January 25, 2017

2017 Point In Time (PIT) Count

www.monarchhousing.org
Point In Time Data Collection Guide

- Introduction
- Who To Count In the Point In Time Count
- Sheltered and Unsheltered Count Procedures
- General Survey Guidelines
- Survey Definitions
- Tips for Conducting Respondent Interviews
- Survey Questions
- Inputting Data Online
- Completing the Survey Questions Online
- Questions and Contact Information

www.monarchhousing.org
Point In Time Quick Reference Guide

NI Counts 2017 Quick Reference Guide

**Chronic Health Condition** – almost 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** – sheltered – a person or group of persons living within 24 months

**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

**Physically Disabled** – physical impairment which has a substantial and long-term effect on ability to carry out day-to-day activities; e.g. self-care, receptive and 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

**Safe Housing** – any facility whose primary purpose is to provide temporary shelter for the homeless in general or for specific populations of the homeless

**Substance Abuse** – alcoholism, drug addiction, or drug abuse

**Substance Abuse Treatment Facility** – 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 SSI

**Substance Abuse Facility** – 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 SSI

**Substance Abuse Overdose** – overdose 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 Assistance for Needy Families** – 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.”

**Transitional Housing** – program designed to provide housing and supportive services to homeless persons to facilitate movement to independent living within 24 months

**Veteran** – a person who has served with honor in 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 (16 and younger) who need services like counseling, mediation, education, and structured treatment programs

**www.monarchhousing.org**
HUD Guidance

PIT Methodology Guide:


HIC and PIT Data Collection Guide:

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**
a person should be counted as ‘homeless’ if that person:

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

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)

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

<table>
<thead>
<tr>
<th>Homeless Category</th>
<th>Count Method</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unsheltered</strong></td>
<td>• Paper Survey</td>
</tr>
<tr>
<td><strong>Sheltered</strong></td>
<td>• <em>If in HMIS:</em> Update HMIS to reflect night of count</td>
</tr>
<tr>
<td></td>
<td>• <em>If NOT in HMIS:</em> Paper Survey</td>
</tr>
<tr>
<td></td>
<td>• <em>All Shelter Programs will submit a summary survey form</em></td>
</tr>
<tr>
<td><strong>At Risk of Homelessness</strong></td>
<td>• Paper Survey</td>
</tr>
</tbody>
</table>
### NJ Counts 2017
Sheltered Summary Form

<table>
<thead>
<tr>
<th>County</th>
<th>Agency Name</th>
<th>Program Name</th>
<th>HMIS Program Name</th>
<th>Total number of people served on the night of January 24, 2017 (combined total for adults and children)</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Data Collection Guide | Page 5
Code | County | Agency | Program
--- | --- | --- | ---

**1. Where did you spend the night of Tuesday, January 24th?** (Check ONE only)
- On the street, under a bridge, abandoned building, public building, car, traveling on a bus, or camping out
- Emergency 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:

**2. In what town did you spend the night?**
- Town:
- County:
- State:

**3. How long have you been in your current living situation?**
- years
- months
- 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)

**7. Who was homeless with you on the night of January 24th?**

**8. Where was your last permanent address before becoming homeless?**
- Town:
- County:
- State:

**9. What was your residence prior to your current living situation?** (Check ONE only)
- Place Not Meant for Human Habitation (e.g., 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 Home or Foster Care Group Home
- Medical Hospital (emergency room, acute care)
- Substance Abuse Treatment Facility/Detox
- Rooming House
- Other:

**10. Which of the following do you, or anyone in your household receive?** (Check ALL that apply)
- Sources of Income
  - SSI
  - SSDI
  - TANF
  - General/Public Assistance/Hillside
  - Unemployment
  - Private Disability Insurance
  - Work Income/Wage
  - Worker’s Compensation
  - Alimony
  - Child Support
  - Veteran’s Pension
  - Veteran’s Disability
  - Temporary Rental Assistance from the Board of Social Services
  - Social Security
  - Temporary State Disability
  - Other
  - No Source of Income
- Non-Cash Benefits
  - Food Stamps/SNAP
  - Medicaid
  - 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
  - Other
  - Other TANF-Funded Service
  - Temporary Rental Assistance
  - Section 8/Public Housing
  - Other
  - Receiving No Government Benefits

**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)
- 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
- Other:

**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 Rental or Owned Property
- Household breakup/death in household
- Other:

Thank you for participating in NJ Counts 2017!
When is the 2017 PIT Count?

