

# Campbell County 2018 Point-in-Time Count Survey

This family has more than 6 members. See reverse side.

Head of Household Name

Interviewer Name

Location of Interview  
*(please be specific)*

**You must complete LEFT-hand column for entire household FIRST in order to continue the survey.**

**Where are you sleeping right now?**

**If none of the options below are applicable, please STOP now.**

**Emergency Shelter**  
 CHET (DV)

**Hotel/motel paid for by:**  
 Church  
 Charitable donor  
 Law enforcement  
 Social service provider

Name of provider:

**Precariously housed**  
 Staying with family or friends

**Unsheltered**  
 Motor vehicle  
 Street  
 Tent/campsite  
 Abandoned building  
 Vacant apartment or house where rent/mortgage is not paid, **and** any of these:

- No drinking water
- No toilet and/or bath area
- No food prep area
- No heating and/or no cooling

**1 Head of Household**

Gender:  Male  Trans-female  
 Female  Trans-male  
 Gender Non-conforming

Age:  0-17  18-24  
 25+ years of age

Race:  White  Native American  
 Black  Hawaiian/Pacific  
 Asian  Islander

Ethnicity:  Hispanic/Latino  
 Non-Hispanic/Latino

Pop:  Fleeing Domestic Violence  
 Has a child living in the household

**All Adults Must Answer the Following:**

Current or former active duty military  
 Serious mental illness  HIV/AIDS  
 Chronic A/D abuse  Physical disability  
 Developmental disability

History:  
 First time homeless  
 Has been in a shelter or safe haven or without shelter for EITHER:  
 12 consecutive months OR  
 4 times in the past 3 years totalling 12 mos.

**4 Child Member**

Gender:  Male  Trans-female  
 Female  Trans-male  
 Gender Non-conforming

Age:  0-17  18-24  
 25+ years of age

Race:  White  Native American  
 Black  Hawaiian/Pacific  
 Asian  Islander

Ethnicity:  Hispanic/Latino  
 Non-Hispanic/Latino

Pop:  Fleeing Domestic Violence

**NOTES:**

Survey data entered by:

Date entered:

**2 Other Adult Member**

Gender:  Male  Trans-female  
 Female  Trans-male  
 Gender Non-conforming

Age:  0-17  18-24  
 25+ years of age

Race:  White  Native American  
 Black  Hawaiian/Pacific  
 Asian  Islander

Ethnicity:  Hispanic/Latino  
 Non-Hispanic/Latino

Pop:  Fleeing Domestic Violence  
 Has a child living in the household

**All Adults Must Answer the Following:**

Current or former active duty military  
 Serious mental illness  HIV/AIDS  
 Chronic A/D abuse  Physical disability  
 Developmental disability

History:  
 First time homeless  
 Has been in a shelter or safe haven or without shelter for EITHER:  
 12 consecutive months OR  
 4 times in the past 3 years totalling 12 mos.

**5 Child Member**

Gender:  Male  Trans-female  
 Female  Trans-male  
 Gender Non-conforming

Age:  0-17  18-24  
 25+ years of age

Race:  White  Native American  
 Black  Hawaiian/Pacific  
 Asian  Islander

Ethnicity:  Hispanic/Latino  
 Non-Hispanic/Latino

Pop:  Fleeing Domestic Violence

**3 Other Adult Member**

Gender:  Male  Trans-female  
 Female  Trans-male  
 Gender Non-conforming

Age:  0-17  18-24  
 25+ years of age

Race:  White  Native American  
 Black  Hawaiian/Pacific  
 Asian  Islander

Ethnicity:  Hispanic/Latino  
 Non-Hispanic/Latino

Pop:  Fleeing Domestic Violence  
 Has a child living in the household

**All Adults Must Answer the Following:**

Current or former active duty military  
 Serious mental illness  HIV/AIDS  
 Chronic A/D abuse  Physical disability  
 Developmental disability

History:  
 First time homeless  
 Has been in a shelter or safe haven or without shelter for EITHER:  
 12 consecutive months OR  
 4 times in the past 3 years totalling 12 mos.

**6 Child Member**

Gender:  Male  Trans-female  
 Female  Trans-male  
 Gender Non-conforming

Age:  0-17  18-24  
 25+ years of age

Race:  White  Native American  
 Black  Hawaiian/Pacific  
 Asian  Islander

Ethnicity:  Hispanic/Latino  
 Non-Hispanic/Latino

Pop:  Fleeing Domestic Violence

**HOUSEHOLD INFORMATION**  # ADULTS  # CHILDREN

Survey PIN:

