

Three County CoC Point-in-Time Count Data Collection Form | 2022

Assessing Organization: _____ Interviewer Initials _____

Where did you sleep on Wednesday night, February 23rd, 2022?

- Street or sidewalk
- Vehicle (car, van, RV, truck)
- Park
- Bus, train station
- Motel/Hotel w/provider funds
- Under bridge/overpass
- Woods/camp
- Other location (specify) _____

What town did you stay in? _____

- Emergency shelter
- Transitional housing
- Couch surfing
- Motel/hotel, no voucher
- House or apartment
- Jail, hospital
- Treatment program

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

Is this the first time you have been homeless/ in this situation? Yes No Not sure/don't want to say

If **YES**: About when did you become homeless? Please provide the month and year. _____

If **NO**: how many times have you been homeless during the last 3 years? (includes only time in shelter or outside/unsheltered) 2 - 3 times 4 or more times Not sure

How long have you been homeless **in total** during the last 3 yrs? More than 1 year Less than 1 year Not sure

Were you fleeing domestic violence when you became homeless this time? Yes No Not sure/no comment

Have you served in the US Armed Forces on active military duty? Yes No Not sure

What is your age? Under 18 18-24 yrs. 25-59 yrs. 60+

How do you describe your gender identity? Female Transgender Non-binary / Gender non-conforming
 Check all that apply Male Questioning

Are you Hispanic or Latin(o)(a)(x)? Yes No Not sure/no comment

What is your race? Check all that apply. White Black/African Am/African Asian/Asian American Not sure/no comment
 American Indian/Alaskan/Indigenous Native Hawaiian/Pacific Islander

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.

Do any mental health issues interfere with your day-to-day life? *These might include bipolar, major depression, schizophrenia, or post-traumatic stress disorder.* Yes No Not sure/no comment

Do drugs or alcohol prevent you from maintaining stable housing? Yes No Not sure

Are you HIV positive? Yes No Not sure/no comment

Do you have any type of health issue or disability that interferes with your daily life? *These types of issues might include traumatic brain injury, acute or chronic long-term physical disability.* Yes No Not sure/no comment

Help us to not double count you! We are collecting the following information only to make sure we don't count you twice.

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 -> if part of a couple, please provide the partner's initials: _____

Please return form to Michele LaFleur: mlafleur@communityaction.us | Mail: 393 Main St, Greenfield MA 01301