

## HOMELESS POINT IN TIME COUNT – OBSERVATION TOOL

**1. Please indicate why you are using the observation tool:**

- You are unable to enter a site
- You cannot conduct a PIT survey (person refused to answer questions, language or other problems)
- You do not wish not to disturb people sleeping

**2. Total persons staying together as household: (USE SEPARATE OBSERVATION FORMS FOR EACH HOUSEHOLD)**

a. Adults \_\_\_\_\_ b. Children \_\_\_\_\_ c. Not sure if Adult/Child \_\_\_\_\_ TOTAL \_\_\_\_\_

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>3. <u>Location</u> where observed</b> <i>Example: northwest corner of 1st Avenue and Main Street</i>					
<b>4. Is this person <u>homeless</u>?</b> How certain are you that the person meets HUD’s criteria of staying in a place not meant for human habitation (e.g., tent, vehicle, park bench, etc.)?	<input type="checkbox"/> Definitely <input type="checkbox"/> Possibly <input type="checkbox"/> Not sure	<input type="checkbox"/> Definitely <input type="checkbox"/> Possibly <input type="checkbox"/> Not sure	<input type="checkbox"/> Definitely <input type="checkbox"/> Possibly <input type="checkbox"/> Not sure	<input type="checkbox"/> Definitely <input type="checkbox"/> Possibly <input type="checkbox"/> Not sure	<input type="checkbox"/> Definitely <input type="checkbox"/> Possibly <input type="checkbox"/> Not sure
<b>5. What is this person’s <u>age</u>?</b>	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> Not sure	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> Not sure	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> Not sure	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> Not sure	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> Not sure
<b>6. Is this person male or female?</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not sure	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not sure	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not sure	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not sure	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not sure

	Person 1	Person 2	Person 3	Person 4	Person 5
<p><b>7. What is this person's <u>race</u>?</b> <b><i>[SELECT ALL THAT APPLY]</i></b></p>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Sure	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Sure	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Sure	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Sure	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Sure
<p><b>8. What is this person's <u>ethnicity</u>?</b></p>	<input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> non-Hispanic / non-Latino <input type="checkbox"/> Not sure	<input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> non-Hispanic / non-Latino <input type="checkbox"/> Not sure	<input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> non-Hispanic / non-Latino <input type="checkbox"/> Not sure	<input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> non-Hispanic / non-Latino <input type="checkbox"/> Not sure	<input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> non-Hispanic / non-Latino <input type="checkbox"/> Not sure
<p><b>9. <u>Other information or identifying characteristics</u></b></p> <p>If possible, please include:</p> <ul style="list-style-type: none"> <li>• Clothing (hats, accessories, any military or other emblems)</li> <li>• Other physical characteristics or conditions like tattoos, scars, braces, casts, etc.</li> </ul>					