

Annual Point-in-Time Count of Homelessness in Vermont January 27-28, 2015

TRAINING GUIDE



Vermont Coalition to End Homelessness

What is the Point-in-Time Count

- The Point-in-Time (PIT) count is a count of sheltered and unsheltered homeless persons on a single night in January. HUD requires that Continuums of Care conduct an annual count of homeless persons who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night. Continuums of Care also must conduct a count of unsheltered homeless persons every other year (odd numbered years). Each count is planned, coordinated, and carried out locally.

Purpose of the Point-in-Time Count

- The U.S. Department of Housing and Urban Development (HUD) requires that communities receiving federal funds from the McKinney-Vento Homeless Assistance Grants program conduct a point-in-time count at least every other year.
- To help ensure that all Vermonters, particularly low and moderate income persons, people with disabilities, homeless people, elders, families with children and others, have safe, adequate, physically accessible and affordable housing.
- To promote the recognition of housing and services as a basic right for all Vermonters through education of the public and elected officials.

When to perform the PIT Count?

UNSHELTERED night time count is conducted: 6:00PM (Tuesday, January 27th) to 6:00AM (Wednesday, January 28th)

Where is the household currently staying?

UNSHELTERED daytime count is conducted: 6:00AM to 6:00PM (Wednesday, January 28th)

Ask: "Where did you stay last night?"

SHELTERED homeless bed count includes:

6:00PM (Tuesday, January 27th) to 6:00AM (Wednesday, January 28th)

Which homeless program did they stay in?

Filling out the 2015 VT PIT Count Form – Section 1: Reporting Agency

2015 VERMONT STATEWIDE POINT-IN-TIME COUNT OF HOMELESSNESS

Complete **ALL** sections; do not leave any item blank. This form must be completed on **Wednesday, January 28, 2015**. Please send all completed forms to your local contact:

SECTION 1: REPORTING AGENCY INFORMATION

a) Agency Name:		b) Program (If Applicable):	
c) Staff Name (First, Last):		d) Staff Phone & E-Mail:	
e) Municipality:	f) County:	g) AHS District (Use 3-Letter Code on Reverse):	

All forms should be filled out with the name and information of the local PIT contact in the space above section 1, indicated here with the yellow box.

If you are an agency filling out the form please indicate which agency you are from and program if applicable. Please identify specific name of the program if agency has multiple programs. Example: “Morningside Shelter-Emergency Shelter (ES)” or “MS -Veterans Affairs (VA)” or “MS -Homeless Transitional Housing (TH). For counting UNSHELTERED persons: “MS-Street Outreach (SO)”. Also, each staff member filling out the form should provide their own contact information.

Please use the appropriate 3-letter AHS district code when filling out the form for box g). District codes and PIT contacts are listed below. Contact information will be provided at the end and the district codes are also available on the back of each form:

ADO - St. Albans - Mariah Murphy
BDO - Burlington - Meg Macauslen
HDO – Hartford - Sara Kobylenski
JDO – St. Johnsbury - Jan Rossier
LDO – Brattleboro – Emily Clever
MDO – Barre - Jackie Jones
NDO – Newport - Kathy Metras

RDO – Rutland - Deborah Hall
SDO – Springfield - Pat Burke
TDO – Bennington - Avaloy Lanning
VDO – Morrisville - Scott Johnson and Christine Johnson
YDO – Middlebury - Jeanne Montross

Section 2: Location

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a) In what Vermont municipality did you stay last night?
b) In what type of place did you stay last night? (SELECT ONE)
<input type="checkbox"/> Place unintended for human habitation (vehicle, abandoned building, out of doors)
<input type="checkbox"/> Emergency Shelter - Name of Shelter _____
<input type="checkbox"/> Transitional Housing - Name of Housing Project _____
<input type="checkbox"/> Hotel Room – Name of Hotel _____
1) Who paid for the hotel?
<input type="checkbox"/> Vermont Agency of Human Services OR <input type="checkbox"/> Another Agency - Name _____
2) If the Agency of Human Services placed you in a hotel, how many days in a row have you been in a hotel? _____

Where did you STAY LAST NIGHT? (this applies to the entire household)

Municipality where the person stayed

- Any place not meant for human habitation (vehicle, abandoned building, outdoors, etc)
- Emergency Shelter: Good Samaritan Haven, Circle, etc., (NAME)
- Transitional Housing for homeless, youth, Domestic Violence, MIT for Homeless, Veterans, etc., (NAME)
- Hotel (NAME) and indicate if it was paid for by AHS or another agency (NAME AGENCY/ORG)

DO NOT COUNT = Persons residing in any of the following on the night of 1/27/15 should not be counted:

- Corrections (Jail/Prison/Transitional Housing, etc.) or Foster Care (home placement or group home not dedicated to serving the homeless).
- Mental Health (VT State Hospital or equivalent, MH Housing Subsidy Program, MH crisis bed, MH group home, etc.)
- Other Health Care (hospitals, nursing facility/assisted living, substance abuse treatment bed/facility, etc.) *except in emergency room, non-admitted.

Section 3: Household Information

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How many people in your household stayed with you last night in the location identified in Section 2 above?

a) Adults: ____ b) Children (under 18): ____

c) Subpopulation Data – For all the people included in a and b above, please complete the following chart. Check each category that applies for each person. See instructions on how to apply the categories.

