



**NorCal CoC PIT Committee Meeting  
January 18, 2022**

**10:00 am - 11:00 am**

Please join my meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/993365797>

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**Access Code:** 993-365-797

- 1. Call to Order/Quorum Established/Introductions**
- 2. Public Comments (limited to 3 mins. per comment)**  
Members of the public will have the opportunity to address the Board on any issue within the jurisdiction of the Board. Speakers will be limited to three minutes.
- 3. Approval of Meeting Minutes**  
Board members will review and approve minutes from the December 21, 2021 meeting. (Attachment A)
- 4. Action**
  - I. Continuing State of Emergency Teleconferencing (Standing)
  - II. HIC Count Form (Attachment B)
  - III. Addition of members for Del Norte County (Attachment C)
  - IV. Greeting Message and Question Settings for "Counting US" Application
  - V. PIT Methodology (Attachment D)
  - VI. Sheltered Survey (Attachment E) and Unsheltered Survey (Attachment F)
- 5. Discussion**
  - I. Update on Counting Us App and Survey (Grace Poor)
  - II. Addendum Questionnaires (Roy Jackson)
  - III. Confirm each counties HIC count locations
- 6. County Updates**
  - I. Del Norte
  - II. Lassen
  - III. Modoc
  - IV. Plumas

PIT
<b>Committee Members</b>
<b>Duane Kegg</b> County of Siskiyou, Chair
<b>Grace Poor</b> County of Lassen, Vice-Chair
<b>Lauri March</b> County of Sierra
<b>Vacant</b> County of Del Norte
<b>Cathy Rahmeyer</b> County of Plumas
<b>Carol Madison</b> County of Modoc
<b>David Colefield</b> County of Shasta



**NorCal**  
**Continuum of Care**™

- V. Shasta
- VI. Sierra
- VII. Siskiyou

## **7. Discussion Items for Next Meeting**

## **8. Adjournment**

### **Next Meeting**

February 15, 2022

**10:00 am – 11:00 am**

If requested, the agenda shall be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof. You may contact the Shasta County Housing and Community Action Agency at 530-225-5160 for disability-related modifications or accommodations, including auxiliary aids or services, in order to participate in the public meeting. **The agenda shall include information regarding how, to whom, and when a request for disability-related modification or accommodation, including auxiliary aids or services, may be made by a person with a disability who requires a modification or accommodation in order to participate in the public meeting.**



# NorCal Continuum of Care™ Attachment A

## NorCal CoC PIT Committee Meeting Minutes Tuesday, December 21, 2021 10:00am –11:00am Via Teleconference

### 1. Call to Order/Quorum Established/Introductions

Meeting was called to order at 10:05 am by Duane Kegg, Chairperson. Quorum was established.

Voting Members Present: Duane Kegg, (Siskiyou), Grace Poor (Lassen), Laurie Marsh (Sierra), David Colefield (Shasta), and Kristen Quade (Plumas).

Lead Agency: Keith Anderson and Shannon Goodwin.

Members of the Public: Roy Jackson, Rebecca Green, Maddelyn Bryan and Kristen Schreder.

### 2. Public Comments (limited to 3 mins. per comment)

No public comments were received.

### 3. Approval of Meeting Minutes

Duane Kegg made a motion to approve the meeting minutes from November 16, 2021, as submitted, seconded by Grace Poor. Roll call vote was taken, all approved, and none opposed.

### 4. Action

#### I. Continuing State of Emergency Teleconferencing (Standing)

Grace Poor made a motion to approve continuing State of Emergency Teleconferencing, seconded by Duane Kegg. Roll call vote was taken, all approved, and none opposed.

The State of Emergency Teleconferencing will continue through to the January meeting.

#### II. Final Methodology (Attachment B)

Duane Kegg made a motion to approve the final methodology with the addition of the Shasta County Addendum, seconded by Laurie Marsh. Roll call vote was taken, all approved, and none opposed.



### **III. 2022 Calendar (Attachment C)**

Grace Poor made a motion to approve the 2022 Calendar, as submitted, seconded by Laurie Marsh. Roll call vote was taken, all approved, and none opposed.

The 2022 Calendar will follow the current schedule of every third Tuesday of the month at 10:00-11:00am.

### **IV. Covid Protocols for PIT**

Grace Poor made a motion to approve the COVID protocols for the PIT count, seconded by Laurie Marsh. Roll call vote was taken, all approved, and none opposed.

Current CDC guidelines will be implemented and possibly depending on the County volunteers will not be required to be vaccinated.

### **V. Counting Us App and Survey**

Laurie March made a motion to approve the counting us app and survey, as updated to match the language to each other, seconded by Grace Poor. Roll call vote was taken, all approved, and none opposed.

The language was updated for both the paper survey and app so that they match. Kristen Schreder shared that shelters need to be updated for all counties and identified by type. This process will add additional pages to the paper surveys. Domestic violence shelters will need to be updated as they require different reporting. There was a brief discussion regarding DV shelters separate reporting procedures and transitional housing reporting procedures. Dawn Pittore will be the main contact person for the app. She is working on updating the unsheltered portion of the app and survey. The City of Redding is finalizing the purchase. Kristen Schreder will convene with Dawn Pittore regarding information on training for the app and bring it back to the committee.

### **5. Discussion**

There were no new discussion items at this time.

### **6. County Updates**



# NorCal Continuum of Care™ Attachment A

Duane Kegg, Siskiyou, shared they are moving forward with getting volunteers ready and anticipate training coming soon.

Grace Poor, Lassen, shared they are getting volunteers ready for the day of the count and working with outside agencies to develop data collection procedures from homeless people who were missed the day of the count.

Laurie Marsh, Sierra, they are working on identifying volunteers and agencies who are going to participate in the PIT count.

Cathy Rahmeyer, Plumas, shared they are a small staff and anticipates an interesting PIT count this year due to the Dixie Fire and increase in homelessness in their region. They are working on getting their resources in order.

David Colefield, Shasta, shared they are moving forward with their volunteers and are starting to scout the homelessness population sites.

Roy Jackson, Del Norte, shared they are securing volunteers for the PIT count and working with their local tribes to get PIT counts in tribal lands.

Carol Madison, Modoc,

## **7. Lead Agency Updates**

There were no lead agency updates shared at this time.

## **8. Discussion Items for Next Meeting**

No discussion items for the next meeting suggested at this time.

## **9. Adjournment**

Grace Poor made a motion to adjourn the meeting at 10:49 am, seconded by Duane Kegg. Roll call vote was taken, all approved, and none opposed.

