

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

**(Volunteer Name)**

*Has the individual already answered a survey?*

No  Yes → IF YES, then stop now.

# Jefferson County 2017 Point-In-Time Count Survey

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

## Where are you sleeping right now?

**Emergency Shelter**

- SafeSpace
- Samaritan House
- The Windmill Way

**Transitional Housing**

- The Windmill Way

**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
<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	SUBPOPULATION – ADULTS MUST ANSWER	SUBPOPULATION – ADULTS MUST ANSWER
<p><b>History of Homelessness:</b>  <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  <b>Disabling conditions, expected to be of long duration, that could be helped by appropriate housing (check all that apply):</b>  <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</p>	<p><b>History of Homelessness:</b>  <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  <b>Disabling conditions, expected to be of long duration, that could be helped by appropriate housing (check all that apply):</b>  <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</p>	<p><b>History of Homelessness:</b>  <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  <b>Disabling conditions, expected to be of long duration, that could be helped by appropriate housing (check all that apply):</b>  <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</p>
4 FAMILY MEMBER	5 FAMILY MEMBER	6 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	SUBPOPULATION – ADULTS MUST ANSWER	SUBPOPULATION – ADULTS MUST ANSWER
<p><b>History of Homelessness:</b>  <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  <b>Disabling conditions, expected to be of long duration, that could be helped by appropriate housing (check all that apply):</b>  <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</p>	<p><b>History of Homelessness:</b>  <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  <b>Disabling conditions, expected to be of long duration, that could be helped by appropriate housing (check all that apply):</b>  <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</p>	<p><b>History of Homelessness:</b>  <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  <b>Disabling conditions, expected to be of long duration, that could be helped by appropriate housing (check all that apply):</b>  <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</p>