



OBSERVATION COUNT FORM

Use on: January 25, 2022 8:00pm - 6:00am

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

Unsheltered Observation Count Form- Ohio BoSCoC 2022 Point-in-Time Count

Address where interview completed: _____ **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
3. Address / Location where observed Example: Location: behind Target Address: 123 N. Main City: Wilmington	Location: Address: City:	Location: Address: City:	Location: Address: City:	Location: Address: City:	Location: Address: City:
5. Describe the <u>circumstances</u> 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?)					
6. What is this person's <u>age</u>?	<input type="checkbox"/> Under 5 <input type="checkbox"/> 5-12 <input type="checkbox"/> 13-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-61 <input type="checkbox"/> 62+	<input type="checkbox"/> Under 5 <input type="checkbox"/> 5-12 <input type="checkbox"/> 13-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-61 <input type="checkbox"/> 62+	<input type="checkbox"/> Under 5 <input type="checkbox"/> 5-12 <input type="checkbox"/> 13-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-61 <input type="checkbox"/> 62+	<input type="checkbox"/> Under 5 <input type="checkbox"/> 5-12 <input type="checkbox"/> 13-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-61 <input type="checkbox"/> 62+	<input type="checkbox"/> Under 5 <input type="checkbox"/> 5-12 <input type="checkbox"/> 13-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-61 <input type="checkbox"/> 62+

	Person 1	Person 2	Person 3	Person 4	Person 5
7. Is this person male or female?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> A gender other than singularly female or male	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> A gender other than singularly female or male	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> A gender other than singularly female or male	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> A gender other than singularly female or male	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> A gender other than singularly female or male
8. What is this person's race? [SELECT ALL THAT APPLY]	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other-please specify: _____ - <input type="checkbox"/> Not Sure	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other-please specify: _____ <input type="checkbox"/> Not Sure	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other-please specify: _____ - <input type="checkbox"/> Not Sure	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other-please specify: _____ - <input type="checkbox"/> Not Sure	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other-please specify: _____ - <input type="checkbox"/> Not Sure
9. What is this person's ethnicity?	<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

	Person 1	Person 2	Person 3	Person 4	Person 5
10. <u>Other information</u> that may help staff determine if observed person(s) should be counted as homeless.					