

January 25, 2017



monarch  
HOUSING ASSOCIATES

**2017 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 25<sup>th</sup>, 2017



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- Introduction
- Who To Count In the Point In Time Count
- Sheltered and Unsheltered Count Procedures
- General Survey Guidelines
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[www.monarchhousing.org](http://www.monarchhousing.org)

# Point In Time Quick Reference Guide

## NJ Counts 2017 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 for by an Agency
- Domestic Violence Shelter
- Safe Haven
- Transitional Housing (time-limited)
- Transitional Housing for Victims of Domestic Violence

**NOT Homeless** – Designation given to any household that spent the night in:

- Permanent Housing;
- Psychiatric Hospital;
- Medical Hospital;
- Jail/ Juvenile Detention Center;
- Long-term Care Facility;
- Farm Labor Housing;
- Hotel/Motel You Paid For;
- Substance Abuse Treatment Facility;
- Staying 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

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# HUD Guidance

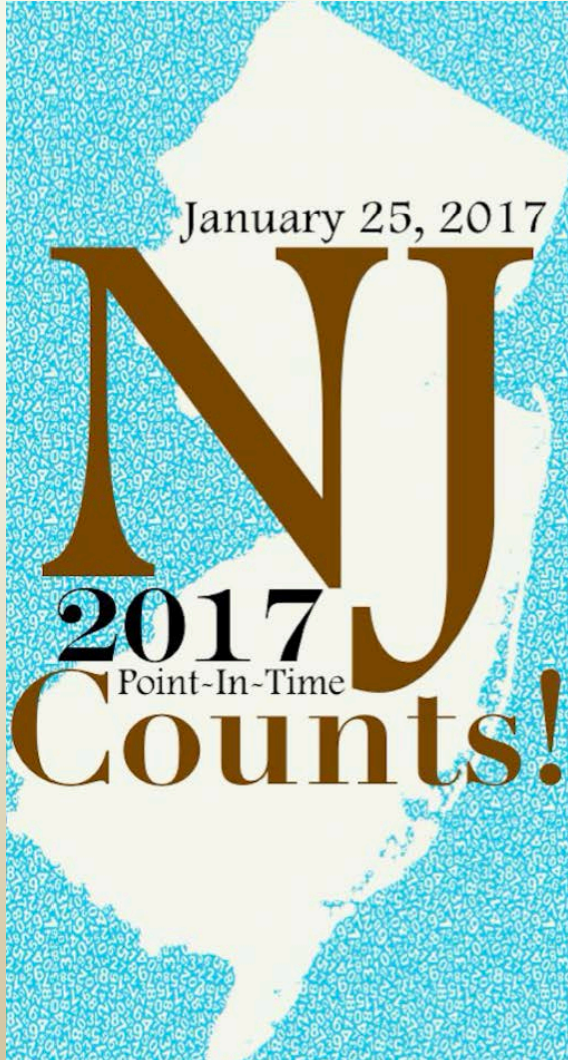
PIT Methodology Guide:

<https://www.hudexchange.info/resources/documents/PIT-Count-Methodology-Guide.pdf>

HIC and PIT Data Collection Guide:

<https://www.hudexchange.info/resources/documents/Notice-CPD-16-060-2017-HIC-PIT-Data-Collection-Notice.pdf>

# What is the Point In Time Count?



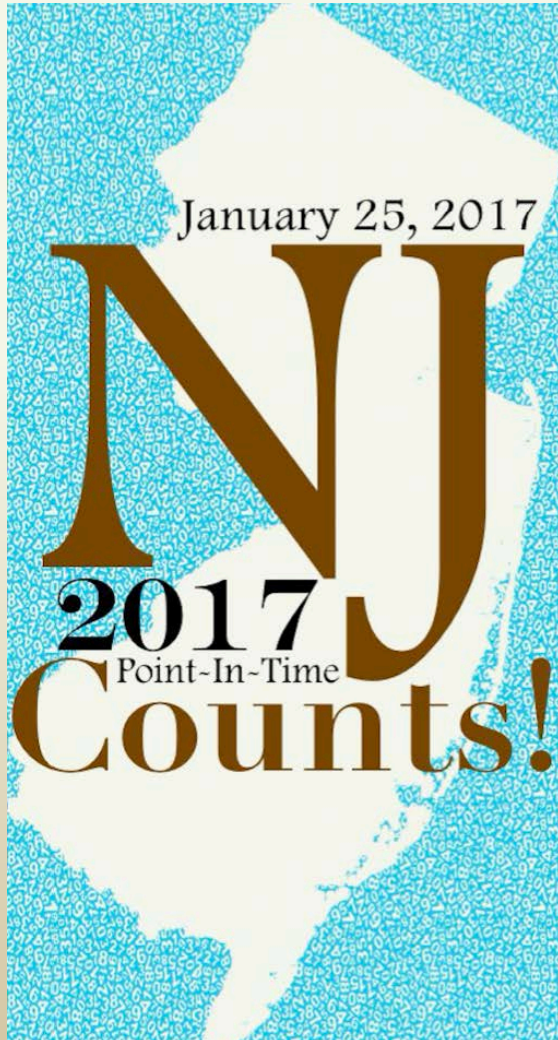
*A count of homeless persons in a given area on a single night.*

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 2017

| 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 2017 Sheltered Summary Form

|   |  |
|---|--|
| County  |  |
| Agency Name   |  |
| Program Name  |  |
| HMIS Program Name   |  |
| Total number of people served on the night of January 24, 2017 (combined total for adults and children) |  |

|   |  |
|---|--|
| County  |  |
| Agency Name   |  |
| Program Name  |  |
| HMIS Program Name   |  |
| Total number of people served on the night of January 24, 2017 (combined total for adults and children) |  |

|   |  |
|---|--|
| County  |  |
| Agency Name   |  |
| Program Name  |  |
| HMIS Program Name   |  |
| Total number of people served on the night of January 24, 2017 (combined total for adults and children) |  |

|   |  |
|---|--|
| County  |  |
| Agency Name   |  |
| Program Name  |  |
| HMIS Program Name   |  |
| Total number of people served on the night of January 24, 2017 (combined total for adults and children) |  |

|   |  |
|---|--|
| County  |  |
| Agency Name   |  |
| Program Name  |  |
| HMIS Program Name   |  |
| Total number of people served on the night of January 24, 2017 (combined total for adults and children) |  |



# Paper Survey



Code \_\_\_\_\_ County \_\_\_\_\_ Agency \_\_\_\_\_ Program \_\_\_\_\_

## NJ COUNTS 2017 POINT IN TIME SURVEY

1. Where did you spend the night of Tuesday, January 24<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"/> | Youth Shelter   |
| <input type="checkbox"/> | Domestic Violence Shelter   |
| <input type="checkbox"/> | Safe Haven  |
| <input type="checkbox"/> | Transitional Housing (time-limited)   |
| <input type="checkbox"/> | Transitional Housing for Victims of Domestic Violence   |
| <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"/> | Permanent Housing   |
| <input type="checkbox"/> | Staying with Friends or Family  |
| <input type="checkbox"/> | Psychiatric Hospital  |
| <input type="checkbox"/> | Jail, Prison, or Juvenile Detention Center  |
| <input type="checkbox"/> | Long-Term Care Facility or Nursing Home   |
| <input type="checkbox"/> | Foster Care Home/Foster Care Group Home   |
| <input type="checkbox"/> | Medical Hospital  |
| <input type="checkbox"/> | Substance Abuse Treatment Facility  |
| <input type="checkbox"/> | Farm Labor Housing  |
| <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"/> | years  |
| <input type="checkbox"/> | months |
| <input type="checkbox"/> | days   |

4. During the past 12 months, how many months have you been homeless on the streets, in emergency shelter, or in a safe haven?

