	CodeCounty		Agency					Program													
					S 2020 POINT IN TIME SURVEY										COUNT						
Have you already participated in the 2020 PIT Survey?			Γ		Y	'es		1	No					ha	ve you	been	JANUARY 29TH, 202	Point-In-Time			
1 Where did you spend the pight of			tow	on the street, in a shelter, or in a Sat wn did you spend the night? the past 3 years (since January 28, 2)										withi	n						
Tuesday January 20th2 (Charle ONE andy)			Country Country									years (since January 28, 2017)?									
	Homoloss			TownEnter nu								umber of months per homeless episode									
	the street, under a bridge,					Episode 1															
	andoned building, public				L Enisode 2																
bu	ilding, car, travelling on a bus, or				ne				_	Episode 3											
ca	mping out		3. How long have y		ou					Episode 4											
Em	nergency Shelter		been in your curre		nt	t N		Mont	hs	Episode 5											
Co	de Blue Warming Center		living situat	tion	on?				Days			Episode 6									
Yo	uth Shelter		4. During th	ne p	ast	On the Streets					Episode 7										
Do	mestic Violence Shelter		12 months,	_		In Emergend						Episode 8									
Tra	ansitional Housing		many months			Shelter			,			Episode 9									
Tra	ansitional Housing for Victims of		have you been		-	In a Safe Haven				Episode 10	)										
Do	mestic Violence	_			<u> </u>																
Но	tel/Motel paid for by Agency											Information									
Safe Haven			6. Who was homeless with you on the night of January 28 <sup>th</sup> ?																		
Permanent Housing/At Risk			Demographic Information									Household Characteristics									
Но	tel/Motel You Paid For											(Check all that apply to each perso									
Ар	artment paid for with											Disabling Condition					Sub- population				
Te	mporary Rental Assistance from		<del>                                     </del>																liation		
the	e Board of Social Services					<del>t</del> o			_		7	2	゠		2   <u>1</u>	<u></u>	무		stic	ed	ply
Pe	rmanent Housing		Relationship		Jitie	ers		Já	lion	iτ	Self-Identified Race		Mental Health Issues Substance Abuse	ADI	ent	eal.	on DS	me	\rm eter	None Apply	
Sta	aying with Friends or Family		to Head of		e	ett Nai	Age	Gender	Sexual ientatic	nici	2	Race	ntal He	sne	֓֞֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֟֓֓֓֓֓	md		diti All	ng Dome Violence	in /	one
Fa	rm Labor Housing	Household		irst	Middle Initial	First 2 Letters Last Name		Ge	Sexual Orientation	Ethnicity	4	∝	Mental Health Issues	is	[2]	Developmental	0.00	Condition HIV/AIDS	ng Vio	Served in Armed Forces/ Veteran	Z
Institution				<u> </u>	Σ				0		Se				Substance Abuse Physical Disability	De	Chronic Health		Fleeing Domestic Violence		
Ps	ychiatric Hospital													,	′′ 🗖	'			<u> </u>	0, –	
Jai	l, Prison, or Juvenile Detention	1	Self																		
Ce	nter	2																			
Lo	Long-Term Care Facility or Nursing Home																				
Но																					
Fo	ster Care Home/Foster Care	4																			
Gr	oup Home																				
Me	edical Hospital	5																			
Su	bstance abuse Treatment Facility	6																			
—— <del> </del>	her								1	1 1			•			_1			1		

bet	Where was your last permanent address fore becoming homeless? untry:
Sta	ite:
Со	unty:
To	wn:
	/hat was your residence prior to your current g situation? (Check ONE only)
	Place Not Meant for Human Habitation
	(On the Street, Bus, Car, Airport,
	Abandoned Building)
	Emergency Shelter or Emergency Hotel
	Voucher
	Transitional Housing for Homeless
	Persons

Hotel/Motel Paid for Without Voucher

**Permanent Supportive Housing Program** 

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

Medical Hospital (emergency room,

**Substance Abuse Treatment** 

Staying with Friends or Family

Apartment paid for with temporary Rental Assistance from the Board of

Safe Haven

Social Services

Home

Other:

acute care)

Facility/Detox
Rooming House

**Permanent Housing** 

9. What	was the primary	factor that o	contributed to or
caused y	your current livin	g situation?	(Check ONE only)

a your current living situation: (Check ONE on
Loss or Reduction of Benefits
Loss or Reduction of Job Income
Eviction or at Risk of Eviction
Rent Increase/Insufficient Income
Foreclosure of Rented or Owned Property
Substandard Housing
Relocation
Released from Prison/Jail
Released from Hospital
Released from Psychiatric Facility
Physical Illness
Mental Illness
Injury
Drug/Alcohol Abuse
Domestic Violence
Asked to Leave Shared Residence
Household breakup/death in household
Natural Disaster
Other:

## Mental Health Care Financial Assistance for Security Deposits Financial Assistance for Utilities Financial Assistance for Housing Emergency Food or Meal Assistance Domestic Violence Services Legal Services

Assistance Obtaining ID Educational Training Employment Assistance

**Veterans Services** 

Other:

Family Reunification

**Emergency Shelter** 

Housing

Services

apply)

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

Substance Abuse Treatment

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

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

Sources of Income	Non-Cash Benefits					
SSI	Food stamps/SNAP					
SSDI	Medicaid					
TANF	Medicare					
General/Public	State Children's Health					
Assistance/Welfare	Insurance/Family Care					
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					
Alimony	Women, Infants, and Children					
Child Support	TANF-Funded Services (Child Care,					
Veteran's Pension	Transportation or Other)					
Social Security	Section 8/Public Housing/Ongoing					
Temporary State Disability	Rental Assistance					
Other:	Other:					
No Source of Income	Receiving No Government Benefits					

## Thank you for participating in the 2020 Point-In-Time survey!

