



OBSERVATION COUNT FORM

Use on: January 23, 2024 8:00pm - 6:00am

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

Unsheltered Observation Count Form- Ohio BoSCoC 2024 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 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?)					

	Person 1	Person 2	Person 3	Person 4	Person 5
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"/> 55-64 <input type="checkbox"/> 65+ <input type="checkbox"/> DK/REF	<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"/> 55-64 <input type="checkbox"/> 65+ <input type="checkbox"/> DK/REF	<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"/> 55-64 <input type="checkbox"/> 65+ <input type="checkbox"/> DK/REF	<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"/> 55-64 <input type="checkbox"/> 65+ <input type="checkbox"/> DK/REF	<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"/> 55-64 <input type="checkbox"/> 65+ <input type="checkbox"/> DK/REF
7. What is this person's gender? You can select one or more genders.	<input type="checkbox"/> Man (Boy if child) <input type="checkbox"/> Woman (Girl if child) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Culturally Specific Identity <input type="checkbox"/> Different Identity DK/Ref	<input type="checkbox"/> Man (Boy if child) <input type="checkbox"/> Woman (Girl if child) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Culturally Specific Identity <input type="checkbox"/> Different Identity DK/Ref	<input type="checkbox"/> Man (Boy if child) <input type="checkbox"/> Woman (Girl if child) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Culturally Specific Identity <input type="checkbox"/> Different Identity DK/Ref	<input type="checkbox"/> Man (Boy if child) <input type="checkbox"/> Woman (Girl if child) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Culturally Specific Identity <input type="checkbox"/> Different Identity DK/Ref	<input type="checkbox"/> Man (Boy if child) <input type="checkbox"/> Woman (Girl if child) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Culturally Specific Identity <input type="checkbox"/> Different Identity DK/Ref
5. 8. What is your race and ethnicity? You can select one or more races. [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"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> DK/Refused	<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"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> DK/Refused	<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"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> DK/Refused	<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"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> DK/Refused	<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"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> DK/Refused

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