

Three County CoC Point-in-Time Count Data Collection Form | 2025

Please use this survey for Adults and Unaccompanied Youth only

Location of Survey: _____ County: Berkshire Franklin Hampshire

Interviewer/Org: _____ Date: _____ Time: _____ AM / PM

Where did you sleep on Wednesday night, January 29th, 2025?

<p><u>Unsheltered Locations:</u></p> <input type="checkbox"/> Street or sidewalk <input type="checkbox"/> Under bridge/overpass <input type="checkbox"/> Vehicle (car, van, RV, truck) <input type="checkbox"/> Woods/camp <input type="checkbox"/> Park <input type="checkbox"/> Building without heat and/or running water or condemned <input type="checkbox"/> Bus or train station <input type="checkbox"/> Warming Center <input type="checkbox"/> Other location (specify): _____	<p><u>Other Locations:</u></p> <input type="checkbox"/> Jail/criminal justice institution <input type="checkbox"/> Couch surfing <input type="checkbox"/> Treatment program/rehab/detox <input type="checkbox"/> Motel/hotel, no voucher <input type="checkbox"/> At home, in danger & unable to leave <input type="checkbox"/> Hospital/medical institution/skilled nursing facility <p><u>Shelter Locations:</u></p> <input type="checkbox"/> Emergency shelter* <input type="checkbox"/> Motel/Hotel funded by others* <input type="checkbox"/> Transitional housing*
--	--

↳ If yes to above *Shelter types: What was the name of the shelter/transitional program/provider? - Then, STOP here.
 CHD Construct Craig's Doors CSO DIAL/SELF Elizabeth Freeman Center Gandara
 Louison House MHA ServiceNet Other: _____

What town did you stay in? _____

Did another surveyor already ask you these same questions about where you were staying on Wednesday night?
 Yes - If yes, STOP here.
 No

Is this the first time you have been homeless/ in this situation?
 Yes
 No
 Not sure/prefer not to answer

↳ If YES: About when did you become homeless? _____ / _____ [mm/yy]

↳ If NO: how many times have you been homeless during the last 3 years, since January 2022? (time in shelter or outside/unsheltered/in a vehicle, etc.)
 2 - 3 times
 4 or more times
 Not sure/prefer not to answer

How long have you been homeless **in total** during the last 3 years, since January 2022?
 Less than 1 year
 More than 1 year
 Not sure/prefer not to answer

Were you fleeing domestic violence when you became homeless this time?
 Yes
 No
 Not sure/prefer not to answer

Have you served in the US Armed Forces on active military duty/reserve (aside from National Guard)?
 Yes
 No
 Not sure/prefer not to answer

What is your age?
 Under 18
 18 - 24
 25 - 34
 35 - 44
 45 - 54
 55 - 64
 65+
 Not sure/prefer not to answer

Three County CoC Point-in-Time Count Data Collection Form | 2025

How do you describe your gender identity? Check all that apply:

- Woman/Girl
- Man/Boy
- Non-Binary
- Transgender
- Questioning
- Culturally Specific Identity (e.g., Two Spirit)
- Different Identity _____
- Not sure/prefer not to answer

What is your race and ethnicity? Check all that apply

- American Indian/Alaskan/Indigenous
- Asian/Asian American
- Black/African American/African
- Hispanic/Latina/e/o
- Middle Eastern or North African
- Native Hawaiian/ Pacific Islander
- White
- Not sure/prefer not to answer

I'd like to ask you a few questions about your health. This information helps us understand what types of services might be needed by people in our region who are homeless.

Have mental health needs interfered with your daily life, now or in the past?

- Yes
- No
- Not sure/prefer not to answer

Have drug or alcohol use interfered with your daily life, now or in the past?

- Yes
- No
- Not sure/prefer not to answer

Are you HIV positive?

- Yes
- No
- Not sure/prefer not to answer

Do you have any type of disability that interferes with your daily life? This could include disabilities from physical, mental, or emotional health needs.

- Yes
- No
- Not sure/prefer not to answer

Help us to not double count you! We are collecting the following information only to ensure we only count you once. (PLEASE NOTE- If the individual is fleeing DV use a coded ID such as 'Anon Adult 1', 'Anon Adult 2', 'Anon Child 1', etc.)

What is the first letter of your first name? _____

What are the first 3 letters of your last name? _____

What month and year were you born? _____ / _____ [mm/yy]

Household status:

- Individual
- Couple/Family

If part of a couple/family, please provide other's initials: _____

How many children under the age of 18 are in your household? _____

If children under 18 are present in the household, please fill out a child PIT Survey form for each child.