SHELTERED COUNT FORM

Use on: January 28, 2025

Use for: Sheltered Count Interview (Non-HMIS Participating Providers)

Sheltered Count Form - Ohio BoSCoC 2025 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, <u>who are sleeping in the same location with you tonight?</u>	_____ 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				
	Person 1				
3a. What is your name or initials? *[If respondent says Don't Know or Refused write DK or REF]*		**Person 2**	**Person 3**	**Person 4**	**Person 5**
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]*					

[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.]

	Person 1	Person 2	Person 3	Person 4	Person 5
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:	DOB:	DOB:	DOB:	DOB:
If hesitant, ask: **Are you…?**	☐ Under 5 ☐ 5-12 ☐ 13-17 ☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65+ ☐ DK/REF	☐ Under 5 ☐ 5-12 ☐ 13-17 ☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65+ ☐ DK/REF	☐ Under 5 ☐ 5-12 ☐ 13-17 ☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65+ ☐ DK/REF	☐ Under 5 ☐ 5-12 ☐ 13-17 ☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65+ ☐ DK/REF	☐ Under 5 ☐ 5-12 ☐ 13-17 ☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65+ ☐ DK/REF
7. What is your gender? You can select one or more genders. ****Options continue on next page***	☐ Man (Boy if child) ☐ Woman (Girl if child) ☐ Transgender ☐ Non-Binary ☐ Questioning	☐ Man (Boy if child) ☐ Woman (Girl if child) ☐ Transgender ☐ Non-Binary ☐ Questioning	☐ Man (Boy if child) ☐ Woman (Girl if child) ☐ Transgender ☐ Non-Binary ☐ Questioning	☐ Man (Boy if child) ☐ Woman (Girl if child) ☐ Transgender ☐ Non-Binary ☐ Questioning ☐ Culturally Specific Identity	☐ Man (Boy if child) ☐ Woman (Girl if child) ☐ Transgender ☐ Non-Binary ☐ Questioning ☐ Culturally Specific Identity

Sheltered Count Form ***Person #1 Initials: ______***

	Person 1	Person 2	Person 3	Person 4	Person 5
	☐ Culturally Specific Identity ☐ Different Identity ☐ DK/Ref	☐ Culturally Specific Identity ☐ Different Identity ☐ DK/Ref	☐ Culturally Specific Identity ☐ Different Identity ☐ DK/Ref	☐ Different Identity ☐ DK/Ref	☐ Different Identity ☐ DK/Ref
5. What is your race and ethnicity? You can select one or more races. *[Read categories]*	☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African ☐ Middle Eastern or North African ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Hispanic/Latina/e/o ☐ DK/Refused	☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African ☐ Middle Eastern or North African ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Hispanic/Latina/e/o ☐ DK/Refused	☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African ☐ Middle Eastern or North African ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Hispanic/Latina/e/o ☐ DK/Refused	☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African ☐ Middle Eastern or North African ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Hispanic/Latina/e/o ☐ DK/Refused	☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African ☐ Middle Eastern or North African ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Hispanic/Latina/e/o ☐ DK/Refused
8. Are you a veteran of the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)?	☐ 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
11a. Is this the first time you've experienced homelessness?	☐ 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

11b. How long have you been homeless <u>this time</u>? (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	□ 0-3 months □ 4-6 months □ 7-11 months □ 1-2 years □ 2-3 years □ 3 years or more	□ 0-3 months □ 4-6 months □ 7-11 months □ 1-2 years □ 2-3 years □ 3 years or more	□ 0-3 months □ 4-6 months □ 7-11 months □ 1-2 years □ 2-3 years □ 3 years or more	□ 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 <u>past 3 years</u>, that is since January 2022?	□ 0-3 months □ 4-6 months □ 7-11 months □ 1-2 years □ 2-3 years □ 3 years or more	□ 0-3 months □ 4-6 months □ 7-11 months □ 1-2 years □ 2-3 years □ 3 years or more	□ 0-3 months □ 4-6 months □ 7-11 months □ 1-2 years □ 2-3 years □ 3 years or more	□ 0-3 months □ 4-6 months □ 7-11 months □ 1-2 years □ 2-3 years □ 3 years or more	□ 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 2022)?	□ Fewer than 4 □ 4 or more times □ Don't Know □ Refused	□ Fewer than 4 □ 4 or more times □ Don't Know □ Refused	□ Fewer than 4 □ 4 or more times □ Don't Know □ Refused	□ Fewer than 4 □ 4 or more times □ Don't Know □ Refused	□ 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	□ (a) Alcohol use □ (b) Drug use □ (c) Chronic health condition □ (d) HIV/AIDS □ (e) Mental disability □ (f) Physical disability □ (g) Developmental delay	□ (a) Alcohol use □ (b) Drug use □ (c) Chronic health condition □ (d) HIV/AIDS □ (e) Mental disability □ (f) Physical disability □ (g) Developmental delay	□ (a) Alcohol use □ (b) Drug use □ (c) Chronic health condition □ (d) HIV/AIDS □ (e) Mental disability □ (f) Physical disability □ (g) Developmental delay	□ (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	□ Yes □ No □ Don't Know □ Refused	□ Yes □ No □ Don't Know □ Refused	□ Yes □ No □ Don't Know □ Refused	□ 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	□ Yes □ No □ Don't Know □ Refused	□ Yes □ No □ Don't Know □ Refused	□ Yes □ No □ Don't Know □ Refused	□ 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!