

**(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.

**Cocke County 2017  
Point-In-Time Count Survey**

**Where are you sleeping right now?**

**Emergency Shelter**

\_\_\_\_\_

**Transitional Housing**

\_\_\_\_\_

**Hotel paid for by**

- 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 has:
  - No drinking water
  - No restroom
  - No heat
  - No ability to bathe
  - No ability to prepare food

**Notes:**

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
<p><b>Gender (only choose 1):</b>  <input type="checkbox"/> Male <input type="checkbox"/> Transgender  <input type="checkbox"/> Female <input type="checkbox"/> Don't identify M/F, Transgender  <b>Age Range:</b> <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25+  <b>or Age:</b> _____  <b>Race (check all that apply):</b> <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  <b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic  <b>Population:</b> <input type="checkbox"/> Former Active Duty Military  <input type="checkbox"/> Fleeing Domestic Violence</p>	<p><b>Gender (only choose 1):</b>  <input type="checkbox"/> Male <input type="checkbox"/> Transgender  <input type="checkbox"/> Female <input type="checkbox"/> Don't identify M/F, Transgender  <b>Age Range:</b> <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25+  <b>or Age:</b> _____  <b>Race (check all that apply):</b> <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  <b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic  <b>Population:</b> <input type="checkbox"/> Former Active Duty Military  <input type="checkbox"/> Fleeing Domestic Violence</p>	<p><b>Gender (only choose 1):</b>  <input type="checkbox"/> Male <input type="checkbox"/> Transgender  <input type="checkbox"/> Female <input type="checkbox"/> Don't identify M/F, Transgender  <b>Age Range:</b> <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25+  <b>or Age:</b> _____  <b>Race (check all that apply):</b> <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  <b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic  <b>Population:</b> <input type="checkbox"/> Former Active Duty Military  <input type="checkbox"/> Fleeing Domestic Violence</p>
SUBPOPULATION – ADULTS MUST ANSWER		
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Data Entry Confirmation Code      --      --