**2017 VERMONT STATEWIDE POINT-IN-TIME COUNT OF HOMELESSNESS**

Complete **ALL** sections; do not leave any item blank. Complete this form on **Tuesday, January 24, 2017** (6PM – 6AM “Where are you currently staying?”) OR **Wednesday, January 25, 2017** (6AM – 6PM “Where did you stay last night?”). Please send all completed forms to your local contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by **Friday, February 3, 2017.**

**PLEASE SEE REVERSE SIDE FOR SURVEY INSTRUCTIONS AND DEFINITIONS**

**SECTION 1: REPORTING AGENCY INFORMATION**

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| **a) Agency Name:** | | **b) Staff Name (First, Last):** | |
| **c) Staff Phone & E-Mail:** | **d) Municipality:** | **e) County:** | **f) AHS District (use 3-Letter Code on Reverse):** |

**SECTION 2: LITERAL HOMELESS 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)  Place not intended for human habitation (vehicle, abandoned building, out of doors, streets, bus station, etc.) – Define \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Emergency Shelter - Name of Shelter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Transitional Housing (dedicated to the homeless) - Name of Housing Project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hotel Room – Name of Hotel\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1) Who paid for the hotel? Vermont Agency of Human Services **OR** Another Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2) If the Agency of Human Services placed you in a hotel, how many days in a row have you been in a hotel? \_\_\_\_\_\_ |

**SECTION 3: HOUSEHOLD INFORMATION**

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. Use additional form if needed for household and staple together.

Check each category that applies for each person. See instructions on how to apply the categories.

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| **Relation to Head of Household**    **if applicable**  (EX: Spouse, Child, Partner, Aunt, etc.) | **1st** letter  **FIRST Name** | **1st** letter **LAST Name** | **3rd** letter  **LAST Name** | (MONTH) **DATE of BIRTH** | (DAY) **DATE of BIRTH** | (YEAR) **DATE of BIRTH** | **GENDER**  (**F**/**M**/**T**ransgender  Does Not Identify) | **RACE** (Black / White/ American  Indian / Other / No  Response) | **ETHNICITY**  (Hispanic/Non-Hispanic) | **Domestic Violence Survivor** | **Veteran**  (Armed Forces OR National Guard | **Physical Disability**  (Long-Term) | **Developmental Disability** | **Mental Health**  (Severe and Persistent) | **Chronic Substance Abuse** (Alcohol and/or Drugs) | **HIV/AIDS** | **OTHER** **Chronic Health** **Condition** (Long-Term ) |
| HEAD |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**\*Survivors of domestic violence and households with a person with HIV/AIDS do not need to provide initials of names or date of birth (If possible, please provide YEAR). See instructions other side.\***

**SECTION 4: CHRONIC HOMELESS HISTORY (SEE SECTION 2 FOR LOCATION) – “*In addition to* *where you stayed last night…”*Answer for the Adult or Head of Household with a disability & longest length of literal homelessness**

Top of Form

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| a) Is this the first time you have been homeless? Yes No b) How long have you been homeless (shelter or places not intended 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 January 2014)? \_\_\_\_\_\_\_\_\_\_\_  d) What is the total number of months you have been homeless, since January 2014? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  COMMENTS: |

Bottom of Form

**SECTION 5: DISABILITY STATUS**

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| **Check the correct statement:**  None of the adults listed in Section 3 has a condition as described above. 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. |

**SURVEY INSTRUCTIONS & DEFINITIONS**

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.

**Complete ALL 5 sections. If a client refuses to answer a question, please write “refused.”**

**PROGRAM**: 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)

**CHRONICALLY HOMELESS:** There have been recent changes by HUD to the definition of chronically homeless. Chronically homeless means:

(1) A “homeless individual with a disability,” as defined in the Act, who:

• Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and

• Has been homeless (as above) continuously for at least 12 months or on at least 4 separate occasions in last 3 years where combined occasions must total at least 12 months

--Occasions separated by a break of at least seven nights

--Stays in institution of fewer than 90 days does not constitute a break

(2) An individual who has been residing in an institutional care facility for fewer than 90 days and met all criteria in paragraph (1) of this definition, before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

(4) When reporting on any chronically homeless households – whether or not they are families or an individual- if one member of the household qualifies as chronically homeless, then all persons in the household should be counted as chronically homeless.

(5) In regards to question in **Section 4d,** if the individual or household was homeless for one night within the month, the individual is considered homeless for the entire month

**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. Suggested question: ““Have you ever served at least 1 day of Active Duty in the U.S. Military, including National Guard with a character of discharge of Other than Honorable or greater?”

**DOMESTIC VIOLENCE:** Only count as DV persons those who have experienced violence from an intimate partner.

**DISABILITIES:**  Please make sure to record applicable **chronic** disabilities for each household member. If a person has no disabilities please select NO DISABILITY. This must be self- reported by the household member or confirmed by a medical professional.

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

**DO NOT COUNT =** Persons residing in any of the following on the night of 1/24/17 should not be counted:

* ***Precariously Housed / Doubled Up / Couch Surfing / Private Motel Stay paid by the household or their family/friends/etc.***
* ***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.

**AHS DISTRICT CODES:** Please use when completing Section 1 of form.

**ADO** – St. Albans

**BDO** – Burlington

**HDO** – Hartford

**JDO** – St. Johnsbury

**LDO** – Brattleboro

**MDO** – Barre

**NDO** – Newport

**RDO** – Rutland

**SDO** – Springfield

**TDO** – Bennington

**VDO** – Morrisville

**YDO** – Middlebury

**QUESTIONS: Please contact your local coordinator, listed at the top of page 1.**

**Thank you for helping us to improve services and housing options in Vermont by participating and completing this form.**