



# SHELTERED COUNT FORM

Use on: January 30, 2019 06:00am - 06:00am (24 hours)

Purpose: Shelter Count Interview

## NC-511 Fayetteville/Cumberland County CoC Point-in-Time (PIT) Sheltered Count Form

**Location:** \_\_\_\_\_ **County:** Cumberland **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ am / pm

**Interviewer (Name & Agency):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Script: "Hello, my name is \_\_\_\_\_ and I am a volunteer for the Fayetteville/Cumberland County CoC. We are conducting a survey to count homeless people in an effort to provide better programs and services for them. Your participation is voluntary and responses to questions will not be shared with anyone outside of our team. I will need to read each question all the way through. Can I have about 10 minutes of your time?"

**Yes (Go to Q1)**       **NO (Thank the respondent and utilize the observation method if the survey is declined or if the situation is too dangerous)**

<b>1) Where did you sleep (or where are you sleeping) on the night of Wednesday, January 30?</b>	<i>Sheltered Count Use Only</i>
	<input type="checkbox"/> <b>Emergency Shelter</b> (Name of shelter: _____) <input type="checkbox"/> <b>Transitional Housing</b> (Name of housing: _____) <input type="checkbox"/> <b>Hotel or Motel</b> (paid for by and agency such as DSS, church, emergency assistance, etc.) (Name of agency: _____)
<b>2) Have you already answered these questions today with another volunteer?</b>	<input type="checkbox"/> <b>Yes</b> (thank you, since you have already completed this form I have no more questions) <input type="checkbox"/> <b>No</b> (continue) <input type="checkbox"/> <b>Does not know / refused to answer</b> (continue)

**3) Which best describes your family/household staying with you tonight?**

<u>Household without children</u>	<u>Household with adults &amp; children</u>	<u>Household with only children</u>
<input type="checkbox"/> Single adult, no children <input type="checkbox"/> Adult couple, no children <input type="checkbox"/> Adult(s) with an adult child/children	<input type="checkbox"/> One parent with children <input type="checkbox"/> Two parents with children	<input type="checkbox"/> Unaccompanied child (17 or younger) <input type="checkbox"/> Household of only children (all members are 17 or younger)

**4) Please answer the following information for the head of household (HoH) and each additional member of the household:**

		Head of Household	Person 2	Person 3	Person 4	Person 5	Person 6
<b>Relationship to HoH</b> (self, child, spouse, sibling, other relative, friend, etc.)	<b>Self</b>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Family <input type="checkbox"/> Non-married partner <input type="checkbox"/> Other: _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Family <input type="checkbox"/> Non-married partner <input type="checkbox"/> Other: _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Family <input type="checkbox"/> Non-married partner <input type="checkbox"/> Other: _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Family <input type="checkbox"/> Non-married partner <input type="checkbox"/> Other: _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Family <input type="checkbox"/> Non-married partner <input type="checkbox"/> Other: _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Family <input type="checkbox"/> Non-married partner <input type="checkbox"/> Other: _____
	<b>Initials</b> (first & last)	_____	_____	_____	_____	_____	_____
<b>Age/DOB</b>	_____	_____	_____	_____	_____	_____	
<b>(if hesitant, instead ask: are you?)</b>	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18 - 24 <input type="checkbox"/> 25 or older	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18 - 24 <input type="checkbox"/> 25 or older	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18 - 24 <input type="checkbox"/> 25 or older	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 or older	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18 - 24 <input type="checkbox"/> 25 or older	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18 - 24 <input type="checkbox"/> 25 or older	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18 - 24 <input type="checkbox"/> 25 or older
<b>Gender</b>	<b>Male</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Male	<input type="checkbox"/> Male	<input type="checkbox"/> Male	<input type="checkbox"/> Male	<input type="checkbox"/> Male
	<b>Female</b>	<input type="checkbox"/> Female	<input type="checkbox"/> Female	<input type="checkbox"/> Female	<input type="checkbox"/> Female	<input type="checkbox"/> Female	<input type="checkbox"/> Female
	<b>Transgender</b>	<input type="checkbox"/> Transgender	<input type="checkbox"/> Transgender	<input type="checkbox"/> Transgender	<input type="checkbox"/> Transgender	<input type="checkbox"/> Transgender	<input type="checkbox"/> Transgender
	<b>Gender non-conforming</b>	<input type="checkbox"/> Gender non-conf.	<input type="checkbox"/> Gender non-conf.	<input type="checkbox"/> Gender non-conf.	<input type="checkbox"/> Gender non-conf.	<input type="checkbox"/> Gender non-conf.	<input type="checkbox"/> Gender non-conf.
<b>Race</b>	<b>Black/African-American</b>	<input type="checkbox"/> Black/Afr. Amer.	<input type="checkbox"/> Black/Afr. Amer.	<input type="checkbox"/> Black/Afr. Amer.	<input type="checkbox"/> Black/Afr. Amer.	<input type="checkbox"/> Black/Afr. Amer.	<input type="checkbox"/> Black/Afr. Amer.
	<b>White</b>	<input type="checkbox"/> White	<input type="checkbox"/> White	<input type="checkbox"/> White	<input type="checkbox"/> White	<input type="checkbox"/> White	<input type="checkbox"/> White
	<b>Asian</b>	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
	<b>Pacific Islander</b>	<input type="checkbox"/> Pac. Islander	<input type="checkbox"/> Pac. Islander	<input type="checkbox"/> Pac. Islander	<input type="checkbox"/> Pac. Islander	<input type="checkbox"/> Pac. Islander	<input type="checkbox"/> Pac. Islander
	<b>Native American</b>	<input type="checkbox"/> Native American	<input type="checkbox"/> Native American	<input type="checkbox"/> Native American	<input type="checkbox"/> Native American	<input type="checkbox"/> Native American	<input type="checkbox"/> Native American
<b>Multiple Races</b>	<input type="checkbox"/> Multiple Races	<input type="checkbox"/> Multiple Races	<input type="checkbox"/> Multiple Races	<input type="checkbox"/> Multiple Races	<input type="checkbox"/> Multiple Races	<input type="checkbox"/> Multiple Races	
<b>Hispanic/Latino</b> Y/N	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Military Veteran</b> Y/N	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Disability</b> Y/N	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



