

This family has more than 6 members, See additional pages.

(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.

**Grainger 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 any of these:
 - 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
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
SUBPOPULATION – ADULTS MUST ANSWER		
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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Data Entry Confirmation Code -- --