

**2014 VERMONT STATEWIDE POINT-IN-TIME COUNT OF HOMELESSNESS**

**FORMS DUE BY February 5, 2014 TO:** Jeanne Montross, HOPE, P. O. Box 165 Middlebury, Vermont 05753

<b>AGENCY INFORMATION</b> (required):			
AGENCY: _____	PERSON COMPLETING FORM: _____	PHONE: _____	EMAIL: _____

**ONE FORM PER HOUSEHOLD** (Choose ONE):  Household with at least 1 adult and 1 child  Household without Children (adults only)  Household with Only Children

<b>LOCATION: Where did you stay on the night of Tuesday, January 28th?</b> (Choose ONE)      Town/City (Vermont): _____
<input type="checkbox"/> Street, Tent, Tent City, Campground, Vehicle, Condemned Building, etc. <input type="checkbox"/> Emergency Shelter (Program Name: _____)
<input type="checkbox"/> AHS Emergency Motel Voucher <input type="checkbox"/> Motel/Hotel Paid by Charitable Organization (Name: _____)
<input type="checkbox"/> Homeless Transitional Housing (Name: _____) <input type="checkbox"/> OTHER (*see examples on back): _____

- A) **What is your immediate housing need** (Choose ONE)?  Emergency Shelter  Transitional Housing  Permanent Supportive Housing  Permanent Housing
- B) **Have you resided in a place of Literal Homelessness continuously for a year or more** (All "Locations" listed above, **except** OTHER)?  Yes  No
- C) **How many episodes of Literal Homelessness have you had in the past three (3) years, since January 2011?**  Less than 4  At least 4
- D) **Where was the last room, apartment, or house you lived in for 90 days or more?** (Town/City and State) \_\_\_\_\_
- E) If a **Health Condition** is checked below, does this limit your ability to get or keep a job or take care of personal matters, such as taking care of yourself, taking medications a doctor has prescribed, taking care of your children, going shopping, or getting around in the community?  Yes  No

<b>HOUSEHOLD INFORMATION:</b> (Please enter each household member below. Use additional forms if needed and staple together.)																
<b>How many people in your household are sleeping in the same location tonight?</b> Adults: _____ Children (less than 18 y.o.): _____										<b>Subpopulation Data</b> (Please complete): <b>Check</b> each category that applies for each person.						
Relation to Head of Household  if applicable  (EX: Spouse, Child, Partner, Aunt, etc.)	1 <sup>st</sup> letter <b>FIRST</b> Name	1 <sup>st</sup> letter <b>LAST</b> Name	3 <sup>rd</sup> letter <b>LAST</b> Name	(MONTH) DATE of BIRTH	(DAY) DATE of BIRTH	(YEAR) DATE of BIRTH	GENDER (F/M/Other)	ETHNICITY (Hispanic/Non-Hispanic)	RACE (Black/White American Indian/Other/ No Response)	Domestic Violence Survivor	Veteran (Armed Forces and/or National Guard)	Physical Disability (Long-Term)	Mental Health (Severe and Persistent)	Chronic Substance Abuse (Alcohol and/or Drugs)	HIV/AIDS	OTHER Chronic Health Condition (Long-Term)
	HEAD															

**\*\*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).\*\***

## 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). If a section is blank we will assume the question wasn't asked or client refused to answer.

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

**LOCATION** (where the person stayed):

“Literal Homelessness” = One of the places listed in the “Locations” section, **except** precarious places listed in OTHER.

→ **Places not meant for human habitation** (e.g. unsheltered, streets, vehicle, tent, condemned/abandoned building, campground, bus station, tent city, etc.).

→ **Emergency Shelter** (DV shelter/safe home, overflow/seasonal shelter, emergency motel voucher, VA per diem, Basic Center Youth bed, etc.);

→ **Transitional Housing Program for the Homeless** (not Corrections Transitional Housing or Foster Care).

“OTHER” = If you believe a household was homeless or precariously housed NOT in one of the above places, please check the OTHER box with brief explanation.

→ Temporary Stay with Family/Friends/Other

→ Doubled-Up or Couch Surfing

→ Motel Paid by Household

→ Other situations that are At-Risk of

→ Facing Imminent Eviction in 14 Days

Homelessness, Precarious, or Temporary

**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)”.

**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.

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

**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 1/28/14 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.

**QUESTIONS:** Please contact your local coordinator