



**NorCal CoC PIT Committee Meeting
November 16, 2021
10:00 am - 11:00 am**

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

<https://global.gotomeeting.com/join/788955837>

You can also dial in using your phone.

United States: [+1 \(312\) 757-3121](tel:+13127573121)

Access Code: 788-955-837

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 October 19, 2020 meeting. (Attachment A)

4. Action

- I. Continuing State of Emergency Teleconferencing (Standing)
- II. Counting Us App
- III. Final Survey (Attachment B)
- IV. Final Methodology

5. Discussion

- I. PIT Volunteers and Training [2020 PIT Count Announcement and Additional PIT Count Resources - HUD Exchange](#)
- II. Donations, Materials and PPE
- III. PIT and HIC Guides, Tools and Webinars [PIT and HIC Guides, Tools, and Webinars - HUD Exchange](#)
- IV. PIT Coordinators identified by county
- V. 2022 Calendar
- VI. Summer PIT count
- VII. Covid Protocols for PIT

6. County Updates

- I. Del Norte
- II. Lassen
- III. Modoc

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



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

7. Discussion Items for Next Meeting

8. Adjournment

Next Meeting

December 21, 2021
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. **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.**



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Attachment A

**PIT Committee Meeting Minutes
Tuesday, October 19, 2021
10:00am –11:00am
Via Teleconference**

9. Call to Order/Quorum Established/Introductions

Meeting was called to order at 10:03am by Duane Kegg, Chair. Quorum was established.

Members Present: Duane Kegg, (Siskiyou), Grace Poor (Lassen), Cathy Rahmeyer (Plumas), Carol Madison (Modoc), David Colefield (Shasta).

Alternate Members Present:

Lead Agency: Keith Anderson, Shannon Goodwin, Paul Tunison.

Members of the Public: Maddelyn Bryan, Rebecca Green

10. Public Comments (limited to 3 mins. per comment)

No public comments were received.

11. Approval of Meeting Minutes

Grace Poor made a motion to approve the meeting minutes from September 21, 2021 as submitted, seconded by Duane Kegg. Roll call was taken, all approved, and none opposed.

12. Discussion

- I. PIT Volunteer Resources [2020 PIT Count Announcement and Additional PIT Count Resources - HUD Exchange](#)

Shannon Goodwin shared there are no new announcements from HUD at this time.

- II. PIT Implementation Tools [Point-in-Time Count Implementation Tools - HUD Exchange](#)

Keith Anderson shared that the PIT count app is being discussed at the upcoming CoC special meeting, the City of Redding has paid \$8,750 for the cost of the app and is requesting reimbursement from the other counties based off the percentage breakdown of the PIT 2019 count, if all counties agree. Keith will share updates to the PIT Committee after the upcoming CoC special meeting. An estimated breakdown of the cost per counties was discussed. Keith recommends what the counties prepare to



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perform a full count, then adjustments can be made if HUD guidelines indicate otherwise.

III. PIT and HIC Guides, Tools and Webinars [PIT and HIC Guides, Tools, and Webinars - HUD Exchange](#)

No discussion on this item at this time.

IV. PIT Methodology (Attachment B)

Grace Poor discussed adjusting the methodology based off HUD guidelines if an unsheltered count is needed.

V. Sample Survey (Attachment C)

Grace Poor shared that a member from her advisory board from Behavioral Health request that a question be added to the survey stating whether the individual has experienced homelessness as a child. There was no objected from the committee to add this question to 24. B. Duane Kegg recommended to add this item to next meeting's agenda.

VI. PIT Coordinators identified by county

Siskiyou, Del Norte, Lassen, Plumas/ Sierra, and Modoc shared they have their PIT Coordinators assigned. Keith has requested that all counties send him an email and cc Shannon with their PIT Coordinator's contact information.

13. County Updates

Duane Kegg, Siskiyou, shared they are progressing with their urban campsite, they have been approved for dirt removal and they are in discussions for pallet shelters. He shared his educational experiences while visiting a shelter in Medford and ordinances which he is strongly in support of. He anticipates greater accuracy of the PIT count once the urban campsite is established.

Cathy Rahmeyer, Plumas, shared they are anticipating and preparing for a significantly higher PIT Count due to the wildfires.

Carol Madison, Modoc, shared she will not be available for the next PIT committee meeting. Keith reminded the committee that alternate committee members must be approved by their advisory boards.



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14. Discussion Items for Next Meeting

- Action item: addition to the survey stating whether the individual has experienced homelessness as a child to question 24 B
- Summertime PIT Count

15. Adjournment

Carol Madison made a motion to adjourn the meeting at 10:34am, seconded by Cathy Rahmeyer. Roll call vote was taken, all approved, and none opposed.