**Next Meeting**  
January 18, 2022  
**10:00 am – 11:00 am**

**2022 NorCal CoC Housing Inventory Count (HIC)  
Sheltered Homeless  
NorCal Continuum of Care**

Attachment B

*Fill out this form if the primary intent of the project is to:*

1. *Serve homeless persons; **AND***
2. *Verifies homelessness as part of its eligibility determination; **AND***
3. *Clients who are in the project are predominately homeless (or for permanent housing were homeless at entry).*

Please count all beds that are **dedicated to serve homeless persons and permanent housing projects for those who were homeless at entry.**

<b>Name of Organization</b>			
<b>HMIS Organization ID #</b>	<b>HMIS Project ID #</b>	<b>DV Provider</b>	<b>Y or N</b>
<b>Name of Project</b>			
<b>Address of Project (Single Site)</b>			
<b>Person Completing Form and Phone Number</b>			

*PIT Homeless Count of People in these Beds  
Night of January 25, 2022*

<b>Project Type</b> (complete one form for each project type)	Emergency Shelter <i>(PIT Sheltered Survey needed)</i>
	Seasonal Beds (such as extreme weather shelters)
	Transitional Housing <i>(PIT Sheltered Survey needed)</i>
	Permanent Housing <i>(PIT Sheltered Survey NOT needed)</i>
	Permanent Supportive Housing
	Rapid Re-housing
	Other Permanent Housing (Housing with services but no disability required for entry or housing only)

<b>Housing Type</b>	Site-Based – Single Site (i.e.: Emergency Shelter)
	Site-Based – Clustered/ Multiple Sites (i.e.: Voucher (beds in hotel/motels)
	Tenant-Based – Scattered Sites

**2022 NorCal CoC Housing Inventory Count (HIC)  
Sheltered Homeless  
NorCal Continuum of Care**

**Funding: Check one**

Emergency Solutions Grant Program		Continuum of Care Program (CoC)
McKinney Vento Funding		
Shelter Plus Care Program (S+C)		Section 8 Moderate Rehabilitation Single-Room Occupancy Program (SRO), including grants formerly funded under McKinney-Vento but renewed under Section 8
Supportive Housing Program (SHP)		HUD-VA Supportive Housing (HUD-VASH)
Supportive Services for Veteran Families Program (SSVF)		VA: Grant and Per Diem Program (GPD)
VA: Health Care for Homeless Veterans (HCHV)		HHS: RHY Basic Center Program (TLP)
HHS: RHY Transitional Living Program (TLP)		HHS: RHY Maternity Group Homes for Pregnant and Parenting Youth (MGH)
HHS: RHY Demonstration Project		HUD Housing Opportunities for Persons with AIDS (HOPWA) programs
HUD Public and Indian Housing (PIH) programs (non-VASH), including public housing and housing choice voucher inventory that is dedicated to homeless persons		Other (please specify):

**Current Inventory**

Households with Children		Households without Children		Households with only Children (under 18)
<i>Number of Beds</i>	<i>Number of Units</i>	<i>Number of Beds</i>	<i>Number of Units</i>	<i>Number of Beds</i>
<i>Number of Dedicated Veteran Beds</i>	<i>Number of Dedicated Youth Beds</i>	<i>Number of Dedicated Veteran Beds</i>	<i>Number of Dedicated Youth Beds</i>	

<i>Number/Type of Overflow Beds:</i>	
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<i>Number of Seasonal Beds</i>	<i>Start Date</i>	<i>End Date</i>

<b>Total Number of Dedicated Beds:</b>			
Chronically Homeless Youth		Chronically Homeless Veteran	
Any other Youth		Youth Veterans	
Any other Chronically Homeless		Any other Veteran	
		Non-Dedicated Beds	



**NorCal  
Continuum of Care™**

Attachment C



**NorCal  
Continuum of Care,**

Executive Committee Name \_\_\_\_\_ PIT Committee \_\_\_\_\_

Name \_\_\_ Rebecca Green \_\_\_ County \_\_\_ Del Norte \_\_\_\_\_

Phone \_\_\_ (707)464-3191, Ext. 2611 \_\_\_ Title \_\_\_ E&T Supervisor \_\_\_

Email \_\_\_ rgreen@co.del-norte.ca.us \_\_\_ Agency Name \_\_\_ DNC DHHS \_\_\_\_\_

Select the category that best describes you:

- Member Appointed by Executive Board on NorCal 2020 1 :
- Alternate Appointed by Executive Board on \_\_\_\_\_
- Participant or Volunteer

I understand that I will attend, with frequency, the above-named Committee, when scheduled. I will collaboratively participate at each meeting and will share knowledge and information freely.

If I am a member:

- I will notify the alternate member if I cannot attend a meeting.
- I will provide updates to my local Advisory Board on progress and/or action items of the Committee.
- I will discuss with my Executive Board member on the action items from the Committee that will be up and coming on the Executive Board agenda.

Signature \_\_\_\_\_ 9 \_\_\_\_\_

Date: 1/21/20 fLR = 0 /



Executive Committee Name \_\_\_ PIT Committee \_\_\_\_\_

Name\_\_ Roy Jackson\_\_\_\_\_ County\_\_ Del Norte\_\_\_\_\_

Phone \_\_ (707)464-3191,Ext.2652\_ Title \_Housing Services Manager\_\_\_

Email\_rjackson@co.del-norte.ca.us\_ Agency Name \_DNC DHHS\_\_\_

Select the category that best describes you:

Member Appointed by Executive Board on \_\_\_\_\_

Alternate Appointed by Executive Board on JDV 1/11/11

Participant or Volunteer

I understand that I will attend, with frequency, the above-named Committee, when scheduled. will collaboratively participate at each meeting and will share knowledge and information freely.

If I am a member:

- I will notify the alternate member if I cannot attend a meeting.
- I will provide updates to my local Advisory Board on progress and/or action items of the Committee.
- I will discuss with my Executive Board member on the action items from the Committee that will be up and coming on the Executive Board agenda.

Signature: \_\_\_\_\_ :

# NorCal 2022 PIT Scope of Work and Methodology Plan

January 25, 2022

## Overview

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This guide provides the NorCal Continuum of Care (NorCal CoC) with standards and guidance concerning conducting the 2022 Point in Time (PIT) Count.

The NorCal CoC is a seven-county homeless consortium. The NorCal CoC is charged by the U.S. Department of Housing and Urban Development (HUD) to conduct the Point-in-Time (PIT) Count. This PIT Count develops important, person-specific data which helps communities to prioritize the most vulnerable and chronically homeless persons for rapid rehousing, transitional housing, or permanent housing resources.

The PIT Count consists of three primary components: an unsheltered count, a sheltered count, and a Housing Inventory Chart.

## Unsheltered Count

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### Definition

For the purposes of the PIT Count, the following definition of unsheltered homeless persons will be used:

- An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.

### **1. We will account for and report on all people experiencing unsheltered homelessness residing in the NorCal CoC.**

**1. A.** We may exclude geographic areas where the NorCal CoC Advisory Boards have determined that there are no unsheltered homeless people living, including areas that are uninhabitable.

**1. B.** We will start the homeless unsheltered PIT count on the day of January 25, 2022 surveying where they slept the night of January 25th. We will continue to take survey counts for the following seven days, per HUD regulations. We will be conducting survey counts on workdays only, asking where they slept the night of January 25th.

**1. C.** We will count according to HUD standard definition “An individual or family with a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings, including but not limited to:

- Vehicles
- Parkes (Local, State and Federal)
- Abandoned buildings
- Bus or train stations
- Airports
- Camping grounds
- Alleys

## **2. Establishing a timeline of count activities**

**2 A.** As follow:

- August 2021 - Establish committee meeting
- September 2021- Have committee begin meeting to plan PIT 2022
- October 2021- Identify County Coordinators
- November 2021- Approve Counting Us App, Finalize Survey and Methodology
- December 2021- Approve COVID protocols,
- January 2022- Publicize and conduct the PIT count

**2. B.** Date and time for count will be at as follows: 5:00PM on Tuesday January 25, 2022, Wednesday 26, 2022, Thursday 27, 2022, Friday 28, 2022, Monday 31, 2022, Tuesday February 1, 2022, and Wednesday February 2, 2022.

**3. Determining who to count, the plan is as follow:**

**3. A.** All of the following areas such as any homeless person sleeping in a car, park, abandoned building, bus or train station, airport, or camping ground, etc.