# Campbell County 2018 Point-in-Time Count Survey (back)

## ADDITIONAL NOTES:

	7 Head of Household	8 Other Adult Member	9 Other Adult Member
<i>Gender:</i> <input type="checkbox"/> Male <input type="checkbox"/> Trans-female <input type="checkbox"/> Female <input type="checkbox"/> Trans-male <input type="checkbox"/> Gender Non-conforming <i>Age:</i> <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25+ years of age <i>Race:</i> <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific <input type="checkbox"/> Asian <input type="checkbox"/> Islander <i>Ethnicity:</i> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <i>Pop:</i> <input type="checkbox"/> Fleeing Domestic Violence <input type="checkbox"/> Has a child living in the household	<i>Gender:</i> <input type="checkbox"/> Male <input type="checkbox"/> Trans-female <input type="checkbox"/> Female <input type="checkbox"/> Trans-male <input type="checkbox"/> Gender Non-conforming <i>Age:</i> <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25+ years of age <i>Race:</i> <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific <input type="checkbox"/> Asian <input type="checkbox"/> Islander <i>Ethnicity:</i> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <i>Pop:</i> <input type="checkbox"/> Fleeing Domestic Violence <input type="checkbox"/> Has a child living in the household	<i>Gender:</i> <input type="checkbox"/> Male <input type="checkbox"/> Trans-female <input type="checkbox"/> Female <input type="checkbox"/> Trans-male <input type="checkbox"/> Gender Non-conforming <i>Age:</i> <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25+ years of age <i>Race:</i> <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific <input type="checkbox"/> Asian <input type="checkbox"/> Islander <i>Ethnicity:</i> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <i>Pop:</i> <input type="checkbox"/> Fleeing Domestic Violence <input type="checkbox"/> Has a child living in the household	
	<b>All Adults Must Answer the Following:</b>	<b>All Adults Must Answer the Following:</b>	<b>All Adults Must Answer the Following:</b>
	<input type="checkbox"/> Current or former active duty military <input type="checkbox"/> Serious mental illness <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic A/D abuse <input type="checkbox"/> Physical disability <input type="checkbox"/> Developmental disability <i>History:</i> <input type="checkbox"/> First time homeless <input type="checkbox"/> Has been in a shelter or safe haven or without shelter for EITHER: <input type="checkbox"/> 12 consecutive months OR <input type="checkbox"/> 4 times in the past 3 years totalling 12 mos.	<input type="checkbox"/> Current or former active duty military <input type="checkbox"/> Serious mental illness <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic A/D abuse <input type="checkbox"/> Physical disability <input type="checkbox"/> Developmental disability <i>History:</i> <input type="checkbox"/> First time homeless <input type="checkbox"/> Has been in a shelter or safe haven or without shelter for EITHER: <input type="checkbox"/> 12 consecutive months OR <input type="checkbox"/> 4 times in the past 3 years totalling 12 mos.	<input type="checkbox"/> Current or former active duty military <input type="checkbox"/> Serious mental illness <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic A/D abuse <input type="checkbox"/> Physical disability <input type="checkbox"/> Developmental disability <i>History:</i> <input type="checkbox"/> First time homeless <input type="checkbox"/> Has been in a shelter or safe haven or without shelter for EITHER: <input type="checkbox"/> 12 consecutive months OR <input type="checkbox"/> 4 times in the past 3 years totalling 12 mos.
	10 Child Member	11 Child Member	12 Child Member
	<i>Gender:</i> <input type="checkbox"/> Male <input type="checkbox"/> Trans-female <input type="checkbox"/> Female <input type="checkbox"/> Trans-male <input type="checkbox"/> Gender Non-conforming <i>Age:</i> <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25+ years of age <i>Race:</i> <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific <input type="checkbox"/> Asian <input type="checkbox"/> Islander <i>Ethnicity:</i> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <i>Pop:</i> <input type="checkbox"/> Fleeing Domestic Violence	<i>Gender:</i> <input type="checkbox"/> Male <input type="checkbox"/> Trans-female <input type="checkbox"/> Female <input type="checkbox"/> Trans-male <input type="checkbox"/> Gender Non-conforming <i>Age:</i> <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25+ years of age <i>Race:</i> <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific <input type="checkbox"/> Asian <input type="checkbox"/> Islander <i>Ethnicity:</i> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <i>Pop:</i> <input type="checkbox"/> Fleeing Domestic Violence	<i>Gender:</i> <input type="checkbox"/> Male <input type="checkbox"/> Trans-female <input type="checkbox"/> Female <input type="checkbox"/> Trans-male <input type="checkbox"/> Gender Non-conforming <i>Age:</i> <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25+ years of age <i>Race:</i> <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific <input type="checkbox"/> Asian <input type="checkbox"/> Islander <i>Ethnicity:</i> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <i>Pop:</i> <input type="checkbox"/> Fleeing Domestic Violence

NOTES:

HOUSEHOLD INFORMATION  # ADULTS  # CHILDREN

Survey PIN:

Survey data entered by:

Date entered: