Sheltered Count Form - Ohio BoSCoC 2023 Point-in-Time Count

Shelter Information:
Location where interview was completed (Project Name): __________________________ County: __________________________
Interviewer: __________________________ Date: _______________ Time: ____________ am/pm
Type of program (circle one): Emergency Shelter Transitional Housing

Hello, my name is _______ and I’m a volunteer for [Ohio BoSCoC County]. We are conducting a survey to count homeless people to provide better programs and services to them. Your participation is voluntary and your responses to questions will not be shared with anyone not associated with our survey. I need to read each question all the way through. Can I have about 10 minutes of your time?

☐ Yes → [Go to Q1]  ☐ No → [Thank respondent and go to Observation Tool]

1. Have you already been interviewed today for the Point in Time Count?
   ☐ Yes → [Thank respondent for their time, end the survey]
   ☐ No

2. Including yourself, how many adults and children are there in your household, who are sleeping in the same location with you tonight?
   _______ number of respondents age 55 and older
   _______ number of respondents age 25-54
   _______ number of respondents age 18-24
   _______ number of respondents age 17 and younger

3a. What is your name or initials? [If respondent says Don’t Know or Refused write DK or REF]

<table>
<thead>
<tr>
<th>Person 1</th>
<th>Person 2</th>
<th>Person 3</th>
<th>Person 4</th>
<th>Person 5</th>
</tr>
</thead>
</table>

3b. What are the names of other people in your household from oldest to youngest? [If respondent says Don’t Know or Refused write DK or REF]
Sheltered Count Form

Person #1 Initials: ______

[Complete the column for Person 1 by asking Q4-Q14. Then complete the columns for Persons 2-5 for all other household members in order of oldest to youngest, by asking Q4-Q14 for each person individually (some questions may pertain only to persons age 18 and older). If other household members are not present, Person 1 should answer for them.]