Conduct Surveys from Tuesday, January 24\textsuperscript{th} – Wednesday, January 25\textsuperscript{th}

- Night Counts only on the night of January 24\textsuperscript{th}, Daytime counts only on January 25\textsuperscript{th}
- Or, 7 day service-based unsheltered count
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
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
• 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**
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 24th? (Check ONE only)

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>On the street, under a bridge, abandoned building, public building, car, traveling on a bus, or camping out</td>
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<tr>
<td>Hotel/Motel You Paid For</td>
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<tr>
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<td>Permanent Housing</td>
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<td>Staying with Friends or Family</td>
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<tr>
<td>Psychiatric Hospital</td>
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<td>Jail, Prison, or Juvenile Detention Center</td>
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<td>Long-Term Care Facility or Nursing Home</td>
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<tr>
<td>Foster Care Home/Foster Care Group Home</td>
<td></td>
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<tr>
<td>Medical Hospital</td>
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<tr>
<td>Substance Abuse Treatment Facility</td>
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<tr>
<td>Farm Labor Housing</td>
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<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

*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?

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>years</td>
<td>months</td>
<td>days</td>
<td></td>
</tr>
</tbody>
</table>

• 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’
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)
- 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**

<table>
<thead>
<tr>
<th>Relationship to Head of Household</th>
<th>First Initial</th>
<th>Middle Initial</th>
<th>First 2 Letters of Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent</td>
<td>M</td>
<td>S</td>
<td>AB</td>
</tr>
<tr>
<td>Spouse</td>
<td>M</td>
<td>R</td>
<td>AB</td>
</tr>
<tr>
<td>Parent</td>
<td>S</td>
<td></td>
<td>YZ</td>
</tr>
<tr>
<td>Child</td>
<td>J</td>
<td>R</td>
<td>AB</td>
</tr>
<tr>
<td>Sibling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friend</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

- 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:

- Spouse
- Parent
- Child
- Sibling
- Relative
- Friend
### Survey Questions

- **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

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>F</td>
<td>H</td>
<td>B, WH</td>
</tr>
<tr>
<td>8</td>
<td>M</td>
<td>NH</td>
<td>AI</td>
</tr>
<tr>
<td>65</td>
<td>TR</td>
<td>NH</td>
<td>AS, PI</td>
</tr>
</tbody>
</table>
### Survey Questions

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

**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 (includes National Guard/Reserves)

**Mental Health Issues**
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 Disability**
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

<table>
<thead>
<tr>
<th>Victim of Domestic Violence</th>
<th>Veteran</th>
<th>Mental Health Issues</th>
<th>Substance Abuse</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Chronic Health Condition</th>
<th>HIV/AIDS</th>
<th>None Apply</th>
</tr>
</thead>
</table>
### Survey Questions

#### 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 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)

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

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

#### None Apply
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*
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
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)

<table>
<thead>
<tr>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place Not Meant for Human Habitation (On the Street, Bus, Car, Airport, Abandoned Building)</td>
</tr>
<tr>
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</tr>
<tr>
<td>Rooming House</td>
</tr>
<tr>
<td>Other: ____________________________________________</td>
</tr>
</tbody>
</table>

- Check one answer only
- Read only the bold question and do not read all answers
- ForDefinitions,see the NJ Counts Data Collection Guide, Section 5; page 7
- If respondent’s answer is not listed, check ‘Other’ and describe
SSSI
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)

<table>
<thead>
<tr>
<th>Sources of Income</th>
<th>Non-Cash Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSI</td>
<td>Food stamps/SNAP</td>
</tr>
<tr>
<td>SSDI</td>
<td>Medicaid</td>
</tr>
<tr>
<td>TANF</td>
<td>Medicare</td>
</tr>
<tr>
<td>General/Public Assistance/Welfare</td>
<td>State Children’s Health Insurance/FamilyCare</td>
</tr>
<tr>
<td>Unemployment</td>
<td>State Health Insurance for Adults</td>
</tr>
<tr>
<td>Private Disability Insurance</td>
<td>Indian Health Insurance</td>
</tr>
<tr>
<td>Work Income/Wage</td>
<td>VA Medical Benefits</td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td>WIC/Special Nutrition Program for Women, Infants, and Children</td>
</tr>
<tr>
<td>Alimony</td>
<td>TANF-Funded Services (Child Care, Transportation, or Other)</td>
</tr>
<tr>
<td>Child Support</td>
<td>Temporary Rental Assistance from the Board of Social Services</td>
</tr>
<tr>
<td>Veteran’s Pension</td>
<td>Section 8/Public Housing/Ongoing Rental Assistance</td>
</tr>
<tr>
<td>Veteran’s Disability</td>
<td></td>
</tr>
<tr>
<td>Pension From Former Job</td>
<td></td>
</tr>
<tr>
<td>Social Security</td>
<td></td>
</tr>
<tr>
<td>Temporary State Disability</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td>Other:</td>
</tr>
<tr>
<td>No Source of Income</td>
<td>Receiving No Government Benefits</td>
</tr>
</tbody>
</table>

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

• Check all answers that apply, and read each option to the respondent

• If respondent’s answer is not listed, check ‘Other’ and describe
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 or Owned Property|
| Household breakup/death in household   |

Other: ______________________

- 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!