5. How many separate times have you been homeless on the streets, in emergency shelter, or in a safe haven within the past 3 years? (since January 24, 2014)

6. What is the total number of months that you have been homeless on the streets, in emergency shelter, or in a safe haven within the past 3 years? (since January 24, 2014)

### Household Information

7. Who was homeless with you on the night of January 24<sup>th</sup>?

| Demographic Information           |               |                |                              |     |        |           |      |                             |         | Household Characteristics           |                 |                     |                          |                          |          |            |
|-----------------------------------|---------------|----------------|------------------------------|-----|--------|-----------|------|-----------------------------|---------|-------------------------------------|-----------------|---------------------|--------------------------|--------------------------|----------|------------|
|                                   |               |                |                              |     |        |           |      |                             |         | Check all that apply to each person |                 |                     |                          |                          |          |            |
| Relationship to Head of Household | First Initial | Middle Initial | First 2 Letters of Last Name | Age | Gender | Ethnicity | Race | Victim of Domestic Violence | Veteran | Mental Health Issues                | Substance Abuse | Physical Disability | Developmental Disability | Chronic Health Condition | HIV/AIDS | None Apply |
| 1                                 | Self          |                |                              |     |        |           |      |                             |         |                                     |                 |                     |                          |                          |          |            |
| 2                                 |               |                |                              |     |        |           |      |                             |         |                                     |                 |                     |                          |                          |          |            |
| 3                                 |               |                |                              |     |        |           |      |                             |         |                                     |                 |                     |                          |                          |          |            |
| 4                                 |               |                |                              |     |        |           |      |                             |         |                                     |                 |                     |                          |                          |          |            |
| 5                                 |               |                |                              |     |        |           |      |                             |         |                                     |                 |                     |                          |                          |          |            |
| 6                                 |               |                |                              |     |        |           |      |                             |         |                                     |                 |                     |                          |                          |          |            |
| 7                                 |               |                |                              |     |        |           |      |                             |         |                                     |                 |                     |                          |                          |          |            |
| 8                                 |               |                |                              |     |        |           |      |                             |         |                                     |                 |                     |                          |                          |          |            |
| 9                                 |               |                |                              |     |        |           |      |                             |         |                                     |                 |                     |                          |                          |          |            |
| 10                                |               |                |                              |     |        |           |      |                             |         |                                     |                 |                     |                          |                          |          |            |

8. Where was your last permanent address before becoming homeless?

Town: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

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

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

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

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

11. What is your total monthly household income? \$ \_\_\_\_\_

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

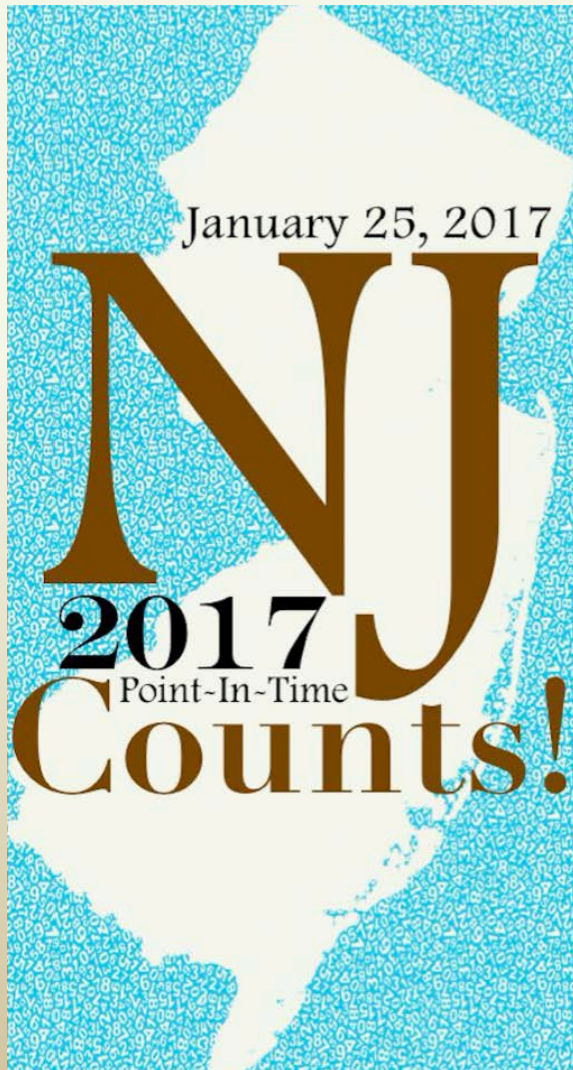
|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Emergency Shelter                        |
| <input type="checkbox"/> | Housing                                  |
| <input type="checkbox"/> | Substance Abuse Treatment Services       |
| <input type="checkbox"/> | Mental Health Care                       |
| <input type="checkbox"/> | Medical Care (disability)                |
| <input type="checkbox"/> | Medical Care (routine healthcare)        |
| <input type="checkbox"/> | Dental Care                              |
| <input type="checkbox"/> | HIV/AIDS Services                        |
| <input type="checkbox"/> | Financial Assistance for Utilities       |
| <input type="checkbox"/> | Financial Assistance for Housing         |
| <input type="checkbox"/> | Financial Assistance for Moving Expenses |
| <input type="checkbox"/> | Emergency Food or Meal Assistance        |
| <input type="checkbox"/> | Domestic Violence Services               |
| <input type="checkbox"/> | Legal Services                           |
| <input type="checkbox"/> | Immigration Services                     |
| <input type="checkbox"/> | Assistance Obtaining ID                  |
| <input type="checkbox"/> | Child Care                               |
| <input type="checkbox"/> | Educational Training                     |
| <input type="checkbox"/> | Employment Assistance                    |
| <input type="checkbox"/> | Transportation Services                  |
| <input type="checkbox"/> | Veterans Services                        |
| <input type="checkbox"/> | Family Reunification                     |
| <input type="checkbox"/> | Other: _____                             |

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

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

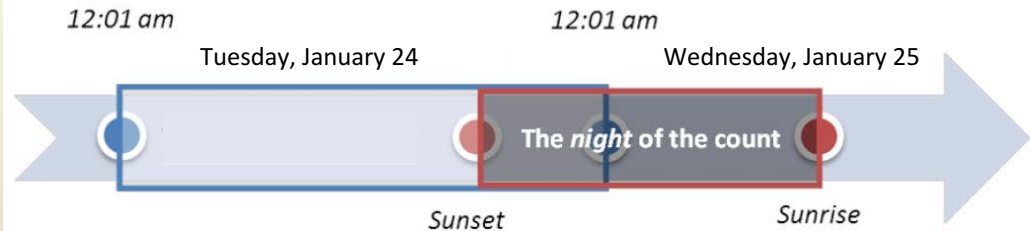
Thank you for participating in NJ Counts 2017!

