

Agency: \_\_\_\_\_ Agency Region/County: \_\_\_\_\_

Contact Name, Phone and email: \_\_\_\_\_

**Unsheltered PIT Count Form**

**\*\*\*\*\*To be completed on HUD Category 1-Literally Homeless Only\*\*\*\*\***

Complete ALL questions for individuals and persons in families 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, such as a car, park and abandoned building

The information in this section is REQUIRED	
<b>Where did you sleep on 1.24.2023</b>	
Social Security Number: _____ / _____ / _____	
First Name: _____	Last Name: _____
Date of Birth: _____ / _____ / _____ Age: _____	Gender: _____
Race: _____	Ethnicity: _____
Clarity ID (if applicable): _____	

The information in this section is strongly encouraged	
Have you and/or your family been continuously homeless for one year or longer?	<input type="radio"/> YES <input type="radio"/> NO
<b>Approximate date homelessness started:</b>	
<b>Number of times you have been on the streets, in ES in the past three years including today.</b>	1      2      3      4      More than 4
<b>Total number of months homeless on the street, in ES in the past three years</b>	
<b>Total number of months continuously homeless immediately prior to this.</b>	
<b>Are you a U.S. Veteran:</b> Persons who have served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.	<input type="radio"/> YES <input type="radio"/> NO
Disabling condition is any one of the following (1)a physical, mental, or emotional impairment which is <b>(a) expected to be of long continued and indefinite duration</b> , (b) <b>substantially impedes an individual's ability to live independently</b> , and (c) of such a nature that <b>such ability could be improved by more suitable housing conditions;</b>	
<b>Serious Mental Illness:</b>	<input type="radio"/> YES <input type="radio"/> NO
<b>Substance Use Disorder:</b>	<input type="radio"/> YES <input type="radio"/> NO
<b>Persons with HIV/AIDS:</b> Persons who have been diagnosed with AIDS and/or have tested positive for HIV.	<input type="radio"/> YES <input type="radio"/> NO
<b>Victims of Domestic Violence:</b> Currently experiencing homelessness because you are currently fleeing domestic violence, dating violence, sexual assault, or stalking.	<input type="radio"/> YES <input type="radio"/> NO
<b>Are you currently or have you ever been a Ward of the State:</b>	<input type="radio"/> YES <input type="radio"/> NO
<b>Highest level of Education: (circle one) Nursery-4      5<sup>th</sup> or 6<sup>th</sup>      7<sup>th</sup> or 8<sup>th</sup>      9<sup>th</sup>      10<sup>th</sup>      11<sup>th</sup>      12<sup>th</sup>      HS Diploma      GED</b>	

**Complete for any additional unsheltered family members on back page**

Household Type: \_\_\_\_\_ Head of Household: \_\_\_\_\_

Is this a parenting youth households or a group/couple without a parent or guardian over 24?  YES  NO

<b>First/Last Name</b>		<b>Veteran:</b>	<input type="radio"/> YES <input type="radio"/> NO
<b>Relationship to:</b>		<b>Serious Mental Illness:</b>	<input type="radio"/> YES <input type="radio"/> NO
<b>Date of Birth &amp; Age</b>		<b>Substance Use Disorder:</b>	<input type="radio"/> YES <input type="radio"/> NO
<b>Gender</b>		<b>Persons with HIV/AIDS:</b>	<input type="radio"/> YES <input type="radio"/> NO
<b>Race</b>			
<b>Ethnicity</b>		<b>Currently Fleeing Domestic Violence:</b>	<input type="radio"/> YES <input type="radio"/> NO
<b>Education Level</b>		<b>State Ward or ever been?</b>	<input type="radio"/> YES <input type="radio"/> NO

<b>First/Last Name</b>		<b>Veteran:</b>	<input type="radio"/> YES <input type="radio"/> NO
<b>Relationship to:</b>		<b>Serious Mental Illness:</b>	<input type="radio"/> YES <input type="radio"/> NO
<b>Date of Birth &amp; Age</b>		<b>Substance Use Disorder:</b>	<input type="radio"/> YES <input type="radio"/> NO
<b>Gender</b>		<b>Person with HIV/AIDS:</b>	<input type="radio"/> YES <input type="radio"/> NO
<b>Race</b>			
<b>Ethnicity</b>		<b>Currently Fleeing Domestic Violence:</b>	<input type="radio"/> YES <input type="radio"/> NO
<b>Education Level</b>		<b>State Ward or ever been?</b>	<input type="radio"/> YES <input type="radio"/> NO

<b>First/Last Name</b>		<b>Veteran:</b>	<input type="radio"/> YES <input type="radio"/> NO
<b>Relationship to:</b>		<b>Serious Mental Illness:</b>	<input type="radio"/> YES <input type="radio"/> NO
<b>Date of Birth &amp; Age</b>		<b>Substance Use Disorder:</b>	<input type="radio"/> YES <input type="radio"/> NO
<b>Gender</b>		<b>Person with HIV/AIDS:</b>	<input type="radio"/> YES <input type="radio"/> NO
<b>Race</b>			
<b>Ethnicity</b>		<b>Currently Fleeing Domestic Violence:</b>	<input type="radio"/> YES <input type="radio"/> NO
<b>Education Level</b>		<b>State Ward or ever been?</b>	<input type="radio"/> YES <input type="radio"/> NO

<b>First/Last Name</b>		<b>Veteran:</b>	<input type="radio"/> YES <input type="radio"/> NO
<b>Relationship to:</b>		<b>Serious Mental Illness:</b>	<input type="radio"/> YES <input type="radio"/> NO
<b>Date of Birth &amp; Age</b>		<b>Substance Use Disorder:</b>	<input type="radio"/> YES <input type="radio"/> NO
<b>Gender</b>		<b>Person with HIV/AIDS:</b>	<input type="radio"/> YES <input type="radio"/> NO
<b>Race</b>			
<b>Ethnicity</b>		<b>Currently Fleeing Domestic Violence:</b>	<input type="radio"/> YES <input type="radio"/> NO
<b>Education Level</b>		<b>State Ward or ever been?</b>	<input type="radio"/> YES <input type="radio"/> NO

**Staff use only:**

Is this person/family currently on the All Doors Lead Home Coordinated Entry List?  YES  NO

If not on the All Doors Lead Home Coordinated Entry list, were they referred?  YES  NO