Thank you for participating in NJ Counts 2017!
Completed Surveys

- 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

<table>
<thead>
<tr>
<th>Online Survey Event</th>
<th>Date</th>
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</table>
| Practice Online Survey link will be sent out to communities for familiarization  
(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  
(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  
Or other count model within 7 day timeframe                                                                                                                  |
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.
• Note that every question with an asterisk MUST be answered in order to move on to the next page of the survey.

• 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.
Completing the Survey Questions

Page 1 of 4

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

* Code

* County

* Agency

* Program
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):

- 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?

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

- 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’.
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)

- 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
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)?

• 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
### Demographic Information

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

<table>
<thead>
<tr>
<th>Relationship to Head of Household</th>
<th>First Initial</th>
<th>Middle Initial</th>
<th>First Letter of Last Name</th>
<th>Second Letter of Last Name</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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</tbody>
</table>

- 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

<table>
<thead>
<tr>
<th>Relationship to Head of Household</th>
<th>First Initial</th>
<th>Middle Initial</th>
<th>First Letter of Last Name</th>
<th>Second Letter of Last Name</th>
<th>Age</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>B</td>
<td>(none)</td>
<td>A</td>
<td>B</td>
<td>21</td>
<td>Male</td>
</tr>
</tbody>
</table>

- If the respondent has no middle initial, select *(none)*
- If no response is given for initials fields, select *No Response*
- If the respondent gives no ‘Age,’ ‘Gender,’ or ‘Ethnicity,’ surveyor should take his/her best guess to complete these fields; do not guess other household members
- If no response is chosen on a paper survey being entered, please select *No Response* for fields that are blank
- 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

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*
Completing the Survey Questions

Page 3 of 4 - Question 7

* Race
Check all that apply

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Black, African-American</th>
<th>Asian</th>
<th>Hawaiian, Pacific Islander</th>
<th>American Indian, Alaska Native</th>
<th>No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>9.</td>
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<tr>
<td>10.</td>
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</tr>
</tbody>
</table>

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

If multiple racial identities apply to a household member, check all that apply
Completing the Survey Questions

**Page 3 of 4 - Question 7**

<table>
<thead>
<tr>
<th>Household Characteristics</th>
<th>Check all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim of Domestic Violence</td>
<td>✓</td>
</tr>
<tr>
<td>Mental Health Issues</td>
<td></td>
</tr>
<tr>
<td>Substance Abuse</td>
<td></td>
</tr>
<tr>
<td>Physical Disability</td>
<td></td>
</tr>
<tr>
<td>Developmental Disability</td>
<td></td>
</tr>
<tr>
<td>Chronic Health Condition</td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>None Apply</td>
<td></td>
</tr>
<tr>
<td>No Response</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Town:
County:
State:
Country:

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

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

- Emergency Shelter
- Housing
- Substance Abuse Treatment Services
- Mental Health Care
- 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
After finishing page 4 of the online survey, if you are sure that the information entered is accurate and complete, click **Done**; If you are unsure, check your work because if you click **Done** 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 **Done**.
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

January 25, 2017

NJ 2017 Point-In-Time Counts!
<table>
<thead>
<tr>
<th>County</th>
<th>Agency Name</th>
<th>Program Name</th>
<th>HMIS Program Name</th>
<th>Total number of people served on the night of January 24, 2017 (combined total for adults and children)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

- County
- Agency Name
- Program Name
- HMIS Program Name
- Total Number of People served on the night of the Count
- Due on January 26th by 5 pm
When is the 2017 PIT Count?

Count Date:

Tuesday, January 24 – Wednesday, January 25, 2017
(HMIS data must be accurate for this period)

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

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\textsuperscript{nd}  
2:00 p.m.  
January 23\textsuperscript{rd}  
2:00 p.m.
Thank you!

www.monarchhousing.org

njcounts@monarchhousing.org

908-272-5363 x222