Relation to Head of Household (EX: Spouse, Child, Partner, Aunt)	HEAD							
1 st Letter First Name								
1 st Letter Last Name								
3 rd Letter Last Name								
Month of Birth								
Day of Birth								
Year of Birth								
GENDER (M/F/Transgender- M/F)								
ETHNICITY (Hispanic/Non Hispanic)								
RACE (Black/White/American Indian/Other/No Response)								

To get an accurate count and avoid duplication it is very important that you at least provide NAME INITIALS and DATE of BIRTH of persons counted.

***Exception:** survivors of domestic violence and households with persons with HIV/AIDS do not need to provide initials or DOB (If possible, please provide YEAR). Note – only count as DV persons those who have experienced violence from an intimate partner.

Section 3: Household Information - Continued

Domestic Violence Survivor								
Veteran (Armed Forces and/or National Guard)								
Physical Disability (Long-Term)								
Mental Health (Severe & Persistent)								
Chronic Substance Abuse (Alcohol and/or Drugs)								
Developmental Disability								
HIV/AIDS								
OTHER Chronic Health Condition (Long-Term)								

Continue to fill in the sub-population data for each member of the household. If a client refuses to answer a question, please write "refused."

VETERANS: A veteran is someone who has served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty. "Activated" is receiving orders to go into combat or to serve stateside.

Youth and the Point-in-Time Count

HUD continues to include youth ages 18-24 in the 2015 homeless count.

Communities are strongly encouraged to coordinate with local homeless education liaisons and Runaway and Homeless Youth (RHY) service providers, as well as any service organizations that assist homeless children and youth, to get a comprehensive count.

Many homeless children and youth do not use homeless residential services, and thus, may not appear in databases; while others may be in unsheltered locations that are difficult to find during street counts. It may be helpful to recruit current or formerly homeless children and youth to assist in conducting the count, as they may be able to identify areas where homeless children and youth congregate, as well as assist in conducting interviews.

SCHOOLS: Please count unaccompanied children/youth. Only count children in families that are homeless if data for entire household is included in the survey.

Sections 4 & 5: Homeless Status and Disability Status

SECTION 4: HOMELESS STATUS

- a) Is this the first time you have been homeless? Yes No
- b) How long have you been homeless – staying in a shelter or in a place unintended for human habitation THIS TIME? _____
- c) If this is not the first time you have been homeless, how many separate times have you been homeless in the last 3 years (since 2011)? _____

SECTION 5: DISABILITY STATUS

Check the correct statement:

- One or more of the adults listed in Section 3 has a condition that limits his or her ability to take care of him or herself, take care of children in the household, work, or get around in the community.
- None of the adults listed in Section 3 has a condition as described above.

Your form should contain a front page and a back page / two separate pages. On the second page of the form are sections to document the current homeless status and disability status as well as instructions. It is important that both sides be filled out and all information is obtained. If you are missing sections please contact your local PIT contact.

DISABILITIES: Please make sure to record applicable **chronic** disabilities for each household member. If a person has no disabilities please select NO DISABILITY.

IMPORTANT

SEND ALL COMPLETED PIT SURVEYS TO YOUR LOCAL COORDINATOR BY
February 4th, 2015



If your local PIT contact is not indicated at the top of your form please contact your CoC or the “Point-in-Time” dropdown menu on our website at

<http://helpingtohousevt.org/point-in-time-counts/>

2015 PIT Contacts

ADO - St. Albans - Mariah Murphy, Northwest Counseling and Support Services

BDO - Burlington - Meg Macauslen, CVOEO

HDO – Hartford - Sara Kobylenski, Upper Valley Haven

JDO – St. Johnsbury - Jan Rossier, NEKCA

LDO – Brattleboro – Emily Clever, Winston Prouty

MDO – Barre - Jackie Jones, Washington County Mental Health Services

NDO – Newport - Kathy Metras, NEKCA

RDO – Rutland - Deborah Hall, Homeless Prevention Center

SDO – Springfield - Pat Burke, SEVCA

TDO – Bennington - Avaloy Lanning, Bennington Coalition for the Homeless

VDO – Morrisville - Scott Johnson and Christine Johnson, Lamoille Family Center

YDO – Middlebury - Jeanne Montross, HOPE

Get counted in the annual Vermont count of people who are homeless and help keep resources in our community!

If you are homeless on the night of Tuesday, January 27th, please call 2-1-1.

For more information:



Resources

- Point-In-Time Instructions – all instructions given here will also be on Page 2 of your form.
- Point-In-Time : “Users Guide” – this PowerPoint presentation will be available for download on our website under the Point-in-Time menu along with the PDF file of the 2015 form and other links here: <http://helpingtohousevt.org/point-in-time-counts/>
- HUD Exchange: <https://www.hudexchange.info/hdx/guides/pit-hic/>
- National Alliance to End Homelessness:
<http://www.endhomelessness.org/blog/c/point-in-time-counts>
- Any questions contact:
 - Your local PIT Contact
 - Vermont 211

*Please note: initials and unique identifying information of persons on PIT forms will remain confidential and not be included in any reports or publications. Data is guarded with strict security policies to protect privacy.

An individual's decision to participate in the PIT will not affect the quality or quantity of services that they are eligible to receive from any service provider and will not be used to deny outreach, shelter, housing or services.