Next Meeting
November 16, 2021
10am – 11am

DRAFT



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2022 Sheltered PIT Survey

Interviewer: _____ Phone Number: _____

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

1. How many adults and children are there in your household? _____ Adults _____ Children

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

If any of these are checked Stop Survey	
<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"/> In a place you are going to be evicted w/in 2 weeks
<input type="checkbox"/> Hospital	<input type="checkbox"/> With a friend or family in their home
<input type="checkbox"/> Street or Sidewalk	<input type="checkbox"/> Treatment Program
<input type="checkbox"/> Vehicle/Boat	<input type="checkbox"/> Abandoned Building
<input type="checkbox"/> Under Bridge/Overpass	<input type="checkbox"/> Bus or Train Station or Airport
<input type="checkbox"/> Outdoor Encampment	<input type="checkbox"/> Park

Sheltered	
<input type="checkbox"/> Emergency Shelter (name of project):	<input type="checkbox"/> Transitional Housing (name of project, cannot be family or friend's home):
<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):

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

	Person #1	Person #2	Person #3	Person #4
4. What are your initials?				
5. 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
6. What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TransMale (F2M) <input type="checkbox"/> TransFemale (M2F) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TransMale (F2M) <input type="checkbox"/> TransFemale (M2F) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TransMale (F2M) <input type="checkbox"/> TransFemale (M2F) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TransMale (F2M) <input type="checkbox"/> TransFemale (M2F) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused



NorCal Continuum of Care™ Attachment B

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

10. Is this your first time homeless? <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		
10 b. Did you experience homelessness as a child?	<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		
11. How long have you been homeless this time? Include time spent in shelters or on the streets only.	<input type="checkbox"/> 0- 3 mo. <input type="checkbox"/> 7 -11 mo. <input type="checkbox"/> 2 -3 yrs. <input type="checkbox"/> Over 3 yrs.	<input type="checkbox"/> 4 -6 mo. <input type="checkbox"/> 1 -2 yrs. <input type="checkbox"/> Over 3 yrs.	<input type="checkbox"/> 0- 3 mo. <input type="checkbox"/> 7 -11 mo. <input type="checkbox"/> 2 -3 yrs. <input type="checkbox"/> Over 3 yrs.	<input type="checkbox"/> 4 -6 mo. <input type="checkbox"/> 1 -2 yrs. <input type="checkbox"/> Over 3 yrs.	<input type="checkbox"/> 0- 3 mo. <input type="checkbox"/> 7 -11 mo. <input type="checkbox"/> 2 -3 yrs. <input type="checkbox"/> Over 3 yrs.	<input type="checkbox"/> 4 -6 mo. <input type="checkbox"/> 1 -2 yrs. <input type="checkbox"/> Over 3 yrs.
*12. How many months did you stay in shelters or on the streets over the past 3 years?	<input type="checkbox"/> 0- 3 mo. <input type="checkbox"/> 7 -11 mo. <input type="checkbox"/> 2 -3 yrs. <input type="checkbox"/> Over 3 yrs.	<input type="checkbox"/> 4 -6 mo. <input type="checkbox"/> 1 -2 yrs. <input type="checkbox"/> Over 3 yrs.	<input type="checkbox"/> 0- 3 mo. <input type="checkbox"/> 7 -11 mo. <input type="checkbox"/> 2 -3 yrs. <input type="checkbox"/> Over 3 yrs.	<input type="checkbox"/> 4 -6 mo. <input type="checkbox"/> 1 -2 yrs. <input type="checkbox"/> Over 3 yrs.	<input type="checkbox"/> 0- 3 mo. <input type="checkbox"/> 7 -11 mo. <input type="checkbox"/> 2 -3 yrs. <input type="checkbox"/> Over 3 yrs.	<input type="checkbox"/> 4 -6 mo. <input type="checkbox"/> 1 -2 yrs. <input type="checkbox"/> Over 3 yrs.
*13. How many separate times have you stayed in	<input type="checkbox"/> Less than 4 <input type="checkbox"/> 4 or more	<input type="checkbox"/> Less than 4 <input type="checkbox"/> 4 or more	<input type="checkbox"/> Less than 4 <input type="checkbox"/> 4 or more	<input type="checkbox"/> Less than 4 <input type="checkbox"/> 4 or more		



NorCal Continuum of Care™ Attachment B

shelters or on the streets during the past 3 years?	<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
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14. 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: _____	

