Unsheltered Data Collection Form

Date Completed: ____________________________  of __________

Unsheltered Count Location: ______________________________________________________________

Use a different form for each unsheltered location.

Enter the approximate date homelessness started? (For this current episode of homelessness, how long has the individual been homeless?)

1 = One Time
2 = Two Times
3 = Three Times
4 = Four or More Times
CDK = Client Doesn’t Know
CR = Client Refused
N/A = Question Does Not Apply

<table>
<thead>
<tr>
<th>Relationship to Head of Household</th>
<th>Homeless Status</th>
<th>Sub-Populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select 1</td>
<td>Select 1</td>
<td>Select 1</td>
</tr>
<tr>
<td>Select Two</td>
<td>Number of times the individual has been on the streets or in emergency shelter in the past 3 years. (For this current episode of homelessness, how long has the individual been homeless?)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 = One Time</td>
<td>Chronic Health Condition</td>
</tr>
<tr>
<td></td>
<td>2 = Two Times</td>
<td>Alcohol Abuse</td>
</tr>
<tr>
<td></td>
<td>3 = Three Times</td>
<td>Drug Abuse</td>
</tr>
<tr>
<td></td>
<td>4 = Four or More Times</td>
<td>HIV / AIDS</td>
</tr>
<tr>
<td></td>
<td>CDK = Client Doesn’t Know</td>
<td>Mental Health</td>
</tr>
<tr>
<td></td>
<td>CR = Client Refused</td>
<td>Physical (Long Term)</td>
</tr>
<tr>
<td></td>
<td>N/A = Question Does Not Apply</td>
<td>US Military Veteran</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Currently Placing Domestic Violence</td>
</tr>
</tbody>
</table>

These fields are only used to prevent duplicate counts.

At a minimum, please complete these fields.

Date of Birth

Enter as mm/dd/year

Gender

Relationship to Head of Household

Race

Ethnicity

Select 1

Select 1

CDK

CR

DNC

See back

F

M

TM

TF

HL

GNC

AN

A

B

PI

W

CDN

CDK

CR

DNC

CDN

CR

DNC

See back

Mo

Day

Yr

Last 4 Digits of Social Security Number

AN = AK Native or Am Indian
A = Asian
B = Black or African American
PI = Native Hawaiian or other Pacific Islander
W = White
CDN = Client Doesn’t Know
CDK = Client Doesn’t Know
CR = Client Refused
DNC = Data Not Collected
DNC = Data Not Collected

Use one line for each Homeless individual and complete questions on both sides of this survey. See homeless definition and codes on the back of this form.

* When recording Households: 1. Separate each household with one blank row 2. Only count household members who are present.

Please contact Carrie Collins at 907-330-8276 or ccollins@ahfc.us for assistance. Unsheltered count data should be entered into HMIS by 2/12/2018. Please contact ICA at 907-249-6647 or akhmis@icalliances.org for assistance with HMIS.

Agency: ____________________________________________  Project: ____________________________________________

Contact Name: ____________________________  Email: ____________________________  Phone Number: ____________________________

Contact Name: ____________________________  Email: ____________________________  Phone Number: ____________________________

Agency: ____________________________________________  Project: ____________________________________________

Contact Name: ____________________________  Email: ____________________________  Phone Number: ____________________________

Agency: ____________________________________________  Project: ____________________________________________

Contact Name: ____________________________  Email: ____________________________  Phone Number: ____________________________
## HUD Homeless Definition for Determining Who is Eligible for PIT Count and Survey Codes

**Sheltered:** An individual or family living in a supervised publicly or privately operated shelter designed to provide temporary living arrangements including: Congregate Shelters, Transitional Housing, or Hotels and Motels Paid for by Charitable Organizations or by Federal, State, or Local Government Programs for Low-Income Individuals.

**Unsheltered:** Individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings including a: Car, Park, Abandoned Building, Bus or Train Station, Airport or Camping Ground.

### Sub-Populations

- **Chronic Health Condition:** A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is expected to be long-continuing or of indefinite duration.
- **Physical (Long Term):** A physical impairment that is expected to be long-continuing or of indefinite duration.
- **US Military Veteran:** Adults who served on active duty in the U.S. Armed Forces. Does not include inactive military reserves or the National Guard unless the person was called up to active duty.

### Gender Code

- **F** Female
- **M** Male
- **TM** Trans Male (Female to Male)
- **TF** Trans Female (Male to Female)
- **GNC** Gender Non-Conforming
- **CDK** Client Doesn't Know
- **CR** Client Refused
- **DNC** Data Not Collected

### Ethnicity Code

- **HL** Hispanic or Latino
- **N** Non-Hispanic or Latino
- **CDK** Client Doesn't Know
- **CR** Client Refused
- **DNC** Data Not Collected

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<table>
<thead>
<tr>
<th>Enter Data from First Page of the Survey</th>
<th>When did you move to this community?</th>
<th>What was the zip code or name of the community you previously lived?</th>
<th>Were you homeless when you moved here?</th>
<th>Were you ever in the foster care system?</th>
<th>How many years were you in foster care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Middle Initial</td>
<td>Last Name</td>
<td>Enter Year or Month and Year</td>
<td>Yes or No</td>
<td>Yes or No</td>
</tr>
</tbody>
</table>