# When is the 2017 PIT Count?



Conduct Surveys from  
Tuesday, January 24<sup>th</sup> –  
Wednesday, January 25<sup>th</sup>

## The Night of the Count - Illustrated



- Night Counts only on the night of January 24<sup>th</sup>, Daytime counts only on January 25<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 7 for the respondent's *Relationship to Head of Household, Age, Gender, Race, and Ethnicity*; please guess these fields for respondent;
  - Respondent may guess on 7 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 2017 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 24<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   |
|   | Youth Shelter   |
|   | Domestic Violence Shelter   |
|   | Safe Haven  |
|   | Transitional Housing (time-limited)   |
| X | Transitional Housing for Victims of Domestic Violence   |
|   | Hotel/Motel Paid For By Agency  |
|   | 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  |
|   | Psychiatric Hospital  |
|   | Jail, Prison, or Juvenile Detention Center  |
|   | Long-Term Care Facility or Nursing Home   |
|   | Foster Care Home/Foster Care Group Home   |
|   | Medical Hospital  |
|   | Substance Abuse Treatment Facility  |
|   | Farm Labor Housing  |
|   | 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-barrier 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?**

|  |        |
|--|--------|
|  | years  |
|  | months |
|  | days   |

- 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, write '14 days'
- 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. During the past 12 months, how many months have you been homeless on the streets, in emergency shelter, or in a safe haven?**

4

- Enter the number of full months of homelessness the respondent has experienced during the past 12 months
- If the respondent has never been in a homeless location in the past 12 months, enter '0'
- If the total number of months that the respondent has been homeless is less than 1, enter '0'





# Survey Questions

**5. How many separate times have you been homeless on the streets, in emergency shelter, or in a safe haven within the past 3 years? (since January 24, 2014)**

2

- Enter the total number of distinct episodes of homelessness the respondent has experienced in the past 3 years
- Distinct episodes should be separated by at least 7 days in a non-homeless location
- For respondents that have had one *continuous* episode consisting of multiple nights of homelessness, you should enter '1' because they have experienced only one *episode*
- *If the respondent has never been in a homeless location in the past 3 years, enter '0'*

# Survey Questions

**6. What is the total number of months that you have been homeless on the streets, in emergency shelter, or in a safe haven within the past 3 years?**   
(since January 24, 2014)

- Enter the total number of months of homelessness the respondent has experienced in the past 3 years
- If the total number of months that the respondent has been homeless is less than 1, enter '0'
- *If the respondent has never been in a homeless location in the past 3 years, enter 'N/A'*  
(if answer is '0' in question 5, enter 'N/A' for question 6)

| Household Information   |               |                |                              |     |        |           |      |   |         |                      |                 |                     |                          |                          |          |            |
|---|---------------|----------------|------------------------------|-----|--------|-----------|------|---|---------|----------------------|-----------------|---------------------|--------------------------|--------------------------|----------|------------|
| 7. Who was homeless with you on the night of January 24 <sup>th</sup> ? |               |                |                              |     |        |           |      |   |         |                      |                 |                     |                          |                          |          |            |
| Demographic Information   |               |                |                              |     |        |           |      | Household Characteristics<br><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 | Ethnicity | Race | Victim of Domestic Violence   | Veteran | Mental Health Issues | Substance Abuse | Physical Disability | Developmental Disability | Chronic Health Condition | HIV/AIDS | None Apply |
| 1   | Self          |                |                              |     |        |           |      |   |         |                      |                 |                     |                          |                          |          |            |
| 2   |               |                |                              |     |        |           |      |   |         |                      |                 |                     |                          |                          |          |            |
| 3   |               |                |                              |     |        |           |      |   |         |                      |                 |                     |                          |                          |          |            |
| 4   |               |                |                              |     |        |           |      |   |         |                      |                 |                     |                          |                          |          |            |
| 5   |               |                |                              |     |        |           |      |   |         |                      |                 |                     |                          |                          |          |            |
| 6   |               |                |                              |     |        |           |      |   |         |                      |                 |                     |                          |                          |          |            |

- 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, Ethnicity, or Race*, 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

## Demographic Information

|   | Relationship to Head of Household | First initial | Middle Initial | First 2 Letters of Last Name |
|---|-----------------------------------|---------------|----------------|------------------------------|
|   | Respondent<br>↓                   |               |                |                              |
| 1 | Self                              | M             | S              | AB                           |
| 2 | Spouse                            | M             | R              | AB                           |
| 3 | Parent                            | S             |                | YZ                           |
| 4 | Child                             | J             | R              | AB                           |
| 5 | Sibling                           |               |                |                              |
| 6 | Relative                          |               |                |                              |
| 7 | Friend                            |               |                |                              |

- The respondent is considered the Head of Household, and his/her *Relationship to Head of Household* is 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; survey is anonymous
- If any household member has no middle initial, please leave that space blank

Possible Responses



# Survey Questions

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

- For **Age**, enter a numerical value
- For **Gender**, enter one of the following:
  - 'F' for female
  - 'M' for male
  - 'TR' for transgender
  - 'DI' for those who don't identify as any of above
- 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 get at least a **Gender** and **Age** for each

# Survey Questions

*Check all that apply to each person*

[illegible]

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, or threats of violence. Violence includes physical assault, sexual abuse, and stalking.

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 (includes National Guard/Reserves)

Severe, long-term mental disorder that disrupts a person's thinking, feeling, mood, behavior, ability to relate to others, and daily functioning seriously enough to require psychiatric intervention

Physical impairment which has a substantial and long-term effect on their 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



# Survey Questions

*Check all that apply to each person*

[illegible]

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 limits 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)

Ailment that is prolonged in duration, does not often resolve spontaneously, and is rarely cured completely

Human immunodeficiency virus/acquired immunodeficiency syndrome is a disease of the human immune system caused by infection with human immunodeficiency virus

**Check this if none apply to a household member**

- ***If no response is given for a household member's demographic characteristics, leave this section blank***

| Household Information   |               |                |                              |     |        |           |       |                             |   |                      |                 |                     |                          |                          |          |            |  |
|---|---------------|----------------|------------------------------|-----|--------|-----------|-------|-----------------------------|---|----------------------|-----------------|---------------------|--------------------------|--------------------------|----------|------------|--|
| 7. Who was homeless with you on the night of January 24 <sup>th</sup> ? |               |                |                              |     |        |           |       |                             |   |                      |                 |                     |                          |                          |          |            |  |
| Demographic Information   |               |                |                              |     |        |           |       |                             | Household Characteristics<br><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 | Ethnicity | Race  | Victim of Domestic Violence | Veteran   | Mental Health Issues | Substance Abuse | Physical Disability | Developmental Disability | Chronic Health Condition | HIV/AIDS | None Apply |  |
| 1   | Self          | M              | S                            | AB  | 30     | F         | B, PI |                             |   |                      |                 |                     |                          |                          |          | X          |  |
| 2   | Spouse        | M              | R                            | AB  | 31     | M         | B     |                             | X   | X                    |                 |                     |                          |                          |          |            |  |
| 3   | Parent        | S              | R                            | YZ  | 65     | M         | B     |                             |   |                      |                 | X                   |                          |                          |          |            |  |
| 4   | Child         | J              | R                            | AB  | 8      | M         | B     |                             |   |                      |                 |                     |                          |                          |          | X          |  |
| 5   |               |                |                              |     |        |           |       |                             |   |                      |                 |                     |                          |                          |          |            |  |
| 6   |               |                |                              |     |        |           |       |                             |   |                      |                 |                     |                          |                          |          |            |  |
| 7   |               |                |                              |     |        |           |       |                             |   |                      |                 |                     |                          |                          |          |            |  |
| 8   |               |                |                              |     |        |           |       |                             |   |                      |                 |                     |                          |                          |          |            |  |
| 9   |               |                |                              |     |        |           |       |                             |   |                      |                 |                     |                          |                          |          |            |  |
| 10  |               |                |                              |     |        |           |       |                             |   |                      |                 |                     |                          |                          |          |            |  |