## **4. Involving partner organizations**

**4. A.** All the agencies participating with the NorCal CoC Advisory Boards and other community stakeholders (e.g. representative from jurisdictions or partners assisting with the count, community members, people with the following types of professional and personal experience,

shelter staff, homeless outreach workers and law enforcement,) will be made aware of and/or will be invited to participate in the PIT.

## **5. Managing PIT count planning and execution**

- 5. A. Requested: We will request funding for PIT day off and volunteers
- 5. B. Requested: We will request leads and volunteers
- 5. C. Attended: We will attend monthly meeting for the Continuum of Care
- 5. D. Submit: We will submit the methodology plan for approval
- 5. E. Using: We will use the "Counting US" Application to enter data from Sheltered and Unsheltered surveys.

## **6. Engaging reluctant providers**

6. A. Should we encounter reluctant providers for the Point in Time Count, we will assure them that all the information from the surveys will be kept confidential. We will meet them in person and discuss the value of the data collected for the community and meeting the needs of the homeless. Incorporate their ideas into the planning process.

## **7. Using volunteers to conduct the PIT count.**

- 7. A. We will secure a lead for volunteers.
- 7. B. We will create a data base for signing up and tracking volunteers.
- 7. C. Surveys of people for the unsheltered count must be administered in a manner that protects participant privacy and safety, as well as the safety of the person completing the survey.
- 7. D. There will be a training for all volunteers to know the proper way to complete the survey and to know how to protect themselves while doing so.
- 7. E. There will be COVID-19 training for all volunteers, and anyone involved with the PIT.
- 7. F. We will request volunteers or staff from Continuum of Care committees.
- 7. G. The conducting of training will be in person or remotely by conference calls.

## Sheltered Count

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**Methodology:** For the sheltered count, we will do a non-random sample and service based counts up to the 7 day period after the designated night of the count. Extrapolation is used for no more than 20% of those survey questions that where the respondents did not respond.

### Definition

For the purposes of the count, the following definition of sheltered homeless persons will be:

- An individual or family living in a supervised publicly or privately-operated shelter designated to provide temporary living arrangement (including congregate shelters, transitional housing, jail, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals).

### 1. We will account and report on all people experiencing sheltered homelessness residing in NorCal CoC.

**1. A.** We may exclude geographic areas where the NorCal CoC Advisory Boards have determined that there are no persons experiencing sheltered homelessness, including areas that are uninhabitable.

**1. B.** We will start the homeless sheltered PIT count on the night of January 25, 2022. We will continue to take survey counts for the following seven days, per HUD regulations. We will be conducting survey counts on workdays only, asking where they slept the night of January 25<sup>th</sup>. The methodology used for the sheltered count will be a random sample and service based counts up to the 7 day period after the designated night of the count.

### Establishing a timeline of count activities

#### 2. A. Executing the Sheltered count

- We will count clients in Emergency Shelters, Safe Havens, or Transitional Housing on the night designated for the count, January 25, 2022.

#### 3. Determining who to count, the plan is as follow:

**3. A.** We will count clients sleeping overnight in all of the following project types:

- Emergency Shelters;
- Motels/Hotels paid for by charitable organization or by federal, state or local government programs;

- Transitional Housing; and
- Hotels or Motels - Project Room Key

**3. B.** We will work closely with providers serving youth to ensure a comprehensive and inclusive count of youth experiencing homelessness, including but limited to:

- Youth drop-in centers;
- Faith-based organization and youth groups;
- Health clinics-youth-base including mobile health outreach;
- Local middle schools, high school, and alternative educational programs; and
- Libraries.

#### **4.0 Involving partner organizations**

**4. A.** We will work to include community stakeholders in conducting the PIT Count. Stakeholders include representatives from jurisdictions or partners assisting with the count, community members, and people with the following types of professional and personal experience:

- Shelter staff;
- Homeless outreach workers; and
- Law enforcement.

#### **5. Managing PIT count planning and execution**

**5. A.** We will submit the methodology plan for approval

**5. B. Requested:** We will request funding for PIT day of and volunteers

**5. C. Attended:** We will attend monthly advisory meetings for the Continuum of Care

**5. D.** We will utilize the “Counting US” application to enter data from PIT surveys.

#### **6. Engaging reluctant providers**

**6. A.** Should we encounter reluctant providers for participation in the Point in Time Count, we will assure that all the information from the surveys will be kept confidential. We will meet them in person and discuss the value of the data collected for the community and meeting the needs of those experiencing homelessness. We will work to incorporate their ideas into the planning process.

#### **7. Using volunteers to conduct the PIT count.**

**7. A.** We will secure lead volunteers or enumerators.

- 7. B. We will create a platform for volunteers or enumerators to sign up.
- 7. C. The surveys of people for the sheltered count will be administered in a manner that protects participant privacy and safety, as well as the safety of the person completing the survey.
- 7. D. There will be a training for all volunteers or enumerators to know the proper way to complete the survey and to know how to protect themselves while doing so.
- 7. E. There will be COVID-19 training for all volunteers or enumerators, and anyone involved with the PIT.
- 7. F. We will request volunteers or enumerators from Continuum of Care committees.
- 7. G. The conducting of training will be in person and remotely by conference calls.

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## **DATA ENTRY AND DUPLICATION METHOD**

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### **Survey Administration Details**

A method will be implemented to account for any individuals who may be interviewed multiple times. The deduplication method for the interview surveys consists of creating a unique identifier using several fields of information from the survey (first initial, last initial, birth month, birth year, gender, race, and veteran status). This process allows data analysts to easily identify and eliminate duplicate records.

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## **SURVEY TOOL**

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### **Survey Development**

A PIT Count survey of questions was developed by the NorCal CoC to acquire data which met the requirements of the U.S. Department of Housing and Urban Development (HUD). The survey will collect a variety of data: demographics, family make-up, military service, chronic homelessness, sleeping location, disabilities, income, education level, and barriers to acquiring permanent housing.

### **Survey Sampling**

In order to complete a census of respondents, enumerators will be trained to employ an “every encounter” survey approach. Enumerators will be instructed to survey every sheltered person. If the person declines to take the survey, the survey worker will complete an observation-based survey.

### **Data Collection**

Care will be taken by interviewers to ensure that respondents feel comfortable regardless of the shelter location where the survey occurs. During the interviews, respondents will be encouraged to be candid in their responses and will be informed that their responses will be framed as general findings, kept confidential and not traceable to any one individual.

Due to the sensitive nature of the survey, respondents will not be required to answer every survey question and respondents can request to skip questions that are not applicable or that they do not feel comfortable answering.

Addendums Attached:

- A. Del Norte County
- B. Lassen County
- C. Modoc County
- D. Plumas County
- E. Shasta County
- F. Sierra County
- G. Siskiyou County

DRAFT



## A. Del Norte County

**Unsheltered-**

Del Norte County will account for and report on all people experiencing unsheltered homelessness residing in Del Norte County. We may exclude geographic areas where the NorCal CoC Advisory Boards have determined that there are no unsheltered homeless people living including areas that are uninhabitable. We will start the homeless unsheltered PIT count on the day of January 26, 2022 surveying where they slept the night of January 25th. We will continue to take survey counts for the following seven days, per HUD regulations. We will be conducting survey counts on workdays only, asking where they slept the night of January 25th. Due to the COVID-19 there will not be a night count for unsheltered.

