



# OBSERVATION COUNT FORM

Use on: February 22, 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
<b>3. Address / Location where observed</b> <b>Example:</b> <b>Location: behind Target</b> <b>Address: 123 N. Main</b> <b>City: Wilmington</b>	Location:  <b>Address:</b>   City:	Location:  <b>Address:</b>   City:	Location:  <b>Address:</b>   City:	Location:  <b>Address:</b>   City:	Location:  <b>Address:</b>   City:
<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 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"/> 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"/> 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"/> 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"/> 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

	Person 1	Person 2	Person 3	Person 4	Person 5
	<input type="checkbox"/> 62+	<input type="checkbox"/> 62+	<input type="checkbox"/> 62+	<input type="checkbox"/> 62+	<input type="checkbox"/> 62+
<b>7. Is this person male or female?</b>	<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
<b>8. What is this person's race? [SELECT ALL THAT APPLY]</b>	<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
<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

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