<table>
<thead>
<tr>
<th></th>
<th>Person 1</th>
<th>Person 2</th>
<th>Person 3</th>
<th>Person 4</th>
<th>Person 5</th>
</tr>
</thead>
</table>
| 4. How is Person ___ (Person 2-5) related to you (Person 1)? | Self | □ Child  
□ Spouse or Partner  
□ Other Relation Member  
□ Other, Non-Relation Member | □ Child  
□ Spouse or Partner  
□ Other Relation Member  
□ Other, Non-Relation Member | □ Child  
□ Spouse or Partner  
□ Other Relation Member  
□ Other, Non-Relation Member | □ Child  
□ Spouse or Partner  
□ Other Relation Member  
□ Other, Non-Relation Member |
| 5. Just to confirm, are you staying with ____ (Person 1) here, in this location, tonight? | N/A | □ Yes  
□ No  
□ DK/REF | □ Yes  
□ No  
□ DK/REF | □ Yes  
□ No  
□ DK/REF | □ Yes  
□ No  
□ DK/REF |
| 6. What is your date of birth? | DOB: | □ Under 18  
□ 18-24  
□ 25-34  
□ 35-44  
□ 45-54  
□ 55-64  
□ 65+  
□ DK/REF | □ Under 18  
□ 18-24  
□ 25-34  
□ 35-44  
□ 45-54  
□ 55-64  
□ 65+  
□ DK/REF | □ Under 18  
□ 18-24  
□ 25-34  
□ 35-44  
□ 45-54  
□ 55-64  
□ 65+  
□ DK/REF | □ Under 18  
□ 18-24  
□ 25-34  
□ 35-44  
□ 45-54  
□ 55-64  
□ 65+  
□ DK/REF |
| If hesitant, ask: Are you...? |   |   |   |   |   |
| 7. What is your gender? | □ Male  
□ Female  
□ Transgender  
□ Questioning  
□ A gender other than singularly female or male  
□ Don’t Know  
□ Refused | □ Male  
□ Female  
□ Transgender  
□ Questioning  
□ A gender other than singularly female or male  
□ Don’t Know  
□ Refused | □ Male  
□ Female  
□ Transgender  
□ Questioning  
□ A gender other than singularly female or male  
□ Don’t Know  
□ Refused | □ Male  
□ Female  
□ Transgender  
□ Questioning  
□ A gender other than singularly female or male  
□ Don’t Know  
□ Refused | □ Male  
□ Female  
□ Transgender  
□ Questioning  
□ A gender other than singularly female or male  
□ Don’t Know  
□ Refused |
<table>
<thead>
<tr>
<th>Section</th>
<th>Person 1</th>
<th>Person 2</th>
<th>Person 3</th>
<th>Person 4</th>
<th>Person 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Are you Hispanic or Latin(a)(o)(x)?</td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
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<td></td>
<td>□ No</td>
<td>□ No</td>
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<td>□ No</td>
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<td></td>
<td>□ DK/REF</td>
<td>□ DK/REF</td>
<td>□ DK/REF</td>
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</tr>
<tr>
<td>9. What is your race? You can select one or more races.</td>
<td>□ American Indian, Alaska Native, or Indigenous</td>
<td>□ American Indian, Alaska Native, or Indigenous</td>
<td>□ American Indian, Alaska Native, or Indigenous</td>
<td>□ American Indian, Alaska Native, or Indigenous</td>
<td>□ American Indian, Alaska Native, or Indigenous</td>
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<tr>
<td></td>
<td>□ Asian or Asian American</td>
<td>□ Asian or Asian American</td>
<td>□ Asian or Asian American</td>
<td>□ Asian or Asian American</td>
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<td></td>
<td>□ Black, African American, or African</td>
<td>□ Black, African American, or African</td>
<td>□ Black, African American, or African</td>
<td>□ Black, African American, or African</td>
<td>□ Black, African American, or African</td>
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<tr>
<td></td>
<td>□ Native Hawaiian or Other Pacific Islander</td>
<td>□ Native Hawaiian or Other Pacific Islander</td>
<td>□ Native Hawaiian or Other Pacific Islander</td>
<td>□ Native Hawaiian or Other Pacific Islander</td>
<td>□ Native Hawaiian or Other Pacific Islander</td>
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<tr>
<td></td>
<td>□ White</td>
<td>□ White</td>
<td>□ White</td>
<td>□ White</td>
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<tr>
<td></td>
<td>□ Other- please specify:</td>
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<td>□ Don’t Know</td>
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<td>10. Are you a veteran of the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)?</td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
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<td>□ Don’t Know</td>
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<tr>
<td>11a. Is this the first time you’ve experienced homelessness?</td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
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<td>□ No</td>
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11b. How long have you been homeless this time? (Only include time spent staying in shelters and/or on the streets.)

- 0-3 months
- 4-6 months
- 7-11 months
- 1-2 years
- 2-3 years
- 3 years or more

11c. How many months did you stay in shelters or on the streets over the past 3 years, that is since January 2020?

- 0-3 months
- 4-6 months
- 7-11 months
- 1-2 years
- 2-3 years
- 3 years or more

11d. In total, how many separate times have you stayed in shelters or on the streets in the past 3 years (since January 2020)?

- Fewer than 4
- 4 or more times
- Don’t Know
- Refused

12. Do you struggle with one or more of the following?

- (a) Alcohol use
- (b) Drug use
- (c) Chronic health condition
- (d) HIV/AIDS
- (e) Mental disability
- (f) Physical disability
- (g) Developmental delay

13. Do any of the above situations keep you from holding a job or living in stable housing?

- Yes
- No
- Don’t Know
- Refused

14. Do you/Does Person [2-5] receive any disability benefits such as Social Security Income, Social Security Disability Income, or Veteran’s Disability Benefits?

- Yes
- No
- Don’t Know
- Refused
| 15. Are you currently fleeing or experiencing physical, emotional, or sexual abuse by a relative or another person you have stayed with, such as a spouse, partner, brother or sister, or parent? | □ Yes  
□ No  
□ Don’t Know  
□ Refused | □ Yes  
□ No  
□ Don’t Know  
□ Refused | □ Yes  
□ No  
□ Don’t Know  
□ Refused | □ Yes  
□ No  
□ Don’t Know  
□ Refused | □ Yes  
□ No  
□ Don’t Know  
□ Refused |

Thanks for taking the survey!