- Be sure to ask a direct question about each characteristic for each household member
- **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 for an individual household member**



# Survey Questions

**8. 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

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

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

## 10. 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                      | State Health Insurance for Adults                              |
| Private Disability Insurance      | Indian Health Insurance  |
| Work Income/Wage                  | VA Medical Benefits  |
| Worker's Compensation             | WIC/Special Nutrition Program for Women, Infants, and Children |
| Alimony                           | TANF-Funded Services (Child Care, Transportation, or Other)    |
| Child Support                     |  |
| Veteran's Pension                 | Temporary Rental Assistance from the Board of Social Services  |
| Veteran's Disability              |  |
| Pension From Former Job           | Section 8/Public Housing/Ongoing Rental Assistance             |
| Social Security                   |  |
| Temporary State Disability        | Other: _____   |
| Other: _____                      |  |
| No Source of Income               | Receiving No Government Benefits                               |

### 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

## 10. 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   |
| <b>X</b>   | General/Public Assistance/Welfare |   | State Children's Health Insurance/FamilyCare                   |
|  | Unemployment                      |   | State Health Insurance for Adults                              |
|  | Private Disability Insurance      |   | Indian Health Insurance  |
|  | Work Income/Wage                  |   | VA Medical Benefits  |
|  | Worker's Compensation             | <b>X</b>  | WIC/Special Nutrition Program for Women, Infants, and Children |
| <b>X</b>   | Alimony                           |   |  |
|  | Child Support                     |   | TANF-Funded Services (Child Care, Transportation, or Other)    |
| <b>X</b>   | Veteran's Pension                 |   |  |
|  | Veteran's Disability              |   | Temporary Rental Assistance from the Board of Social Services  |
|  | Pension From Former Job           |   |  |
|  | Social Security                   |   | Section 8/Public Housing/Ongoing Rental Assistance             |
|  | Temporary State Disability        |   |  |
|  | Other: _____                      |   | Other: _____   |
|  | No Source of Income               |  | Receiving No Government Benefits                               |

### *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

**11. 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

**12. 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 Treatment 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


**13. 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         |
| X | Eviction or at Risk of Eviction         |
|   | Relocation                              |
|   | Released From Prison/Jail               |
|   | Released From Hospital                  |
|   | Released from Psychiatric Facility      |
|   | Physical Illness                        |
|   | Mental 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 2017!**

- 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!

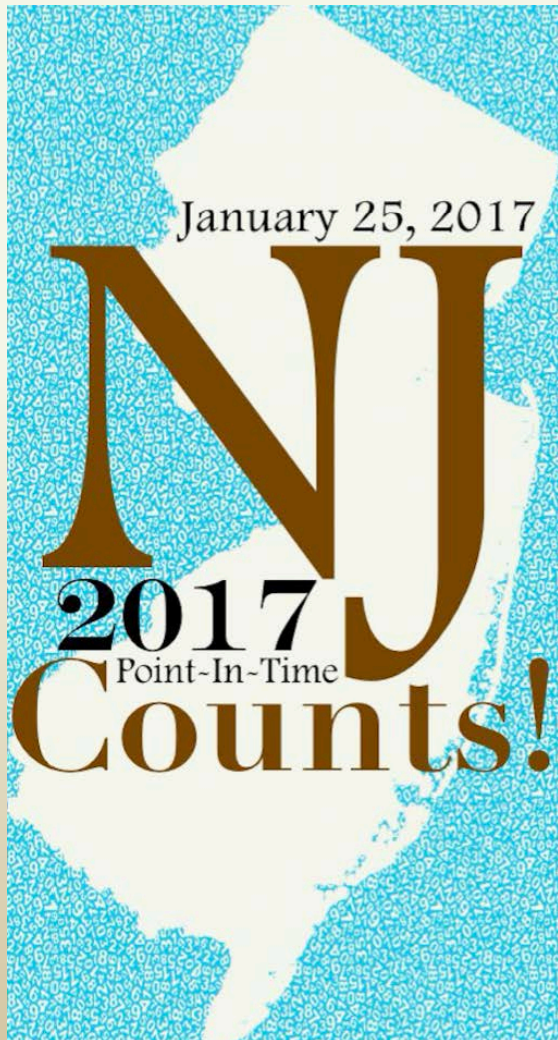
# Completed Surveys

|   |   |              |              |                             |
|---|---|--------------|--------------|-----------------------------|
|    | Code _____  | County _____ | Agency _____ | Program _____               |
| <b>NJ COUNTS 2017 POINT IN TIME SURVEY</b>  |   |              |              |                             |
| <b>1. Where did you spend the night of Tuesday, January 24<sup>th</sup>? (Check ONE only)</b>   |   |              |              |                             |
| <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"/>  | Youth Shelter   |              |              |                             |
| <input type="checkbox"/>  | Domestic Violence Shelter   |              |              |                             |
| <input type="checkbox"/>  | Safe Haven  |              |              |                             |
| <input type="checkbox"/>  | Transitional Housing (time-limited)   |              |              |                             |
| <input type="checkbox"/>  | Transitional Housing for Victims of Domestic Violence   |              |              |                             |
| <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"/>  | Permanent Housing   |              |              |                             |
| <input type="checkbox"/>  | Staying with Friends or Family  |              |              |                             |
| <input type="checkbox"/>  | Psychiatric Hospital  |              |              |                             |
| <input type="checkbox"/>  | Jail, Prison, or Juvenile Detention Center  |              |              |                             |
| <input type="checkbox"/>  | Long-Term Care Facility or Nursing Home   |              |              |                             |
| <input type="checkbox"/>  | Foster Care Home/Foster Care Group Home   |              |              |                             |
| <input type="checkbox"/>  | Medical Hospital  |              |              |                             |
| <input type="checkbox"/>  | Substance Abuse Treatment Facility  |              |              |                             |
| <input type="checkbox"/>  | Farm Labor Housing  |              |              |                             |
| <input type="checkbox"/>  | Other: _____  |              |              |                             |
| <b>2. In what town did you spend the night?</b>   |   |              |              |                             |
| Town: _____   |   |              |              |                             |
| County: _____ State: _____  |   |              |              |                             |
| Program Name (if applicable): _____   |   |              |              |                             |
| Agency Name (if applicable): _____  |   |              |              |                             |
| <b>3. How long have you been in your current living situation?</b>  |   |              |              |                             |
|   |   |              |              | <input type="text"/> years  |
|   |   |              |              | <input type="text"/> months |
|   |   |              |              | <input type="text"/> days   |
| <b>4. During the past 12 months, how many months have you been homeless on the streets, in emergency shelter, or in a safe haven?</b>   |   |              |              |                             |
| <input style="width: 100px;" type="text"/>  |   |              |              |                             |
| <b>5. How many separate times have you been homeless on the streets, in emergency shelter, or in a safe haven within the past 3 years? (since January 24, 2014)</b>                 |   |              |              |                             |
| <input style="width: 100px;" type="text"/>  |   |              |              |                             |
| <b>6. What is the total number of months that you have been homeless on the streets, in emergency shelter, or in a safe haven within the past 3 years? (since January 24, 2014)</b> |   |              |              |                             |
| <input style="width: 100px;" type="text"/>  |   |              |              |                             |

