

# Example PIT Count Observation Form

Please complete one form for each person observed.

Observation #: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Date: \_\_\_\_\_ Exact time of observation: \_\_\_\_\_

Exact location (e.g., east side of Main St. between Broadway and 1<sup>st</sup>; on bench in SW corner of X Park):  
\_\_\_\_\_

Number of people observed in household: \_\_\_\_\_  Unsure of the number of people to count

If unsure: Why are you unsure? \_\_\_\_\_  
(e.g., in a closed tent)

If more than 1: Which form **Observation #(s)** should be counted with this person's? \_\_\_\_\_

**Description of person:** Please include details about any **physical appearance** (e.g., long dark hair; grey beard), **clothing** (e.g., black down coat), **unique identifiers** (e.g., visible tattoos), **possessions** (e.g., navy blue hiking backpack, orange tent), or **companion animals** you observe.

**Physical Appearance:** \_\_\_\_\_

**Clothing:** \_\_\_\_\_

**Unique identifiers:** \_\_\_\_\_

**Possessions:** \_\_\_\_\_

**Companion animals:** \_\_\_\_\_

**Other:** \_\_\_\_\_

Is the person sleeping?  Yes  No

If no: Why do you think they may be experiencing homelessness?  
\_\_\_\_\_

Do you know any demographic information about this person?

- No**—I have never met this person. Please **do not** fill in demographic information in the box below.  
 **Yes**—I know this person. Please fill in known demographic information in the box below. For race and gender, more than one option can be selected.

<b>Age:</b> <input type="checkbox"/> Under 18 <input type="checkbox"/> 18—24 <input type="checkbox"/> 25—34 <input type="checkbox"/> 35—44 <input type="checkbox"/> 45—54 <input type="checkbox"/> 55—64 <input type="checkbox"/> Persons over age 64
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> A gender other than singularly "Female" or "Male" <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning
<b>Ethnicity:</b> <input type="checkbox"/> Non-Hispanic/Non-Latin(a)(o)(x) <input type="checkbox"/> Hispanic/Latin(a)(o)(x)
<b>Race:</b> <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White