

2018 VERMONT STATEWIDE POINT-IN-TIME COUNT OF HOMELESSNESS

Complete this form on **Wed., Jan. 31, 2018** (6PM – 6AM “Where are you currently staying?”) OR **Thurs., Feb. 1, 2018** (6AM – 6PM “Where did you stay last night?”).

COMPLETE ALL 5 sections. IF A CLIENT REFUSES TO ANSWER A QUESTION, WRITE “REFUSED.”

Please send all completed forms to your local coordinator by **Friday, February 9, 2018**. All ESD forms go to Geoffrey Pippenger at Central Office.

SECTION 1: REPORTING AGENCY/VOLUNTEER INFORMATION

a) Agency Name:	b) Staff/Volunteer Name (First and Last):	c) Phone & Email:
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d) “Hello, my name is _____ and I’m a volunteer for <Local CoC Name> _____. We’re conducting an annual statewide survey to count people experiencing homelessness to provide better programs and services to them. Your participation is voluntary. Your responses will only be used in combination with others to help us better understand the situations of people experiencing homelessness. Can I have 10 minutes of your time?” Yes No

e) Did another volunteer already do this survey with you? Yes No **IF YES, STOP THE INTERVIEW AND THANK THEM FOR THEIR TIME.**

SECTION 2: LITERAL HOMELESS LOCATION

“Thanks for agreeing to complete this survey. First I’m going to ask you some questions about where you are or have been staying.”

a) In what town in Vermont are you staying or did you stay the night of Wed, January 31 2018? _____	
b) Staff/Volunteer: In what county is this town? _____	
c) Staff/Volunteer: In what AHS District is this town (use 3 letter code)? _____	
ADO – St. Albans HDO – Hartford LDO – Brattleboro NDO – Newport SDO – Springfield VDO – Morrisville	
BDO – Burlington JDO – St. Johnsbury MDO – Barre RDO – Rutland TDO – Bennington YDO – Middlebury	
d) In what type of place are you currently staying/did you stay last night? (SELECT ONE AND FILL IN BLANK WHEN INDICATED)	
Place not intended for human habitation (vehicle, abandoned building, out of doors, streets, bus station, etc.):	
<input type="checkbox"/> Abandoned building	
<input type="checkbox"/> Bus/train station, airport	
<input type="checkbox"/> Commercial establishment/business (Walmart, laundromat, gas station)	
<input type="checkbox"/> Park	
<input type="checkbox"/> Street or Sidewalk	
<input type="checkbox"/> Under bridge/overpass	
<input type="checkbox"/> Vehicle	
<input type="checkbox"/> Woods or outdoor encampment <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Emergency Shelter - AND Name of Shelter _____	
<input type="checkbox"/> Transitional Housing (dedicated to the homeless) - AND Name of Housing Project _____	
<input type="checkbox"/> Hotel Room – AND Name of Hotel _____	
1) Who paid for the hotel? <input type="checkbox"/> Vermont Agency of Human Services OR <input type="checkbox"/> 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

"I'm going to ask you some questions to understand your household makeup. Name & Date of Birth are only used to de-duplicate results & will not reported out."

How many people in your current family household stayed with you last night in the location you just identified, including yourself?

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

c) **Subpopulation Data** – For all the people from a) and b), complete the following chart. Use additional form if needed for household and staple together.

***NOTE:** See page 3 for the script/list of questions to ask as you fill out this chart. Check each category for each person. See instructions on categories on page 3.

***NOTE:** Survivors of domestic violence and households with a person with HIV/AIDS don't need to provide initials or date of birth.

Relation to Head of Household (EX: Spouse, Child, Partner, Aunt)	1 st letter FIRST Name	1 st letter LAST Name	3 rd letter LAST Name	(MONTH) DOB	(DAY) DOB	(YEAR) DOB	Age Range: Under 18, 18-24, or 25+	GENDER (F/M/Transgender/ Gender Non-Conforming)	HISPANIC OR LATINO (Y/N)	White/ American Indian / Hawaiian or Pac. Islander/Asian/ Multi-Racial)	Fleeing Domestic Violence, Dating Violence, Sexual Assault or Stalking	Veteran (Armed Forces OR National Guard)	Physical Disability (Long-Term)	Developmental Disability Mental Health (Severe & Persistent)	Chronic Substance Abuse (Alcohol and/or Drugs)	HIV/AIDS	Other Chronic Health Condition
HEAD																	

Disability Categories

SECTION 4: DISABILITY STATUS

Check the correct statement:

- None of the adults or the head of household listed in Section 3 above has a disability of long duration (last 6 columns on the chart).
- One or more of the adults or the head of household listed in Section 3 has a disability of long duration (last 6 columns on the chart).

SECTION 5: CHRONIC HOMELESS HISTORY—Answer for the Adult or Head of Household with a disability & longest length of literal homelessness.

"In addition to where you are staying to night/stayed last night..."

- a) Is this the first time you have been homeless? Yes No
- b) How long have you been homeless (in a shelter or place not meant for human habitation) **this time?**
 1 day or less 2 days to 1 week More than 1 week to less than 1 month 1-3 months More than 3 months to less than 1 year 1 year or more
- c) If this isn't the first time you've been homeless, how many separate times, including this time, have you stayed in shelters or on the streets in the past 3 years (since January 2015)?: Less than 4 times 4 times or more
- d) In total, how many months did you stay in shelters or on the streets for all those times: Less than 12 Months 12 Months or more

QUESTIONS: Contact your local coordinator. Go to helpingtohousevt.org/pointintime for the list of coordinators.
THANK YOU helping us improve services & housing options in Vermont by participating!

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).

SCRIPT/LIST OF QUESTIONS TO FILL OUT SUBPOPULATION CHART:

- What is the person's relationship to the Head of Household?
- What is the first letter of your/their first name? What are the first and third letters of your/their last name?
- What is your/their Date of Birth?
- What gender do you/they identify with? Female, Male, Transgender, Gender Non-Conforming
- Are you/they Hispanic or Latino?
- What is your/their race? White, Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian/Other Pacific Islander, Multi-Racial
- Are you currently experiencing homelessness because you are fleeing stalking, because you are in fear for your safety after a sexual assault, or because of physical, emotional or sexual violence from an intimate partner?
- Have you/they 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?
- Do you/they have, or have you/they ever been diagnosed with, any of the following that is expected to be of long duration?
ASK ALL: Physical Disability, Developmental Disability, Mental Health Condition, Chronic Substance Abuse, HIV/AIDS, or Other Chronic Health Condition

CHRONICALLY HOMELESS:

(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 (1), 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 chronically homeless (CH) households, if one household member is chronically homeless, then all persons in household are counted as CH.

(5) For **Section 5d**, 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.

DOMESTIC VIOLENCE & DATING VIOLENCE: Only count persons who are currently fleeing violence from an intimate partner. Do not count children of a person fleeing.

DISABILITIES: Record **chronic** disabilities for each household member. Disability must be self-reported by household member or confirmed by medical professional.

SCHOOLS: Please count unaccompanied minors (under 18) who are not staying with their legal guardian. 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 1/31/18 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.); **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