[illegible]

- Check that all answers are complete and legible
- Input and submit information from all paper surveys into the NJ Counts 2017 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



*2017 Online Survey Tool:*





# Online Survey Timeline

| Online Survey Event   | Date  |
|---|---|
| Practice Online Survey link will be sent out to communities for familiarization<br>(Practice Online Survey not part of official count)  | Monday, December 12, 2016 – Friday, January 16, 2017  |
| Live Online Survey link will be sent out to communities for official PIT Data entry<br>(Live Survey available on January 18, 2017, but only programs certain clients will remain in their programs on the night of January 24, 2017 may enter data online prior to the date of the count) | Wednesday, January 25, 2017 – Wednesday, February 8, 2017   |
| Date of Count—collecting data about the night of January 24 – January 25, 2017  | Wednesday, January 25, 2017<br>Or other count model within 7 day timeframe                                    |
| All data must be submitted into Online Survey tool  | No later than<br><b>Wednesday, February 8, 2017 by 5 pm</b><br>(There will be no exceptions to this deadline) |



# 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

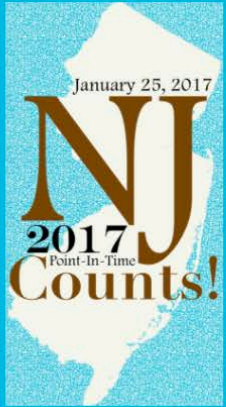
- Note that every question with an asterisk **MUST** be answered in order to move on to the next page of the survey

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| * 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 **Next** button at the bottom of the screen; to go back, click the **Prev** button
- If you are returned to the page you just completed, find any questions missed and complete them

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|                                    |                                    |                                      |  |
|------------------------------------|------------------------------------|--------------------------------------|--|
| * Code                             | * County                           | * Agency                             | <b>This question requires an answer.</b> |
| <input type="text" value="UN123"/> | <input type="text" value="Union"/> | <input type="text" value="Monarch"/> | * Program                                |
|                                    |                                    |                                      | <input type="text"/>                     |



# Completing the Survey Questions

Page 1 of 4

PRACTICE 2017 Point-In-Time Count Survey

- Please enter the codes listed at the top of the paper survey
- Enter correct information in each box to distinguish the program/agency

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\* County

\* Agency

\* Program

Next

\* 1. Where did you spend the night of Tuesday, January 24th? (Check ONE only)

- ☐ On the streets, under a bridge, abandoned building, public building, car, traveling on a bus, or camping out
- ☐ Emergency Shelter
- ☐ Youth Shelter
- ☐ Domestic Violence Shelter
- ☐ Safe Haven
- ☐ Transitional Housing (time-limited)
- ☐ Transitional Housing for Victims of Domestic Violence
- ☐ Hotel/Motel paid for by agency
- ☒ 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
- ☐ Psychiatric hospital
- ☐ Jail, Prison, or juvenile detention center
- ☐ Long-term care facility or nursing home
- ☐ Foster care home/foster care group home
- ☐ Medical hospital
- ☐ Substance abuse treatment facility
- ☐ Farm labor housing
- ☐ Other

Other (please specify)

# Completing the Survey Questions

## 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

- Enter full name of the town, county, state, agency/program (if applicable) into each text box
- If no answer is provided, type '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 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?

|        |                                |
|--------|--------------------------------|
| years  | <input type="text" value="0"/> |
| months | <input type="text" value="0"/> |
| days   | <input type="text" value="0"/> |

Page 2 of 4  
Question 3

- Select most accurate drop down options.
- If no answer is given, select 'No Response.'

- Simplify data entry by using all three units (years, months, days) to give the most complete answer possible. E.g., if the respondent said they had been homeless for 18 months, enter as: 1 year, 6 months. If respondent answers '45 days,' enter as: 1 month, 15 days.

# Completing the Survey Questions

\* 4. During the past 12 months, how many months have you been homeless on the streets, in emergency shelter, or in a safe haven?

A small, rounded rectangular input field with a light gray border. It contains the number "0" in a dark gray font. To the right of the number is a small, dark gray up-and-down arrow icon, indicating it is a dropdown menu.

Page 2 of 4

Question 4

- Enter the number of *months* of homelessness the respondent has experienced during the past 12 months.
- If the respondent has never been in a homeless location in the past 12 months, enter '0'
- If there is not a response available please select '*No Response*'.

# Completing the Survey Questions

- \* 5. How many separate times have you been homeless on the streets, in emergency shelter, or in a safe haven within the past 3 years? (since January 24, 2014)

Page 2 of 4

Question 5

- *If the respondent has never been in a homeless location in the past 3 years, enter 'N/A'*
  - (if answer is '0' in question 5, enter 'N/A' for question 6)
- If there is not a response available please select *No Response*
- Distinct episodes should be separated by at least 7 days in a non-homeless location



# Completing the Survey Questions

- \* 6. What is the total number of months that you have been homeless on the streets, in emergency shelter, or in a safe haven within the past 3 years? (since January 24, 2014)?

Page 3 of 4

## Question 6

- If the total number of months that the respondent has been homeless is less than 1, enter '0'
- *If the respondent has never been in a homeless location in the past 3 years, enter 'N/A'*
  - (if answer is '0' in question 5, enter 'N/A' for question 6)
- If there is not a response available please select *No Response*

## \* 7. Who was homeless with you on the night of the count?

### Demographic Information

|     | Relationship<br>to Head of<br>Household | First Initial        | Middle Initial       | First Letter<br>of Last Name | Second Letter<br>of Last Name | Age                  |  |
|-----|---|----------------------|----------------------|------------------------------|-------------------------------|----------------------|--|
| 1.  | <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"/> |  |
| 3.  | <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"/> |  |
| 5.  | <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"/> |  |
| 7.  | <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"/> |  |
| 9.  | <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"/> |  |

