

2020 PIT PAPER SURVEY FORM and Youth Addendum Form with Instructions

Enter Survey # Above	County	Your Name	
		Your Email	
	Agency	Your Number	
PAPER SURVEY ALL POPULATIONS			
THIS PAPER FORM CAN BE USED FOR BOTH UNSHELTERED AND NON-HMIS EMERGENCY SHELTERS &/OR TRANSITIONAL HOUSING PLEASE READ INSTRUCTIONS ON PAGES 3 & 4 OF THIS DOCUMENT FOR FURTHER DETAILS. INSTRUCTIONS CAN ALSO BE FOUND IN THE "ELECTRONIC VERSIONS" OF THE 2020 PIT SURVEY.			

Did you survey anyone for the Point-in-Time Count? Yes No **If no, please still submit.**

	Person 1	Person 2	Person 3
[1.1] 1st Letter of First Name			
[1.2] 1st Letter of Last Name			
[1.3] 3rd Letter of Last Name			
[1.4] Year of Birth (YYYY)			

****** Check only 1 box per person ******

[1.5] Is this person the Head of Household?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
[1.6] Is this person chronically homeless or in a chronically homeless household?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
[1.7] What type of household is this person in?	<input type="checkbox"/> With Children <input type="checkbox"/> Without Children <input type="checkbox"/> Only Children	<input type="checkbox"/> With Children <input type="checkbox"/> Without Children <input type="checkbox"/> Only Children	<input type="checkbox"/> With Children <input type="checkbox"/> Without Children <input type="checkbox"/> Only Children
[1.8] Are you physically living with a veteran, including yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Services
[1.9] Are you physically living with someone who is 25 years old or older,	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
[2.1] What age range does this person fall under?	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18 to 24 <input type="checkbox"/> 25 and Older	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18 to 24 <input type="checkbox"/> 25 and Older	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18 to 24 <input type="checkbox"/> 25 and Older
[2.2] What gender does this person identify as?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transfemale (Male to Female) <input type="checkbox"/> Transmale (Female to Male) <input type="checkbox"/> Gender Non- Conforming (i.e. not exclusively male or female)	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transfemale (Male to Female) <input type="checkbox"/> Transmale (Female to Male) <input type="checkbox"/> Gender Non- Conforming (i.e. not exclusively male or female)	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transfemale (Male to Female) <input type="checkbox"/> Transmale (Female to Male) <input type="checkbox"/> Gender Non- Conforming (i.e. not exclusively male or female)
[2.3] What race(s) does this person identify as?	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multiracial	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multiracial	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multiracial
[2.4] What ethnicity does this person identify as?	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
[3] Please indicate whether each person (adult & child) you survey is among the following subpopulations.	<input type="checkbox"/> Chronic Substance Abuse <input type="checkbox"/> Severe Mental Illness <input type="checkbox"/> U.S. Veteran <input type="checkbox"/> Actively Fleeing Domestic Violence <input type="checkbox"/> Services <input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Chronic Substance Abuse <input type="checkbox"/> Severe Mental Illness <input type="checkbox"/> U.S. Veteran <input type="checkbox"/> Actively Fleeing Domestic Violence <input type="checkbox"/> Services <input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Chronic Substance Abuse <input type="checkbox"/> Severe Mental Illness <input type="checkbox"/> U.S. Veteran <input type="checkbox"/> Actively Fleeing Domestic Violence <input type="checkbox"/> Services <input type="checkbox"/> HIV/AIDS
[4] Where did this person stay last night?	<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Friends/Family <input type="checkbox"/> Safe Haven <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Motel- voucher <input type="checkbox"/> Motel- client based <input type="checkbox"/> Outside/Car/ Campground	<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Friends/Family <input type="checkbox"/> Safe Haven <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Motel- voucher <input type="checkbox"/> Motel- client based <input type="checkbox"/> Outside/Car/ Campground	<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Friends/Family <input type="checkbox"/> Safe Haven <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Motel- voucher <input type="checkbox"/> Motel- client based <input type="checkbox"/> Outside/Car/ Campground

NOTES:



YOUTH SURVEY

The Youth Subcommittee is piloting this survey in an attempt to determine how many youth and young adults in New Hampshire experience housing instability as well as the characteristics of those individuals. We are doing this in order to determine if more services are needed in our state for youth who may be struggling. **NAME & CONTACT INFO. OF PERSON COMPLETING SURVEY:**

