



CODE _____ COUNTY _____ AGENCY _____ PROGRAM _____

NJ COUNTS 2026 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
2026 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)

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

(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 CLEANLINESS IN PROGRAM (MOLD, COCKROACHES, BED BUGS, ETC.)
ISSUES WITH COUNTY WELFARE AGENCY
OTHER:

(3) Where did you spend the night of Tuesday, January 27th? (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:

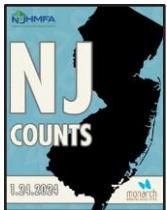
ON THE STREETS	
IN AN EMERGENCY SHELTER	
IN A SAFE HAVEN	

(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 1/27/26)

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	



NJ COUNTS 2026 POINT-IN-TIME SURVEY

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

RACE / ETHNICITY

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

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

HOUSEHOLD INFORMATION

(9) Who was homeless with you on the night of January 27th?

DEMOGRAPHIC INFORMATION

	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	HOUSEHOLD CHARACTERISTICS (CHECK ALL THAT APPLY TO EACH PERSON)		
													DISABLING CONDITION	SUB-POPULATION	NONE APPLY
1	SELF														
2															
3															
4															
5															
6															
7															

(10) 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)	SECTION 8 / PUBLIC HOUSING / ONGOING RENTAL ASSISTANCE
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	RECEIVING NO GOVERNMENT BENEFITS	OTHER:
UNEMPLOYMENT	SOCIAL SECURITY	STATE HEALTH INSURANCE FOR ADULTS		
PRIVATE DISABILITY INSURANCE	NO SOURCE OF INCOME	INDIAN HEALTH INSURANCE		
WORK INCOME / WAGE	OTHER:	VA MEDICAL BENEFITS	OTHER:	OTHER:
WORKER'S COMPENSATION		WIC / SPECIAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN		

(11) 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:	