- 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

## \* 7. Who was homeless with you on the night of the count?

### Demographic Information

### Page 3 of 4 - Question 7

|     | Relationship<br>to Head of<br>Household | First Initial | Middle Initial | First Letter<br>of Last Name | Second Letter<br>of Last Name | Age |      |
|-----|---|---------------|----------------|------------------------------|-------------------------------|-----|------|
| 1.  | Self                                    | B             | (none)         | A                            | B                             | 21  | Male |
| 2.  |   |               |                |                              |                               |     |      |
| 3.  |   |               |                |                              |                               |     |      |
| 4.  |   |               |                |                              |                               |     |      |
| 5.  |   |               |                |                              |                               |     |      |
| 6.  |   |               |                |                              |                               |     |      |
| 7.  |   |               |                |                              |                               |     |      |
| 8.  |   |               |                |                              |                               |     |      |
| 9.  |   |               |                |                              |                               |     |      |
| 10. |   |               |                |                              |                               |     |      |

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

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

- 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*
- If the respondent gives no 'Age,' 'Gender,' or 'Ethnicity,' surveyor 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
- **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

## Page 3 of 4 - Question 7

### \* Race

Check all that apply

|     | White                    | Black,<br>African-<br>American | Asian                    | Hawaiian,<br>Pacific<br>Islander | American<br>Indian,<br>Alaska<br>Native | No<br>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"/> |

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

## \* Household Characteristics

Check all that apply

|     | Victim of Domestic Violence | Veteran                  | 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"/> | <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 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"/>            | <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"/>            | <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"/>            | <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"/>            | <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"/>            | <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"/>            | <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"/>            | <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"/>            | <input type="checkbox"/> |

## Page 3 of 4 - Question 7

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

Next

- Check all the boxes that apply to each household member
- **Every field 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

PRACTICE 2017 Point-In-Time Count Survey

Page 4 of 4

Question 8

## Service and Income Information

4 / 4

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

|          |                      |
|----------|----------------------|
| Town:    | <input type="text"/> |
| County:  | <input type="text"/> |
| State:   | <input type="text"/> |
| Country: | <input type="text"/> |

- 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

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

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

Other (please specify)

## Page 4 of 4 - Question 9

- 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



10. 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
- ☐ No Source of Income
- ☐ Food Stamps/SNAP
- ☐ Medicaid
- ☐ Medicare
- ☐ State Children's Health Insurance/FamilyCare
- ☐ State Health Insurance for Adults
- ☐ Indian Health Insurance
- ☐ VA Medical Benefits
- ☐ WIC/Special Nutrition Program for Women, Infants, and Children
- ☐ TANF-Funded Services (Child Care, Transportation, or Other)
- ☐ Temporary Rental Assistance from the Board of Social Services
- ☐ Section 8/Public Housing/Ongoing Rental Assistance
- ☐ Receiving NO governmental benefits
- ☐ No Response

Other (please specify)

Page 4 of 4  
Question 10

- 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 11

11. 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



- ☐ Emergency Shelter
- ☐ Housing
- ☐ Substance Abuse Treatment 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

Page 4 of 4 - Question 12

- 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

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

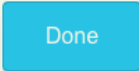
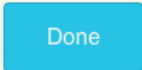
- ☐ Loss or Reduction of Benefits
- ☐ Loss or Reduction of Job Income
- ☒ Eviction or at Risk of Eviction
- ☐ Relocation
- ☐ Released From Prison/Jail
- ☐ Released From Hospital
- ☐ Released From Psychiatric Facility
- ☐ Physical Illness
- ☐ Mental Illness
- ☐ Injury
- ☐ Domestic Violence
- ☐ Asked To 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 13

- 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

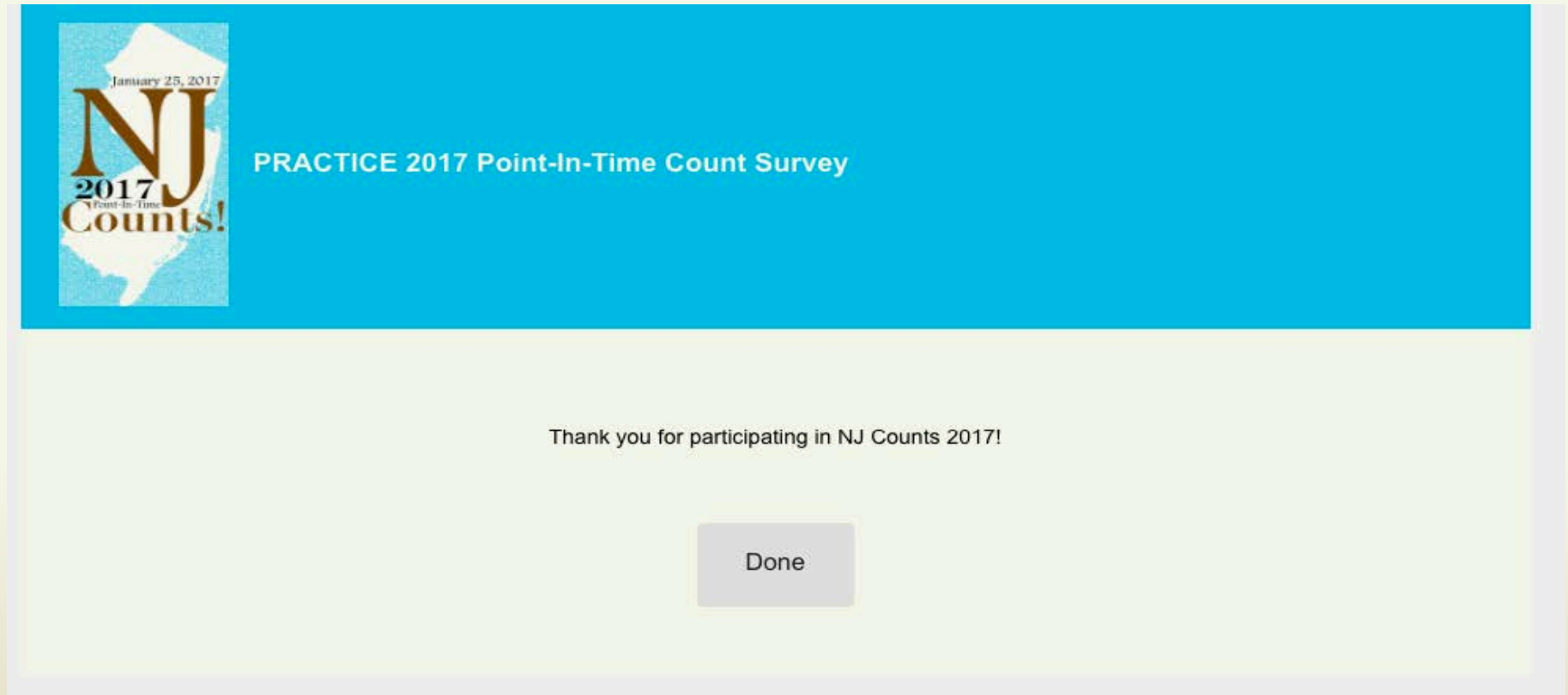
# Submitting the Survey

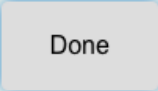
After finishing page 4 of the online survey, if you are sure that the information entered is accurate and complete, click ; If you are unsure, check your work because if you click  you will no longer be able to change data

If the survey is fully completed, you will see a screen that says *Thank you for participating in NJ Counts 2017!* indicating that your answers have been successfully submitted