Del Norte County has identified unsheltered locations on the night of the count to be:

Crescent City

Smith River

Klamath

Gasquet,

Fort Dick,

Hiouchi

Del Norte County has identified the following dates for the count:

- a. Wednesday, January 26, 2022, 8am- 5pm
- b. Thursday, January 27, 2022, 8am- 5pm
- c. Friday, January 28, 2022, 8am- 5pm
- d. Monday, January 31, 2022 8am- 5pm
- e. Tuesday, February 1, 2022 8am-5pm

**Sheltered Count-**

Del Norte County has identified the sheltered locations on the night of the count to be:

1. Del Norte Mission Possible
2. Harrington House (domestic violence shelter)
3. Legacy Homekey Project- Interim Housing
4. Behavioral Health transitional housing (FSP) (Motel Vouchers, etc.)
5. Del Norte County Jail
6. Oxford House X 3
7. Those being paid Temporary Homeless assistance through CalWORKs, Family Stabilization and Housing Support Programs.
8. Those receiving Shelter services through motel vouchers (HHAP, ELC, PRK, RRH, HDAP)

9. Tolowa DEE-NI' Nation- Shelter services (Motel Vouchers, etc.)
10. Yurok Tribe shelter services- (Motel Vouchers, etc.)

This count will be done by telephone contact and in-house program numbers will be obtained from program supervisors.

DRAFT

## B. Lassen County

**Unsheltered Count:**

Lassen County will conduct an unsheltered street count on January 26, 2022, from 6:00 a.m. to 11:00 a.m. Teams of at least three persons will survey designated areas of Susanville and the surrounding areas. Surveys will be conducted in parks, cars, riverbanks, bridges, social services offices, abandoned buildings, and at the local emergency shelter (Crossroads Ministries). Each survey respondent will be given an incentive bag which will include hygiene supplies, snacks, and warm winter clothing items.

Throughout seven days following the street count, Lassen County staff will work with partner agencies to continue completing surveys with individuals who were missed during the street count, asking individuals where they slept on the night of January 25, 2022.

**Sheltered Count:**

Lassen County will conduct a shelter count on the night of January 25, 2022. Lassen County shelter providers include:

**Emergency Shelters:**

- Crossroads Ministries;
- Lassen Family Services;
- Lassen County Health and Social Service
  - Calworks Motel/Hotel paid with voucher
  - HDAP Motel/Hotel paid with voucher
  - HSP Motel/Hotel paid with voucher
  - Whole Person Care Motel/Hotel paid with voucher

**Transitional Housing:**

- Crossroads Ministries
  - Cross Project
  - Grace Gables
  - Philemon House
- Lassen Family Services
  - Transition Housing Program

C. Modoc

Unsheltered

1. Modoc county will conduct a complete unsheltered count for Modoc County beginning January 26<sup>th</sup>, 2022.

Sheltered

Modoc County will conduct a sheltered count on the night of January 26<sup>th</sup>, 2022

1. Modoc County has identified the sheltered locations on the night of the count. Domestic Violence Shelter and Transitional Housing counts will be coordinated and with TEACH Inc. staff.

Individuals or families receiving:

Homeless Assistance,  
Housing Disability and Advocacy Program,  
Behavioral Health housing,  
Modoc County Jail, or

Modoc County has identified the cities with motels/hotels throughout the county may be included in the sheltered count.

This count will be done by telephone contact and in-house and in-house data will be obtained from individual programs.

D. Plumas County

Unsheltered

2. Plumas Crisis Intervention & Resource Center will conduct a complete unsheltered count for Plumas County beginning January 26<sup>th</sup>, 2022.

Sheltered

1. Plumas County has identified the sheltered locations on the night of the count to be: Emergency Motel Sheltering, Ohana House, PRS DV Shelter, ASP Sober Living Homes and Plumas County BH emergency and transitional housing. In addition, Plumas County has identified the following date and times for the count:
  - a. Wednesday, January 26, 2022 – Times range from 8:00 a.m. to 8:00 p.m. daily
  - b. Thursday, January 27, 2022
  - c. Friday, January 28, 2022
  - d. Saturday, January 29, 2022
  - e. Sunday, January 30, 2022
  - f. Monday, January 31, 2022

E. Shasta County

Unsheltered

1. Shasta County has identified the unsheltered count areas will be: Redding, Anderson, Cottonwood, Shasta Lake City, Burney, and some of the know outskirts of Shasta County.
2. In addition, Shasta County has identified the following dates and time for the continued survey and count:
  - a) Tuesday, January 25<sup>th</sup>, 2022 6:30AM-5:00PM
  - b) Wednesday, January 26<sup>th</sup>, 2022 8:00AM – 5:00PM
  - c) Thursday, January 27<sup>th</sup>, 2022 8:00AM- 5:00PM
  - d) Friday, January 28<sup>th</sup>, 2022 8:00AM – 5:00PM
  - e) Monday, January 31<sup>st</sup>, 2022 8:00 – 5:00PM
  - f) Tuesday, February 1<sup>st</sup>, 2022 8:00 – 5:00PM

Sheltered

1. Shasta County has identified the sheltered locations on the night of the count to be: Good News Rescue Mission and One Safe Place. In addition, Shasta County has identified the following date and times for the count:
  - a) Tuesday, January 25<sup>th</sup>, 2022 6:30AM-5:00PM
  - b) Wednesday, January 26<sup>th</sup>, 2022 8:00AM – 5:00PM
  - c) Thursday, January 27<sup>th</sup>, 2022 8:00AM- 5:00PM
  - d) Friday, January 28<sup>th</sup>, 2022 8:00AM – 5:00PM
  - e) Monday, January 31<sup>st</sup>, 2022 8:00 – 5:00PM
  - f) Tuesday, February 1<sup>st</sup>, 2022 8:00 – 5:00PM

F. Sierra County

Unsheltered

1. Plumas Crisis Intervention & Resource Center will assist Sierra County staff in the unsheltered PIT Count beginning January 26<sup>th</sup>, 2022.

Sheltered

1. Sierra County has identified the sheltered locations on the night of the county be Ohana house, located in Quincy, CA. Only those referred from Sierra County will be counted.

2. Sierra County has identified the following cities with motels/hotels to be included in the sheltered count: Loyalton, Sierraville, Sierra City, Downieville.

3. Sierra County does not have any emergency shelters, therefore if an individual is sheltered outside of the county, that individual will be included in Sierra County's count.

4. Sierra County has identified the following dates and times for the count:

- a. 8 a.m. to 5 p.m., Wednesday, January 26, 2022
- b. 8 a.m. to 5 p.m., Thursday, January 27, 2022
- c. 8 a.m. to 5 p.m., Friday, January 28, 2022
- d. 8 a.m. to 5 p.m., Monday, January 31 2022

G. Siskiyou County

Siskiyou County has identified the following dates for the count:

- Wednesday, January 26, 2022.
- Thursday, January 27, 2022
- Friday, January 28, 2022
- Saturday, January 29, 2022
- Sunday, January 30, 2022
- Monday, January 31, 2022
- Tuesday, February 1, 2022

Unsheltered

Siskiyou County has identified the unsheltered count areas as follows:

- Yreka
- Mt. Shasta
- Weed
- Dunsmuir
- Happy Camp
- Montague
- Scott Valley
- Tulelake
- Various outlying regions of Siskiyou County

Sheltered

Siskiyou County has identified the sheltered locations on the night of the count to be:

- Beacon of Hope Gospel Rescue Mission, in conjunction with local churches (if open in January, 2022)
- Households receiving shelter or transitional housing services through Siskiyou County Health and Human Services programs (scattered sites/motels)
- Households receiving shelter or transitional housing through the Karuk Tribe (scattered sites/motels)
- Siskiyou County Domestic Violence and Crisis Center Shelter





# 2022 Sheltered PIT Survey

Interviewer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

County (Circle One): Del Norte Lassen Modoc Plumas Shasta Sierra Siskiyou

1. May I ask you a few questions about your housing and service needs? Yes \_\_\_ No \_\_\_

2. How many adults and children are there in your household? \_\_\_\_\_ Adults \_\_\_\_\_ Children

Please complete a Survey for each household member when entering Data into the "Counting US" application.

