

2019 VERMONT STATEWIDE POINT-IN-TIME COUNT OF HOMELESSNESS

Complete this form on **WED., 1/23/19** (6PM–6AM “Where are you currently staying?”) OR **THURS., 1/24/19** (6AM–6PM “Where did you stay last night?”).

Please send all completed forms to your local coordinator by **FRIDAY, 2/1/19**. Go to helpingtohousevt.org/pointintime for a list of coordinators.

COMPLETE ALL 5 sections. If a client refuses to answer a question, write “REFUSED.”

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.)

SECTION 1: REPORTING AGENCY INFORMATION

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|---|--|
| a) Agency Name: | b) Town and County: |
| c) Staff/Volunteer Name (print): | d) Staff/Volunteer Phone & Email: |

g) “Hello, my name is _____ and I’m a volunteer for _____. We are 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. No information will be shared that personally identifies you. I need to read each question all the way through. May I have 10 minutes of your time?” **YES** **NO**

h) Did another volunteer already complete this survey with you? **YES** **NO** IF YES, STOP THE INTERVIEW AND THANK THEM FOR THEIR TIME.

SECTION 2: LOCATION of CURRENT LITERAL HOMELESSNESS

“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) Which Vermont town did you stay the night in on WEDNESDAY, JANUARY 23, 2019? **TOWN NAME:** _____
- b) In what type of place are you currently staying/did you stay on Wednesday night? (PLEASE SELECT ONE AND PROVIDE A DESCRIPTION)
- PLACE NOT INTENDED FOR HUMAN HABITATION (vehicle, abandoned building, outside/streets, tent/campground, commercial establishment, bus station, etc.)
Please describe location: _____
- EMERGENCY SHELTER **AND** Name of Shelter _____
- TRANSITIONAL HOUSING (dedicated to the homeless) **AND** Name of Transitional Housing _____
- HOTEL ROOM paid for by Vermont Agency of Human Services (GA) **AND** Name of Hotel _____
- HOTEL ROOM paid for by a different agency/organization/church **AND** Name of Agency _____ **AND** Name of Hotel: _____
- OTHER LOCATION: _____

SECTION 3: HOUSEHOLD INFORMATION

“The next questions help us understand your household. Your individual Name & Date of Birth will NOT be shared with the state or federal government.”

How many people in your current family household stayed with you Wednesday, January 23, 2019, 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.

- **Read questions below chart** and fill chart with responses from the person being interviewed. **Check each category** for each person.
- Do NOT provide initials/date of birth for persons **fleeing domestic/sexual violence** or with **HIV/AIDS** (optional to provide age range: <18, 18-24, 24-59, 60+).

| Relation to Head of Household - if applicable (Self, Child, Spouse, Partner, Aunt, etc.) | 1 st letter FIRST Name | 1 st letter LAST Name | 3 rd letter LAST Name | (MONTH) DOB | (DAY) DOB | (YEAR) DOB | GENDER | HISPANIC OR LATINO (Y/N) | RACE | Currently Fleeing Domestic Violence, Dating Violence, Sexual Assault or Stalking | VETERAN Status *see below | Physical Condition (long-term) | Developmental Condition | Mental Health (Severe & Persistent) | Substance Use Disorder (Alcohol and/or Drugs) | HIV/AIDS | Other Chronic Health Condition (long-term) |
|---|---|--|--|--------------------|------------------|-------------------|---------------|---------------------------------|-------------|---|-------------------------------------|--|--------------------------------|---|--|-----------------|--|
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- **DOB:** What is your Date of Birth and your household members DOB (if applicable)? Chronic Disabling Conditions
- **GENDER:** What gender do you and household members identify? **Female, Male, Transgender, Gender Non-Conforming**
- **HISPANIC or LATINA/LATINO:** Are you or your household members Hispanic or Latina/Latino? **Yes or No?**
- **RACE:** What is your/their race(s)? **White, Black/African American, Asian, Indigenous (American Indian/Alaska), Native Hawaiian/Other Pacific Islander, Multi-Race**
- **DOMESTIC/SEXUAL/DATING VIOLENCE:** 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? **Yes or No?**
- **VETERAN:** A Veteran is ONLY an individual who answers “Yes” to at least 1 of the following: 1) Have you and/or a household member (if applicable) ever served *at least 1 day* in the U.S. Active Armed Forces **AND** had a character of discharge of “Other than Honorable” or greater? 2) Do you/have you ever received health care or benefits from the U.S. Dept. of Veterans Affairs? ***Veteran DOES NOT include military Reserves/National Guard members unless they were called to Active Duty by Presidential Order.**
- **DISABLING CONDITIONS (ASK ALL - Yes or No)** Do you and/or household members have or been diagnosed with, any of the listed conditions of **long duration**?

SECTION 4: STATUS OF DISABLING CONDITION(S)

Record long-term disabling conditions for each household member; must be self-reported by household member or confirmed by a medical professional.

Check the correct statement:

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

SECTION 5: HISTORY of HOMELESSNESS – Ask the following questions for the **Adult** or **Head of Household**.

“In addition to where you are staying/stayed on the night of Wednesday, January 23...”

- a) Is this the first time you have been literally homeless (shelter or place not intended for human habitation)? YES NO
- b) How long have you been literally homeless 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 literally homeless, how many separate times, including this time, have you stayed in shelters or on the streets in the past 3 years (since January 2016)?: 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

ADDITIONAL SURVEY INFORMATION

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: Any person(s) residing in any of the following on the night of Wednesday, 1/23/19:

- ***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, DMH Housing Subsidy Program, MH crisis bed or group home, etc.); ***Other Health Care*** (hospitals, nursing facility/assisted living, substance use treatment bed/facility, etc.) *except in an emergency room, but not admitted.

QUESTIONS: Contact your local coordinator or andrea@vsha.org. Go to helpingtohousevt.org/pointintime for a list of coordinators.

THANK YOU for helping us improve services & housing options for everyone in Vermont!