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

16. 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

17. Are you homeless as a result of a natural disaster?	<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
18. Which natural disaster? (fill in)				
19. Are you a Veteran of the Armed Forces?	<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
20. Do you have the following conditions? (Check all that apply)	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Disability <input type="checkbox"/> Developmental Disability <input type="checkbox"/> AIDS or HIV Related <input type="checkbox"/> Don't Know <input type="checkbox"/> Refuse	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Disability <input type="checkbox"/> Developmental Disability <input type="checkbox"/> AIDS or HIV Related <input type="checkbox"/> Don't Know <input type="checkbox"/> Refuse	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Disability <input type="checkbox"/> Developmental Disability <input type="checkbox"/> AIDS or HIV Related <input type="checkbox"/> Don't Know <input type="checkbox"/> Refuse	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Disability <input type="checkbox"/> Developmental Disability <input type="checkbox"/> AIDS or HIV Related <input type="checkbox"/> Don't Know <input type="checkbox"/> Refuse
21. Has any long-term disability impaired 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"/> 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
22. 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



NorCal Continuum of Care™ Attachment B

23. Have you ever been denied housing because of a criminal 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
24. Are you currently fleeing domestic violence, dating violence, sexual assault or stalking situation?	<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
25. 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
26. 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
27. 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

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.



NorCal Continuum of Care™ Attachment B



2022 Unsheltered PIT Survey

Interviewer: _____ Phone Number: _____

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

1. How many adults and children are there in your household? _____ Adults _____ Children

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

If any of these are checked Stop Survey	
<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"/> In a place you are going to be evicted w/in 2 weeks
<input type="checkbox"/> Street or Sidewalk	<input type="checkbox"/> With a friend or family in their home
<input type="checkbox"/> Vehicle/Boat	<input type="checkbox"/> Treatment Program
<input type="checkbox"/> Abandoned Building	<input type="checkbox"/> Hospital
<input type="checkbox"/> Bus or Train Station or Airport	<input type="checkbox"/> Under Bridge/Overpass
<input type="checkbox"/> Outdoor Encampment	<input type="checkbox"/> Park

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

	Person #1	Person #2	Person #3	Person #4
4. What are your Initials?				
5. 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
6. What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TransMale (F2M) <input type="checkbox"/> TransFemale (M2F) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TransMale (F2M) <input type="checkbox"/> TransFemale (M2F) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TransMale (F2M) <input type="checkbox"/> TransFemale (M2F) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TransMale (F2M) <input type="checkbox"/> TransFemale (M2F) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
7. What is your age range?	<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+



NorCal Continuum of Care™ Attachment B

8. What is your race? <i>Fill in Name of Tribe or Other</i>	<input type="checkbox"/> American Indian or Alaskan Native Name of Tribe: _____ <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ _____ <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> American Indian or Alaskan Native Name of Tribe: _____ <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ _____ <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> American Indian or Alaskan Native Name of Tribe: _____ <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ _____ <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> American Indian or Alaskan Native Name of Tribe: _____ <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ _____ <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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

10. Is this your first time homeless? <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
10 b. Did you experience homelessness as a child?	<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
11. How long have you been homeless this time? <i>Include time spent in shelters or on the streets only.</i>	<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.
*12. How many months did you stay in shelters or on the streets over the past 3 years?	<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.
*13. How many separate times have you stayed in shelters or on the streets during the past 3 years?	<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

14. 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



NorCal Continuum of Care™ Attachment B

Lack of Job Skills	Natural Disaster	Stranded Traveler	Eviction	Illness	Alcohol Abuse
Drug Abuse	COVID-19	Refused	Doesn't Know		Other: _____

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

16. 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

17. Are you homeless as a result of a natural disaster?	<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
18. Which natural disaster? (fill in)				
19. Are you a Veteran of the Armed Forces?	<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
20. Do you have the following conditions? (Check all that apply)	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Disability <input type="checkbox"/> Developmental Disability <input type="checkbox"/> AIDS or HIV Related <input type="checkbox"/> Don't Know <input type="checkbox"/> Refuse	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Disability <input type="checkbox"/> Developmental Disability <input type="checkbox"/> AIDS or HIV Related <input type="checkbox"/> Don't Know <input type="checkbox"/> Refuse	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Disability <input type="checkbox"/> Developmental Disability <input type="checkbox"/> AIDS or HIV Related <input type="checkbox"/> Don't Know <input type="checkbox"/> Refuse	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Disability <input type="checkbox"/> Developmental Disability <input type="checkbox"/> AIDS or HIV Related <input type="checkbox"/> Don't Know <input type="checkbox"/> Refuse
21. Has any long-term disability impaired 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"/> 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
22. 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
23. Have you ever been denied housing because of a criminal 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
24. Are you currently fleeing domestic violence, dating violence, sexual assault or stalking situation?	<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



NorCal Continuum of Care™ Attachment B

25. 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
26. 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
27. 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

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.