3. Where did you sleep on the night of January 25, 2022? (Select One)

<b>If any of these are checked Stop Survey</b>	
<input type="checkbox"/> Motel/hotel (paid w/own funds)	<input type="checkbox"/> Jail or prison
<input type="checkbox"/> House or apartment rented or owned	<input type="checkbox"/> With a friend or family in their home
	<input type="checkbox"/> In a place you are going to be evicted w/in 2 weeks
	<input type="checkbox"/> Treatment Program
	<input type="checkbox"/> Hospital
<b>If any of these are checked complete the Unsheltered Survey</b>	
<input type="checkbox"/> Street or Sidewalk	<input type="checkbox"/> Vehicle/Boat
<input type="checkbox"/> Under Bridge/Overpass	<input type="checkbox"/> Outdoor Encampment
	<input type="checkbox"/> Abandoned Building
	<input type="checkbox"/> Park
	<input type="checkbox"/> Bus or Train Station or Airport
<b>Continue with Survey</b>	
<input type="checkbox"/> Motel/hotel (paid with a voucher)	<input type="checkbox"/> Emergency Shelter
	<input type="checkbox"/> Transitional Housing

Sheltered	
<input type="checkbox"/> Emergency Shelter:	<input type="checkbox"/> Transitional Housing (cannot be family or friend's home):
<input type="checkbox"/> Name of Organization Specify:	<input type="checkbox"/> Name of Organization Specify:
<input type="checkbox"/> Name of Project Specify:	<input type="checkbox"/> Name of Project Specify:
<input type="checkbox"/> Motel/Hotel (pd with voucher- name of location):	<input type="checkbox"/> Motel/Hotel Project Room Key (pd with voucher- name of location):

4. Have you already taken this survey this week?  Yes **If YES, stop survey**  No

	Person #1	Person #2	Person #3	Person #4
5. What are your Initials?				
6. Relationship to Head of Household	<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Unrelated	<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Unrelated	<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Unrelated	<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Unrelated
7. What is your gender? Select All that apply	<input type="checkbox"/> Label <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other than singularly female or male <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning	<input type="checkbox"/> Label <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other than singularly female or male <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning	<input type="checkbox"/> Label <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other than singularly female or male <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning	<input type="checkbox"/> Label <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other than singularly female or male <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning

	<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<b>8. What is your age range?</b>	<input type="checkbox"/> Under 5 <input type="checkbox"/> 5-12 <input type="checkbox"/> 13-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-61 <input type="checkbox"/> 62+	<input type="checkbox"/> Under 5 <input type="checkbox"/> 5-12 <input type="checkbox"/> 13-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-61 <input type="checkbox"/> 62+	<input type="checkbox"/> Under 5 <input type="checkbox"/> 5-12 <input type="checkbox"/> 13-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-61 <input type="checkbox"/> 62+	<input type="checkbox"/> Under 5 <input type="checkbox"/> 5-12 <input type="checkbox"/> 13-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-61 <input type="checkbox"/> 62+
<b>9. What is your race?</b> <i>Fill in Name of Tribe or Other</i>	<input type="checkbox"/> American Indian, Alaskan Native OR Indigenous Name of Tribe: _____ <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: Please Indicate _____ <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> American Indian, Alaskan Native OR Indigenous Name of Tribe: _____ <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: Please Indicate _____ <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> American Indian, Alaskan Native OR Indigenous Name of Tribe: _____ <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: Please Indicate _____ <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> American Indian, Alaskan Native OR Indigenous Name of Tribe: _____ <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: Please Indicate _____ <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<b>10. Are you Hispanic or Latino? (Ethnicity)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

<b>11. Is this your first time homeless? <i>If no, answer Ques #12 and #13.</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<b>11 a. Did you experience homelessness as a child?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<b>12. How long have you been homeless this time? Include time spent in shelters or on the streets only.</b>	<input type="checkbox"/> 0-3 mo. <input type="checkbox"/> 4 -6 mo. <input type="checkbox"/> 7-11 mo. <input type="checkbox"/> 1 -2 yrs. <input type="checkbox"/> 2 -3 yrs. <input type="checkbox"/> Over3 yrs	<input type="checkbox"/> 0-3 mo. <input type="checkbox"/> 4 -6 mo. <input type="checkbox"/> 7-11 mo. <input type="checkbox"/> 1 -2 yrs. <input type="checkbox"/> 2 -3 yrs. <input type="checkbox"/> Over3 yrs	<input type="checkbox"/> 0-3 mo. <input type="checkbox"/> 4 -6 mo. <input type="checkbox"/> 7-11 mo. <input type="checkbox"/> 1 -2 yrs. <input type="checkbox"/> 2 -3 yrs. <input type="checkbox"/> Over3 yrs	<input type="checkbox"/> 0-3 mo. <input type="checkbox"/> 4 -6 mo. <input type="checkbox"/> 7-11 mo. <input type="checkbox"/> 1 -2 yrs. <input type="checkbox"/> 2 -3 yrs. <input type="checkbox"/> Over3 yrs.
<b>*13. How many months did you stay in shelters or on the streets over the past 3 years?</b>	<input type="checkbox"/> 0-3 mo. <input type="checkbox"/> 4 -6 mo. <input type="checkbox"/> 7-11 mo. <input type="checkbox"/> 1 -2 yrs. <input type="checkbox"/> 2 -3 yrs. <input type="checkbox"/> Over3 yrs	<input type="checkbox"/> 0-3 mo. <input type="checkbox"/> 4 -6 mo. <input type="checkbox"/> 7-11 mo. <input type="checkbox"/> 1 -2 yrs. <input type="checkbox"/> 2 -3 yrs. <input type="checkbox"/> Over3 yrs	<input type="checkbox"/> 0-3 mo. <input type="checkbox"/> 4 -6 mo. <input type="checkbox"/> 7-11 mo. <input type="checkbox"/> 1 -2 yrs. <input type="checkbox"/> 2 -3 yrs. <input type="checkbox"/> Over3 yrs	<input type="checkbox"/> 0-3 mo. <input type="checkbox"/> 4 -6 mo. <input type="checkbox"/> 7-11 mo. <input type="checkbox"/> 1 -2 yrs. <input type="checkbox"/> 2 -3 yrs. <input type="checkbox"/> Over3 yrs
<b>*14. How many separate times have you stayed in shelters or on the streets during the past 3 years?</b>	<input type="checkbox"/> Less than 4 <input type="checkbox"/> 4 or more times <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Less than 4 <input type="checkbox"/> 4 or more times <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Less than 4 <input type="checkbox"/> 4 or more times <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Less than 4 <input type="checkbox"/> 4 or more times <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

15. What is the primary reason of homelessness? (Circle Only One)

Child/Elder Abuse/Neglect	Family Break Up	Incarceration	Medical Issues	Overcrowded	Sudden Loss of Income
Domestic Violence	Fire	Mental Health	Relocation	Loss of Employment	Gender Identification
Lack of Job Skills	Natural Disaster	Stranded Traveler	Eviction	Illness	Alcohol Abuse
Drug Abuse	COVID-19	Refused	Doesn't Know		Other:(Specify)_____

