

HOMELESS POINT-IN-TIME COUNT – OBSERVATION TOOL

1. Please indicate why you are using the observation tool:

- You are unable to enter a site
- You cannot conduct a PIT count survey (person refused to answer questions, language or other problems)
- You do not wish to disturb people sleeping

2. Total persons staying together as household:

(USE SEPARATE OBSERVATION FORMS FOR EACH HOUSEHOLD)

a. Adults _____ b. Children _____ c. Not sure if Adult/Child _____

TOTAL _____

COMPLETE THE FOLLOWING INFORMATION FOR EACH PERSON IN THE HOUSEHOLD.

	Person 1	Person 2	Person 3
<p>3. <u>Location</u> where observed <i>Example: northwest corner of 1st Avenue and Main Street</i></p> <p>_____</p>	_____	_____	_____
<p>4. Is this person <u>homeless</u>? How certain are you that the person meets HUD’s criteria of staying in a place not meant for human habitation (e.g., tent, vehicle, park bench, etc.)?</p>	<input type="checkbox"/> Definitely <input type="checkbox"/> Possibly <input type="checkbox"/> Not sure	<input type="checkbox"/> Definitely <input type="checkbox"/> Possibly <input type="checkbox"/> Not sure	<input type="checkbox"/> Definitely <input type="checkbox"/> Possibly <input type="checkbox"/> Not sure
<p>5. What is this person’s <u>age</u>?</p>	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> Not sure	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> Not sure	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> Not sure
<p>6. What is this person’s <u>gender</u>?</p>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not sure	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not sure	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not sure
<p>7. What is this person’s <u>race</u>? <i>[SELECT ALL THAT APPLY]</i></p>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Sure	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Sure	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Sure

	Person 1	Person 2	Person 3
8. What is this person's <u>ethnicity</u>?	<input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> non-Hispanic / non-Latino <input type="checkbox"/> Not sure	<input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> non-Hispanic / non-Latino <input type="checkbox"/> Not sure	<input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> non-Hispanic / non-Latino <input type="checkbox"/> Not sure
9. <u>Other information or identifying characteristics</u> If possible, please include: <ul style="list-style-type: none"> • Clothing (hats, accessories, any military or other emblems) • Other physical characteristics or conditions like tattoos, scars, braces, casts, etc. 			