PLEASE COMPLETE THIS ANONYMOUS SURVEY TO HELP US GATHER THIS INFORMATION

1. Have you answered a survey like this one with another provider already this today? Yes (end survey) No (Go to q.2)
 2. How old are you? 10-17 years (Go to q.3) 18-24 years (Go to q.3) 25+ years (end survey)
 3. What is the first letter of your first name? _____
 4. What is the first letter of your last name? _____
 5. What is the third letter of your last name? _____
 6. In what year were you born? _____
 7. What town do you live in? _____
 8. **Where did you sleep last night? (Check one response that best fits your situation)**
 - A. Sheltered**
 - Emergency shelter Which one? _____
 - Transitional housing. Which one? _____
 - Hotel or Motel. How was this paid for? _____
 - B. Unsheltered**
 - Car or other vehicle
 - Abandoned building/vacant unit/squatting
 - On a bus or in a bus station
 - 24 hour restaurant/laundromat/retail establishment
 - Anywhere outside - streets/park/tent
 - C. Potentially Permanent**
 - Own apartment or home
 - Parent's home
 - Other relative's home
 - Foster family home
 - Home of boyfriend/girlfriend
 - Friend's home
 - D. Other**
 - Hospital/Emergency Room
 - Residential Treatment Facility/group home
 - Juvenile Detention Center/Jail
 - Other. Specify _____
- If you checked off one of the above, how long have you been staying there?**
- 0-6 months
 - 6 months – 1 year
 - More than 1 yr
9. Do you consider this a stable place to stay? Yes No
 10. Did a parent or legal guardian sleep in the same place as you last night? Yes No
 11. What gender do you identify as? Male Female Transgender M to F Transgender F to M Does not identify as any of these
 12. What race do identify as? American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander White Multi-racial
 13. What ethnicity do you identify as? Non-Hispanic/non-Latino Hispanic/Latino
 14. Do you have a substance use disorder? Yes No
 15. Do you have a mental health diagnosis? Yes No
 16. Have you served in the military or has a member of your household served in the military? Yes No
 17. Are you a victim of domestic violence? Yes No
 18. Do you have an HIV/AIDS diagnosis? Yes No
 19. Are you pregnant or parenting? Yes No

2020 PIT

PAPER SURVEY FORM INSTRUCTIONS

You need only use either the Electronic Version OR the Paper Version of the 2020 PIT Survey.

- **THIS PAPER FORM CAN BE USED FOR BOTH SURVEYS:**
 - **UNSHELTERED**
 - **NON-HMIS EMERGENCY SHELTERS AND/OR TRANSITIONAL HOUSING**

- **PAGE 1:** Use one (1) column per person. Number each survey in the top left (1, 2, 3, etc.) and use the surveys in order. Start by surveying the head of household, then survey every adult and child in the household in a separate, consecutive columns.

- **PAGE 2:** Please be aware that the page 2 questions are duplicated questions from page 1 except for the “Pregnant or Parenting” question. You may use whichever Paper Form you are most comfortable with.

- **PLEASE REFER TO THE** “Electronic Version” of the PIT Survey (attached to email) for detailed INSTRUCTIONS on the above questions, with additional Guidance for Veterans & Youth.

- **THIS FORM** may be used for both Unsheltered (place not meant for habitation) AND Non-HMIS Emergency Shelters and Transitional Housing agencies (*Do you enter data into the Homeless Management Database System (HMIS)?, if no, then please add your agency name & contact information. If yes, it is not necessary to use any of these Surveys.*)

- If you do use the **Paper Version**, you need only use **either Page 1 OR Page 2** - your choice!

- **NEXT YEAR** we will have a more robust Youth Survey, with possible ability to enter data into a phone app.

- Please make any **NOTES** of contacts and additional information in available spaces on either of these surveys.

- **Thank you** for all of your assistance with the 2020 NH Point In Time Count!! It is very much appreciated!!

OTHER SUBPOPULATIONS SPECIAL INSTRUCTIONS

YOUTH GUIDANCE

- "YOUTH" DEFINITION for the purpose of this count is "UNDER 25 Years of Age"

VETERAN GUIDANCE

How to ask the question:

"Have you ever had **active duty** service in the military?"

OR

"Were you **disabled** during a period of active duty training resulting in VA service connection?"

OR

"Are you currently receiving ANY Veterans type of **Services**? (please select "Services" in the dropdown, in both Sections [1.8] & [3.3] of the Survey)

It should be noted that the definition of U.S military veteran can differ by program or funding source for the basis of eligibility. *For the purposes of this count, the HUD definition of veteran is to be used:*

YES- U.S Military Veteran

- Anyone who has ever been on **active duty** in the armed forces of the United States, regardless of discharge status or length of service.
- When does active duty begin?
- Army, Navy, Air Force, Marine Corps, and Coast Guard: active duty begins when a military member reports to a duty station after completion of training.
- Reserves and National Guard: active duty is any time spent activated under Title 10 or deployed
- Or anyone who was disabled in the line of duty during a period of active duty training.
- Or anyone who was disabled from an injury incurred in the line of duty

No- does not meet HUD definition

Anyone who has not been on active duty service. This includes individuals who attended training, but were discharged before reporting to a duty station, and Reservists or National Guard who were never activated or deployed.