**16. What brought you to this county?**  Grew Up Here  Family Here  Good Social Services  Affordable Housing  Friends Here  Other

**17. How long have you lived in this county?**  Less than 6 months  6 months to 1 yr.  1-5 yrs.  6-10 yrs.  Over 10 yrs.  Refuse  Other

<b>18. Are you homeless as a result of a natural disaster?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<b>19. Which natural disaster?</b> <input type="checkbox"/> Fire/Mud	<input type="checkbox"/> 2021 Fire <input type="checkbox"/> 2020 Oregon <input type="checkbox"/> 2020 Fire <input type="checkbox"/> 2019 Kincade fire <input type="checkbox"/> Other 2019 fire <input type="checkbox"/> 2018 Camp fire (California) <input type="checkbox"/> 2018 Hill/Woolsey fire (California) <input type="checkbox"/> 2018 Thomas fire (California) <input type="checkbox"/> 2018 Carr fire (California) <input type="checkbox"/> Other 2018 fire <input type="checkbox"/> Wildfires in 2017 <input type="checkbox"/> Fire prior to 2017	<input type="checkbox"/> 2021 Fire <input type="checkbox"/> 2020 Oregon <input type="checkbox"/> 2020 Fire <input type="checkbox"/> 2019 Kincade fire <input type="checkbox"/> Other 2019 fire <input type="checkbox"/> 2018 Camp fire (California) <input type="checkbox"/> 2018 Hill/Woolsey fire (California) <input type="checkbox"/> 2018 Thomas fire (California) <input type="checkbox"/> 2018 Carr fire (California) <input type="checkbox"/> Other 2018 fire <input type="checkbox"/> Wildfires in 2017 <input type="checkbox"/> Fire prior to 2017	<input type="checkbox"/> 2021 Fire <input type="checkbox"/> 2020 Oregon <input type="checkbox"/> 2020 Fire <input type="checkbox"/> 2019 Kincade fire <input type="checkbox"/> Other 2019 fire <input type="checkbox"/> 2018 Camp fire (California) <input type="checkbox"/> 2018 Hill/Woolsey fire (California) <input type="checkbox"/> 2018 Thomas fire (California) <input type="checkbox"/> 2018 Carr fire (California) <input type="checkbox"/> Other 2018 fire <input type="checkbox"/> Wildfires in 2017 <input type="checkbox"/> Fire prior to 2017	<input type="checkbox"/> 2021 Fire <input type="checkbox"/> 2020 Oregon <input type="checkbox"/> 2020 Fire <input type="checkbox"/> 2019 Kincade fire <input type="checkbox"/> Other 2019 fire <input type="checkbox"/> 2018 Camp fire (California) <input type="checkbox"/> 2018 Hill/Woolsey fire (California) <input type="checkbox"/> 2018 Thomas fire (California) <input type="checkbox"/> 2018 Carr fire (California) <input type="checkbox"/> Other 2018 fire <input type="checkbox"/> Wildfires in 2017 <input type="checkbox"/> Fire prior to 2017
<b>19a</b> <input type="checkbox"/> Hurricane	<input type="checkbox"/> Harvey (Houston TX area) <input type="checkbox"/> Michael (Southeastern US/ Florida panhandle) <input type="checkbox"/> Florence (East Coast./ North Carolina) <input type="checkbox"/> Other hurricane	<input type="checkbox"/> Harvey (Houston TX area) <input type="checkbox"/> Michael (Southeastern US/ Florida panhandle) <input type="checkbox"/> Florence (East Coast./ North Carolina) <input type="checkbox"/> Other hurricane	<input type="checkbox"/> Harvey (Houston TX area) <input type="checkbox"/> Michael (Southeastern US/ Florida panhandle) <input type="checkbox"/> Florence (East Coast./ North Carolina) <input type="checkbox"/> Other hurricane	<input type="checkbox"/> Harvey (Houston TX area) <input type="checkbox"/> Michael (Southeastern US/ Florida panhandle) <input type="checkbox"/> Florence (East Coast./ North Carolina) <input type="checkbox"/> Other hurricane
<b>19b.</b> <input type="checkbox"/> Flood	<input type="checkbox"/> Flood	<input type="checkbox"/> Flood	<input type="checkbox"/> Flood	<input type="checkbox"/> Flood
<b>19c.</b> <input type="checkbox"/> Other (including Oroville Spillway)	<input type="checkbox"/> Other (including Oroville Spillway)	<input type="checkbox"/> Other (including Oroville Spillway)	<input type="checkbox"/> Other (including Oroville Spillway)	<input type="checkbox"/> Other (including Oroville Spillway)
<b>19d.</b> <input type="checkbox"/> What other disaster? Specify_____	<input type="checkbox"/> What other disaster? Specify_____	<input type="checkbox"/> What other disaster? Specify_____	<input type="checkbox"/> What other disaster? Specify_____	<input type="checkbox"/> What other disaster? Specify_____
<b>20. Are you a Veteran of the Armed Forces Or been called into active duty as a member of the</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

National Guard or as a Reservist?				
21. Do you have a substance use disorder?	<input type="checkbox"/> No <input type="checkbox"/> Alcohol Use disorder <input type="checkbox"/> Drug Use disorder <input type="checkbox"/> Both Alcohol and Drug use disorders <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Alcohol Use disorder <input type="checkbox"/> Drug Use disorder <input type="checkbox"/> Both Alcohol and Drug use disorders <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Alcohol Use disorder <input type="checkbox"/> Drug Use disorder <input type="checkbox"/> Both Alcohol and Drug use disorders <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Alcohol Use disorder <input type="checkbox"/> Drug Use disorder <input type="checkbox"/> Both Alcohol and Drug use disorders <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
21a.Is this a long-term disability that impairs your ability to hold a job or live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
22. Do you have a chronic health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
22a.Is this a long-term disability that impairs your ability to hold a job or live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
23.Do you have a mental health disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
23a.Is this a long-term disability that impairs your ability to hold a job or live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
24. Do you have a Physical Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
24a.Is this a long-term disability that impairs your ability to hold a job or live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
25. Do you have a Developmental Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
26. Do you have AIDS or HIV related illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
27. Do you have a felony conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
28. Have you ever been denied housing because of criminal convictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
29. Are you currently fleeing domestic violence, dating violence, sexual	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

assault or stalking situation?	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Data Not Collected
30. Did you ever live in foster care or a group home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
31. If yes, what age did you exit?	<input type="checkbox"/> Under 15 yrs <input type="checkbox"/> 15-18 yrs <input type="checkbox"/> Over 18 yrs	<input type="checkbox"/> Under 15 yrs <input type="checkbox"/> 15-18 yrs <input type="checkbox"/> Over 18 yrs	<input type="checkbox"/> Under 15 yrs <input type="checkbox"/> 15-18 yrs <input type="checkbox"/> Over 18 yrs	<input type="checkbox"/> Under 15 yrs <input type="checkbox"/> 15-18 yrs <input type="checkbox"/> Over 18 yrs
32. Do you receive any disability benefits such as SSI, SSA, SDI or Veteran's Disability benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

DRAFT

## PIT Sheltered Survey Instructions

### Sample Introduction:

“Hello, my name is {*Your Name*}, and I am conducting a brief survey. This survey will only take a few moments, is confidential, and may help us advocate for more resources.

May I ask you a few questions about your housing and service needs?” Yes or No

**When asking questions, remind them that their answers are confidential and anonymous.**

For Households: If all household members are present, ask each person for their answers. If other HH members are not present, then person 1 should answer for them. Complete columns for person 2-4 in order of oldest to youngest. If more than 4 people are in the HH, use another survey.

When entering surveys into the “Counting Us” application a survey will need to be completed for each household members.

DRAFT



## 2022 Unsheltered PIT Survey

Interviewer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

County (Circle One): Del Norte Lassen Modoc Plumas Shasta Sierra Siskiyou

1. May I ask you a few questions about your housing and service needs? Yes \_\_\_ No \_\_\_

2. How many adults and children are there in your household? \_\_\_\_\_ Adults \_\_\_\_\_ Children  
Please complete a Survey for each household member when entering Data into the "Counting US" application.

3. Where did you sleep on the night of January 25, 2022? (Select One)

<b>If any of these are checked Stop Survey</b>	
<input type="checkbox"/> Motel/hotel (paid w/own funds)	<input type="checkbox"/> Jail or prison <input type="checkbox"/> In a place you are going to be evicted w/in 2 weeks
<input type="checkbox"/> House or apartment rented or owned	<input type="checkbox"/> With a friend or family in their home <input type="checkbox"/> Treatment Program
<input type="checkbox"/> Hospital	
<b>If any of these are checked complete the Sheltered Survey</b>	
<input type="checkbox"/> Motel/hotel (paid with a voucher)	<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional Housing
<b>Continue with Survey</b>	
<input type="checkbox"/> Street or Sidewalk	<input type="checkbox"/> Vehicle/Boat <input type="checkbox"/> Abandoned Building <input type="checkbox"/> Bus or Train Station or Airport
<input type="checkbox"/> Under Bridge/Overpass	<input type="checkbox"/> Outdoor Encampment <input type="checkbox"/> Park

4. Have you already taken this survey this week?  Yes **If YES, stop survey**  No

	Person #1	Person #2	Person #3	Person #4
<b>5. What are your Initials?</b>				
<b>6. Relationship to Head of Household</b>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Unrelated	<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Unrelated	<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Unrelated	<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Unrelated
<b>7. What is your gender? Select All that apply</b>	<input type="checkbox"/> Label <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other than singularly female or male <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Label <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other than singularly female or male <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Label <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other than singularly female or male <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Label <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other than singularly female or male <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

<b>8. What is your age range?</b>	<input type="checkbox"/> Under 5 <input type="checkbox"/> 5-12 <input type="checkbox"/> 13-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-61 <input type="checkbox"/> 62+	<input type="checkbox"/> Under 5 <input type="checkbox"/> 5-12 <input type="checkbox"/> 13-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-61 <input type="checkbox"/> 62+	<input type="checkbox"/> Under 5 <input type="checkbox"/> 5-12 <input type="checkbox"/> 13-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-61 <input type="checkbox"/> 62+	<input type="checkbox"/> Under 5 <input type="checkbox"/> 5-12 <input type="checkbox"/> 13-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-61 <input type="checkbox"/> 62+
<b>9. What is your race?</b> <i>Fill in Name of Tribe or Other</i>	<input type="checkbox"/> American Indian, Alaskan Native OR Indigenous Name of Tribe: _____ <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: Please Indicate _____ <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> American Indian, Alaskan Native OR Indigenous Name of Tribe: _____ <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: Please Indicate _____ <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> American Indian, Alaskan Native OR Indigenous Name of Tribe: _____ <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: Please Indicate _____ <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> American Indian, Alaskan Native OR Indigenous Name of Tribe: _____ <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: Please Indicate _____ <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<b>10. Are you Hispanic or Latino? (Ethnicity)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

<b>11. Is this your first time homeless?</b> <i>If no, answer Ques #12 and #13.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<b>11 a. Did you experience homelessness as a child?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<b>12. How long have you been homeless this time?</b> Include time spent in shelters or on the streets only.	<input type="checkbox"/> 0- 3 mo. <input type="checkbox"/> 4 -6 mo. <input type="checkbox"/> 7 -11 mo. <input type="checkbox"/> 1 -2 yrs. <input type="checkbox"/> 2 -3 yrs. <input type="checkbox"/> Over 3 yrs.	<input type="checkbox"/> 0- 3 mo. <input type="checkbox"/> 4 -6 mo. <input type="checkbox"/> 7 -11 mo. <input type="checkbox"/> 1 -2 yrs. <input type="checkbox"/> 2 -3 yrs. <input type="checkbox"/> Over 3 yrs.	<input type="checkbox"/> 0- 3 mo. <input type="checkbox"/> 4 -6 mo. <input type="checkbox"/> 7 -11 mo. <input type="checkbox"/> 1 -2 yrs. <input type="checkbox"/> 2 -3 yrs. <input type="checkbox"/> Over 3 yrs.	<input type="checkbox"/> 0- 3 mo. <input type="checkbox"/> 4 -6 mo. <input type="checkbox"/> 7 -11 mo. <input type="checkbox"/> 1 -2 yrs. <input type="checkbox"/> 2 -3 yrs <input type="checkbox"/> Over 3 yrs.
<b>*13. How many months did you stay in shelters or on the streets over the past 3 years?</b>	<input type="checkbox"/> 0- 3 mo. <input type="checkbox"/> 4 -6 mo. <input type="checkbox"/> 7 -11 mo. <input type="checkbox"/> 1 -2 yrs. <input type="checkbox"/> 2 -3 yrs. <input type="checkbox"/> Over 3 yrs.	<input type="checkbox"/> 0- 3 mo. <input type="checkbox"/> 4 -6 mo. <input type="checkbox"/> 7 -11 mo. <input type="checkbox"/> 1 -2 yrs. <input type="checkbox"/> 2 -3 yrs. <input type="checkbox"/> Over 3 yrs.	<input type="checkbox"/> 0- 3 mo. <input type="checkbox"/> 4 -6 mo. <input type="checkbox"/> 7 -11 mo. <input type="checkbox"/> 1 -2 yrs. <input type="checkbox"/> 2 -3 yrs. <input type="checkbox"/> Over 3 yrs.	<input type="checkbox"/> 0- 3 mo. <input type="checkbox"/> 4 -6 mo. <input type="checkbox"/> 7 -11 mo. <input type="checkbox"/> 1 -2 yrs. <input type="checkbox"/> 2 -3 yrs <input type="checkbox"/> Over 3 yrs.
<b>*14. How many separate times have you stayed in shelters or on the streets during the past 3 years?</b>	<input type="checkbox"/> Less than 4 <input type="checkbox"/> 4 or more <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Less than 4 <input type="checkbox"/> 4 or more <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Less than 4 <input type="checkbox"/> 4 or more <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Less than 4 <input type="checkbox"/> 4 or more <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused



**15. What is the primary reason of homelessness? (Circle Only One)**

Child/Elder Abuse/Neglect	Family Break Up	Incarceration	Medical Issues	Overcrowded	Sudden Loss of Income
Domestic Violence	Fire	Mental Health	Relocation	Loss of Employment	Gender Identification
Lack of Job Skills	Natural Disaster	Stranded Traveler	Eviction	Illness	Alcohol Abuse
Drug Abuse	COVID-19	Refused	Doesn't Know		Other:

**16. What brought you to this county?**  Grew Up Here  Family Here  Good Social Services  Affordable Housing  Friends Here  Other

**17. How long have you lived in this county?**  Less than 6 months  6 months to 1 yr.  1-5 yrs.  6-10 yrs.  Over 10 yrs.  Refuse  Other

