



# OBSERVATION COUNT FORM

Use on: January 23, 2018 8:00pm - 6:00am

Use for: Street Count- only when interview is not possible

## Unsheltered Observation Count Form- Ohio BoSCoC 2018 Point-in-Time Count

Location: \_\_\_\_\_ County: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

**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

*\*Remember – you should only use the observation tool if you absolutely CANNOT interview the person*

**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. Location where observed</b> <i>Example: northwest corner of 1st Avenue and Main Street</i>	Location:  City:	Location:  City:	Location:  City:	Location:  City:	Location:  City:
<b>4. Is this person homeless?</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. Describe the circumstances in which you observed the person – i.e., what about their observed situation made you think the person is homeless? (e.g., Was person sleeping by a tent late at night?)</b>					
<b>6. What is this person's age?</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>7. 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
<b>8. What is this person's race?</b> <b>[SELECT ALL THAT APPLY]</b>	<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: <hr/> <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: <hr/> <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: <hr/> <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: <hr/> <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: <hr/> <input type="checkbox"/> Not Sure
<b>9. What is this person's ethnicity?</b>	<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
<b>10. Other information that may help staff determine if observed person(s) should be counted as homeless.</b>					