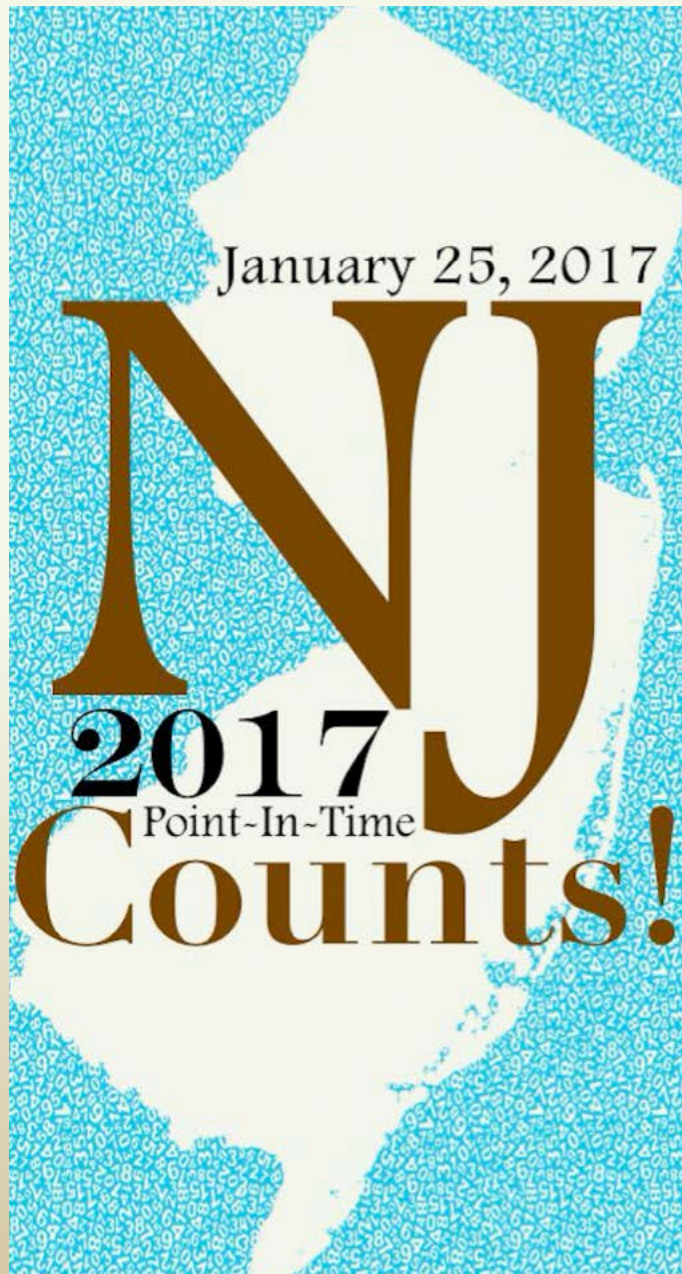
If you do NOT see this screen, then your information has NOT yet been uploaded to the database. Find any missing answers and complete them. Then click 

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



- 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





*Sheltered  
HMIS  
Count*



**NJ Counts 2017  
Sheltered Summary Form**

|   |  |
|---|--|
| County  |  |
| Agency Name   |  |
| Program Name  |  |
| HMIS Program Name   |  |
| Total number of people served on the night of January 24, 2017 (combined total for adults and children) |  |

|   |  |
|---|--|
| County  |  |
| Agency Name   |  |
| Program Name  |  |
| HMIS Program Name   |  |
| Total number of people served on the night of January 24, 2017 (combined total for adults and children) |  |

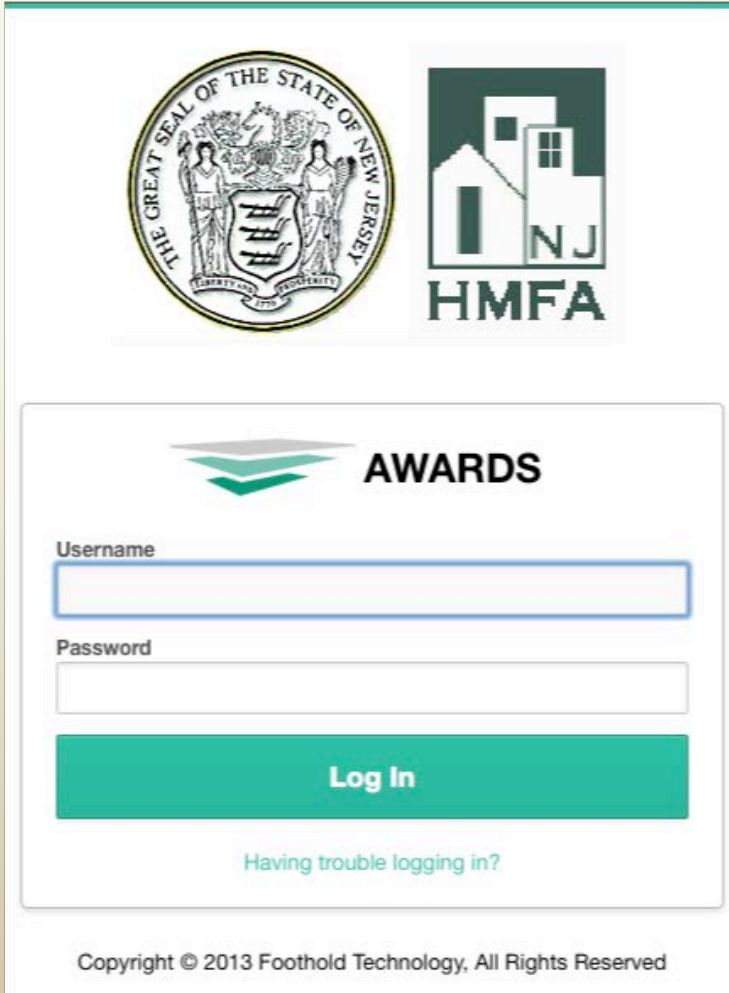
|   |  |
|---|--|
| County  |  |
| Agency Name   |  |
| Program Name  |  |
| HMIS Program Name   |  |
| Total number of people served on the night of January 24, 2017 (combined total for adults and children) |  |

|   |  |
|---|--|
| County  |  |
| Agency Name   |  |
| Program Name  |  |
| HMIS Program Name   |  |
| Total number of people served on the night of January 24, 2017 (combined total for adults and children) |  |

|   |  |
|---|--|
| County  |  |
| Agency Name   |  |
| Program Name  |  |
| HMIS Program Name   |  |
| Total number of people served on the night of January 24, 2017 (combined total for adults and children) |  |

- County
- Agency Name
- Program Name
- HMIS Program Name
- Total Number of People served on the night of the Count
- Due on January 26<sup>th</sup> by 5 pm

# When is the 2017 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. To its right is the HMFA logo, which consists of a stylized house icon and the letters 'NJ' above 'HMFA'. Below these is a login form with the title 'AWARDS' and a green icon of an open book. The form includes a 'Username' field, a 'Password' field, and a green 'Log In' button. A link 'Having trouble logging in?' is located below the button. At the bottom of the page, a copyright notice reads: 'Copyright © 2013 Foothold Technology, All Rights Reserved'.