<b>18. Are you homeless as a result of a natural disaster?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<b>19. Which natural disaster?</b> <input type="checkbox"/> Fire/Mud	<input type="checkbox"/> 2021 Fire <input type="checkbox"/> 2020 Oregon <input type="checkbox"/> 2020 Fire <input type="checkbox"/> 2019 Kincade fire <input type="checkbox"/> Other 2019 fire <input type="checkbox"/> 2018 Camp fire (California) <input type="checkbox"/> 2018 Hill/Woolsey fire (California) <input type="checkbox"/> 2018 Thomas fire (California) <input type="checkbox"/> 2018 Carr fire (California) <input type="checkbox"/> Other 2018 fire <input type="checkbox"/> Wildfires in 2017 <input type="checkbox"/> Fire prior to 2017	<input type="checkbox"/> 2021 Fire <input type="checkbox"/> 2020 Oregon <input type="checkbox"/> 2020 Fire <input type="checkbox"/> 2019 Kincade fire <input type="checkbox"/> Other 2019 fire <input type="checkbox"/> 2018 Camp fire (California) <input type="checkbox"/> 2018 Hill/Woolsey fire (California) <input type="checkbox"/> 2018 Thomas fire (California) <input type="checkbox"/> 2018 Carr fire (California) <input type="checkbox"/> Other 2018 fire <input type="checkbox"/> Wildfires in 2017 <input type="checkbox"/> Fire prior to 2017	<input type="checkbox"/> 2021 Fire <input type="checkbox"/> 2020 Oregon <input type="checkbox"/> 2020 Fire <input type="checkbox"/> 2019 Kincade fire <input type="checkbox"/> Other 2019 fire <input type="checkbox"/> 2018 Camp fire (California) <input type="checkbox"/> 2018 Hill/Woolsey fire (California) <input type="checkbox"/> 2018 Thomas fire (California) <input type="checkbox"/> 2018 Carr fire (California) <input type="checkbox"/> Other 2018 fire <input type="checkbox"/> Wildfires in 2017 <input type="checkbox"/> Fire prior to 2017	<input type="checkbox"/> 2021 Fire <input type="checkbox"/> 2020 Oregon <input type="checkbox"/> 2020 Fire <input type="checkbox"/> 2019 Kincade fire <input type="checkbox"/> Other 2019 fire <input type="checkbox"/> 2018 Camp fire (California) <input type="checkbox"/> 2018 Hill/Woolsey fire (California) <input type="checkbox"/> 2018 Thomas fire (California) <input type="checkbox"/> 2018 Carr fire (California) <input type="checkbox"/> Other 2018 fire <input type="checkbox"/> Wildfires in 2017 <input type="checkbox"/> Fire prior to 2017
<b>19a</b> <input type="checkbox"/> Hurricane	<input type="checkbox"/> Harvey (Houston TX area) <input type="checkbox"/> Michael (Southeastern US/ Florida panhandle) <input type="checkbox"/> Florence (East Coast./ North Carolina) <input type="checkbox"/> Other hurricane	<input type="checkbox"/> Harvey (Houston TX area) <input type="checkbox"/> Michael (Southeastern US/ Florida panhandle) <input type="checkbox"/> Florence (East Coast./ North Carolina) <input type="checkbox"/> Other hurricane	<input type="checkbox"/> Harvey (Houston TX area) <input type="checkbox"/> Michael (Southeastern US/ Florida panhandle) <input type="checkbox"/> Florence (East Coast./ North Carolina) <input type="checkbox"/> Other hurricane	<input type="checkbox"/> Harvey (Houston TX area) <input type="checkbox"/> Michael (Southeastern US/ Florida panhandle) <input type="checkbox"/> Florence (East Coast./ North Carolina) <input type="checkbox"/> Other hurricane
<b>19b. <input type="checkbox"/> Flood</b>	<input type="checkbox"/> Flood	<input type="checkbox"/> Flood	<input type="checkbox"/> Flood	<input type="checkbox"/> Flood

19c. <input type="checkbox"/> Other (including Oroville Spillway)	<input type="checkbox"/> Other (including Oroville Spillway)	<input type="checkbox"/> Other (including Oroville Spillway)	<input type="checkbox"/> Other (including Oroville Spillway)	<input type="checkbox"/> Other (including Oroville Spillway)
19d. <input type="checkbox"/> What other disaster? Specify _____	<input type="checkbox"/> What other disaster? Specify _____	<input type="checkbox"/> What other disaster? Specify _____	<input type="checkbox"/> What other disaster? Specify _____	<input type="checkbox"/> What other disaster? Specify _____
20. Are you a Veteran of the Armed Forces Or been called into active duty as a member of the National Guard or as a Reservist?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
21. Do you have a substance use disorder?	<input type="checkbox"/> No <input type="checkbox"/> Alcohol Use disorder <input type="checkbox"/> Drug Use disorder <input type="checkbox"/> Both Alcohol and Drug use disorders <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Alcohol Use disorder <input type="checkbox"/> Drug Use disorder <input type="checkbox"/> Both Alcohol and Drug use disorders <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Alcohol Use disorder <input type="checkbox"/> Drug Use disorder <input type="checkbox"/> Both Alcohol and Drug use disorders <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Alcohol Use disorder <input type="checkbox"/> Drug Use disorder <input type="checkbox"/> Both Alcohol and Drug use disorders <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
21a. Is this a long-term disability that impairs your ability to hold a job or live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
22. Do you have a chronic health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
22a. Is this a long-term disability that impairs your ability to hold a job or live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
23. Do you have a mental health disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
23a. Is this a long-term disability that impairs your ability to hold a job or live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
24. Do you have a Physical Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

	<input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
<b>24a. Is this a long-term disability that impairs your ability to hold a job or live independently?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
<b>25. Do you have a Developmental Disability?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
<b>26. Do you have AIDS or HIV related illness?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
<b>27. Do you have a felony conviction?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<b>28. Have you ever been denied housing because of a criminal conviction?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<b>29. Are you currently fleeing domestic violence, dating violence, sexual assault or stalking situation?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
<b>30. Did you ever live in foster care or a group home?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<b>31. If yes, what age did you exit?</b>	<input type="checkbox"/> Under 15 yrs <input type="checkbox"/> 15-18 yrs <input type="checkbox"/> Over 18 yrs	<input type="checkbox"/> Under 15 yrs <input type="checkbox"/> 15-18 yrs <input type="checkbox"/> Over 18 yrs	<input type="checkbox"/> Under 15 yrs <input type="checkbox"/> 15-18 yrs <input type="checkbox"/> Over 18 yrs	<input type="checkbox"/> Under 15 yrs <input type="checkbox"/> 15-18 yrs <input type="checkbox"/> Over 18 yrs
<b>32. Do you receive any disability benefits such as SSI, SSA, SDI or Veteran's Disability benefits?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

## PIT Unsheltered Survey Instructions

### Sample Introduction:

“Hello, my name is {*Your Name*}, and I am conducting a brief survey. This survey will only take a few moments, is confidential, and may help us advocate for more resources.

May I ask you a few questions about your housing and service needs?” Yes or No

**When asking questions, remind them that their answers are confidential and anonymous.**

For Households: If all household members are present, ask each person for their answers. If other HH members are not present, then person 1 should answer for them. Complete columns for person 2-4 in order of oldest to youngest. If more than 4 people are in the HH, use another survey.

When entering surveys into the “Counting Us” application a survey will need to be completed for each household member.