

(Volunteer Name)

If you cannot answer this left-hand question, do not fill out a survey.

Has the individual already answered a survey?
 No Yes → IF YES, then stop now.

Claiborne County 2017 Point-In-Time Count Survey

Where are you sleeping right now?

Emergency Shelter
 CEASE

Transitional Housing

Hotel paid for by
 Pump Springs Baptist Church
 Church: _____
 Charitable Donor (not an organization)
 _____ Police Department
 Agency: _____

Temporarily Staying with Family or Friends

Unsheltered (choose one):
 Car / truck / van
 Street
 Tent
 Other: _____
 Abandoned Building
 An apartment or home where no rent/mortgage is paid here, nor is the apartment/home owned, and any of these:
 No drinking water
 No restroom
 No heat
 No ability to bathe
 No ability to prepare food

Notes:

Data Entry Confirmation Code -- --

Location of Interview or Source of Information _____

City _____, TN Zip _____ GPS Coord _____

HOUSEHOLD INFO:
ADULTS: **# CHILDREN:**

CoCs must collect and report counts of specific subpopulations among sheltered and unsheltered persons according to the chart below. **Subpopulation data should be limited to adults, with the exception of persons in chronically homeless families.** Reporting on the number of sheltered and unsheltered victims of domestic violence will continue to be optional.

1 HEAD OF HOUSEHOLD	2 FAMILY MEMBER	3 FAMILY MEMBER
Gender (only choose 1): <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Female <input type="checkbox"/> Don't identify M/F, Transgender Age Range: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25+ or Age: _____ Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multiple Races Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic Population: <input type="checkbox"/> Former Active Duty Military <input type="checkbox"/> Fleeing Domestic Violence	Gender (only choose 1): <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Female <input type="checkbox"/> Don't identify M/F, Transgender Age Range: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25+ or Age: _____ Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multiple Races Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic Population: <input type="checkbox"/> Former Active Duty Military <input type="checkbox"/> Fleeing Domestic Violence	Gender (only choose 1): <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Female <input type="checkbox"/> Don't identify M/F, Transgender Age Range: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25+ or Age: _____ Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multiple Races Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic Population: <input type="checkbox"/> Former Active Duty Military <input type="checkbox"/> Fleeing Domestic Violence
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History of Homelessness: <input type="checkbox"/> Has lived on the streets, emergency shelter or safe haven for a full 12 mo. <input type="checkbox"/> Has been on the streets or in a shelter 4x in the last 3 years, totaling 12 months Disabling conditions, expected to be of long duration, that could be helped by appropriate housing (check all that apply): <input type="checkbox"/> Severe Mental Illness <input type="checkbox"/> Severe Substance/Alcohol Abuse <input type="checkbox"/> Has HIV/AIDS <input type="checkbox"/> Physical <input type="checkbox"/> Developmental	History of Homelessness: <input type="checkbox"/> Has lived on the streets, emergency shelter or safe haven for a full 12 mo. <input type="checkbox"/> Has been on the streets or in a shelter 4x in the last 3 years, totaling 12 months Disabling conditions, expected to be of long duration, that could be helped by appropriate housing (check all that apply): <input type="checkbox"/> Severe Mental Illness <input type="checkbox"/> Severe Substance/Alcohol Abuse <input type="checkbox"/> Has HIV/AIDS <input type="checkbox"/> Physical <input type="checkbox"/> Developmental	History of Homelessness: <input type="checkbox"/> Has lived on the streets, emergency shelter or safe haven for a full 12 mo. <input type="checkbox"/> Has been on the streets or in a shelter 4x in the last 3 years, totaling 12 months Disabling conditions, expected to be of long duration, that could be helped by appropriate housing (check all that apply): <input type="checkbox"/> Severe Mental Illness <input type="checkbox"/> Severe Substance/Alcohol Abuse <input type="checkbox"/> Has HIV/AIDS <input type="checkbox"/> Physical <input type="checkbox"/> Developmental
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