Count Date:

**Tuesday, January 24 –  
Wednesday, January 25, 2017**

(HMIS data must be accurate for this period)

Compare HMIS  
and Summary  
Survey Form:

Monarch will pull HMIS data  
at **1 pm on Friday, January  
27th**, for verification (Summary  
Survey Form submitted to PIT Coordinator  
by 5 pm on January 26, 2017)

Verify and  
finalize HMIS  
data:

**Wednesday, February 8, 2017**  
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 24 – January 25, 2017
- 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 an 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 Income Amount
- 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
- Approximate Date Homelessness Started
- Number of times the client has been homeless on the street, in ES, or SH in the past three years including today
- Total number of months homeless on the street, in ES, or SH in the past three years
- Length of Program Stay
- ZIP Code of Last Permanent Address
- Homeless Cause
- Services Sought
- Health Insurance Types

# Important HMIS Fields

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

- Approximate Date Homelessness Started
- Number of times the client has been homeless on the street, in ES, or SH in the past three years including today
- Total number of months homeless on the street, in ES, or SH in the past three years
- 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 Income Amount
  - Monthly Income Sources
  - Non-Cash Benefits Types
  - Health Insurance Types
- 
- 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
- Homeless Cause
- Services Sought

# Updating HMIS

[Home](#) > [Media Room](#) > HMIS Training Videos

## HMIS Training Videos

The screenshot shows a web application interface for HMIS training. At the top, it says "User: Trainer Trainer - 09/05/2012 - 4:21 pm". Below this is a section titled "Training Services Only Household Search" with "Household ID: 275774" and "John Gerard". A text box prompts the user to "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." Below this are three input fields: "First Name" (containing "Jonah"), "Last Name" (containing "Gel"), and "SSN". A "Limit Search Results" dropdown is set to "5" and shows "Matches". A large play button icon is overlaid on the search results area. Below the search fields are buttons for "Face Sheet", "Jump Back", "Opening Menu", "10 New Messages", "Help Menu", and "Log Out". At the bottom, there is a grid of eight buttons: "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", and "Supportive Services Delivery Report". A video player interface is visible at the bottom of the screenshot, showing a progress bar and time markers.

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:

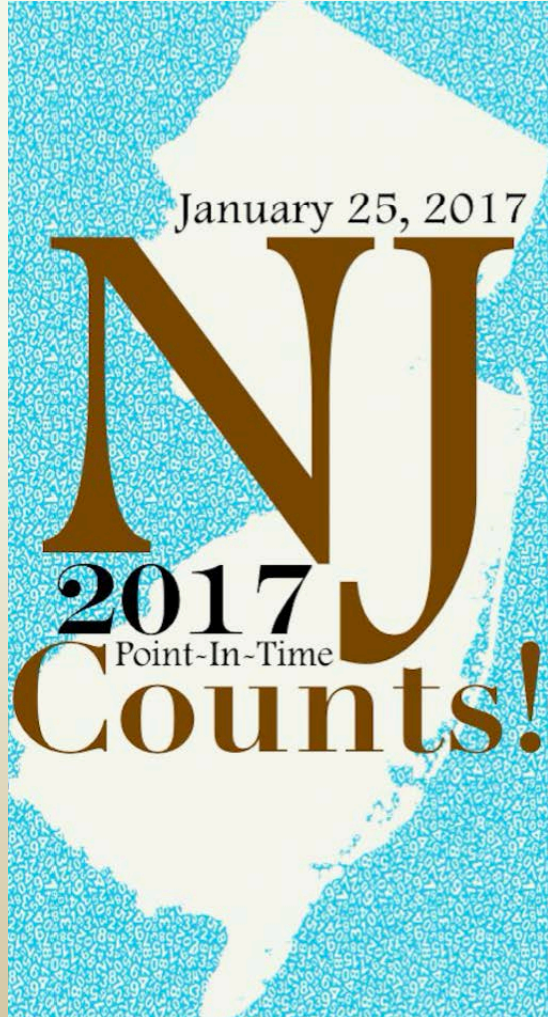
## HMFA's HMIS training resources

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

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

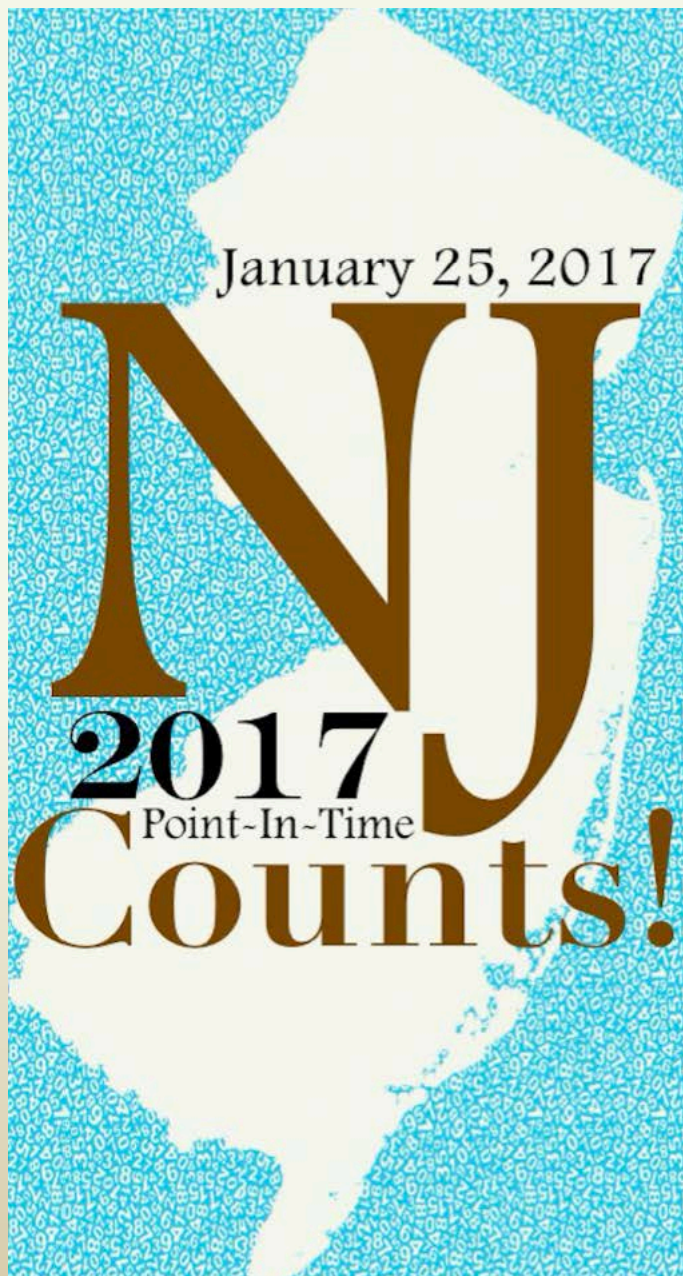
609-278-7400

# Questions



Contact your local Point  
In Time Coordinator

PIT Webinars:  
December 22<sup>nd</sup>  
2:00 p.m.  
January 23<sup>rd</sup>  
2:00 p.m.



monarch  
HOUSING ASSOCIATES

**Thank you!**

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