAN/ALASKA NATIVE/INDIGENOUS
- B - BLACK/AFRICAN-AMERICAN/AFRICAN
- PI - PACIFIC ISLANDER/NATIVE HAWAIIAN
- AS - ASIAN/ASIAN AMERICAN
- H - HISPANIC/LATINA/E/O
- WH - WHITE
- MENA - MIDDLE EASTERN/NORTH AFRICAN

HOUSEHOLD INFORMATION

(10) Who was homeless with you on the night of January 28th?

DEMOGRAPHIC INFORMATION								HOUSEHOLD CHARACTERISTICS (CHECK ALL THAT APPLY TO EACH PERSON)															
								DISABLING CONDITION				SUB-POPULATION		NONE APPLY									
1	2	3	4	5	6	7	RELATIONSHIP TO HEAD OF HOUSEHOLD	FIRST INITIAL	MIDDLE INITIAL	FIRST 2 LETTERS OF LAST NAME	AGE	GENDER	RACE / ETHNICITY		MENTAL HEALTH ISSUES	SUBSTANCE ABUSE	PHYSICAL DISABILITY	DEVELOP-MENTAL DISABILITY	CHRONIC HEALTH CONDITION	HIV / AIDS	FLEEING DOMESTIC VIOLENCE	SERVED IN ARMED FORCES / VETERAN	
1	SELF																						
2																							
3																							
4																							
5																							
6																							
7																							

(11) Which of the following do you, or anyone in your household receive? (CHECK ALL THAT APPLY)

SOURCES OF INCOME			NON-CASH BENEFITS		
SSI		ALIMONY		MEDICAID	TANF-FUNDED SERVICES (Child Care, Transportation or Other)
SSDI		CHILD SUPPORT		MEDICARE	
TANF		VETERAN'S PENSION		FOOD STAMPS / SNAP	
GENERAL/PUBLIC ASSISTANCE/WELFARE		TEMPORARY STATE DISABILITY		STATE CHILDREN'S HEALTH INSURANCE / FAMILY CARE	SECTION 8 / PUBLIC HOUSING / ONGOING RENTAL ASSISTANCE
UNEMPLOYMENT		SOCIAL SECURITY		STATE HEALTH INSURANCE FOR ADULTS	
PRIVATE DISABILITY INSURANCE		OTHER:		INDIAN HEALTH INSURANCE	RECEIVING NO GOVERNMENT BENEFITS
WORK INCOME / WAGE		NO SOURCE OF INCOME		VA MEDICAL BENEFITS	
WORKER'S COMPENSATION			WIC / SPECIAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN		OTHER:

(12) What was the primary factor that contributed to or caused your current living situation? (CHECK ALL THAT APPLY)

LOSS OR REDUCTION OF BENEFITS	EVICTION OR AT RISK OF EVICTION
LOSS OR REDUCTION OF JOB INCOME	MENTAL ILLNESS
PHYSICAL ILLNESS	INJURY AND/OR TRAUMA
RENT INCREASE / INSUFFICIENT INCOME	HOUSEHOLD BREAKUP / DEATH IN HOUSEHOLD
FORECLOSURE OF RENTED OR OWNED PROPERTY	RELEASED FROM PRISON / JAIL
SUBSTANDARD HOUSING (INCLUDING ISSUES WITH MOLD, COCKROACHES, BED BUGS, ETC.)	ASKED TO LEAVE SHARED RESIDENCE
RELOCATION	DRUG / ALCOHOL ABUSE
DOMESTIC VIOLENCE	NATURAL DISASTER
RELEASED FROM HOSPITAL	IMPACT OF CORONAVIRUS (COVID-19)
RELEASED FROM PSYCHIATRIC FACILITY	SEXUAL ORIENTATION
OTHER:	

(13) Did you submit a State Rental Assistance Program (SRAP) application?

YES	NO
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