



# OBSERVATION COUNT FORM

Use on: January 28, 2025 8:00pm - 6:00am

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

## Unsheltered Observation Count Form- Ohio BoSCoC 2025 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><br><b>Example:</b><br><b>Location:</b><br><b>behind Target</b><br><b>Address:</b><br><b>123 N. Main</b><br><b>City:</b><br><b>Wilmington</b>                      | Location:<br><br><b>Address:</b><br><br><br>City: | Location:<br><br><b>Address:</b><br><br><br>City: | Location:<br><br><b>Address:</b><br><br><br>City: | Location:<br><br><b>Address:</b><br><br><br>City: | Location:<br><br><b>Address:</b><br><br><br>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> |   |   |   |   |   |

|   | Person 1  | Person 2  | Person 3  | Person 4  | Person 5  |
|---|---|---|---|---|---|
| <b>6. What is this person's <u>age</u>?</b>   | <input type="checkbox"/> Under 5<br><input type="checkbox"/> 5-12<br><input type="checkbox"/> 13-17<br><input type="checkbox"/> 18-24<br><input type="checkbox"/> 25-34<br><input type="checkbox"/> 35-44<br><input type="checkbox"/> 45-54<br><input type="checkbox"/> 55-64<br><input type="checkbox"/> 65+<br><input type="checkbox"/> DK/REF  | <input type="checkbox"/> Under 5<br><input type="checkbox"/> 5-12<br><input type="checkbox"/> 13-17<br><input type="checkbox"/> 18-24<br><input type="checkbox"/> 25-34<br><input type="checkbox"/> 35-44<br><input type="checkbox"/> 45-54<br><input type="checkbox"/> 55-64<br><input type="checkbox"/> 65+<br><input type="checkbox"/> DK/REF  | <input type="checkbox"/> Under 5<br><input type="checkbox"/> 5-12<br><input type="checkbox"/> 13-17<br><input type="checkbox"/> 18-24<br><input type="checkbox"/> 25-34<br><input type="checkbox"/> 35-44<br><input type="checkbox"/> 45-54<br><input type="checkbox"/> 55-64<br><input type="checkbox"/> 65+<br><input type="checkbox"/> DK/REF  | <input type="checkbox"/> Under 5<br><input type="checkbox"/> 5-12<br><input type="checkbox"/> 13-17<br><input type="checkbox"/> 18-24<br><input type="checkbox"/> 25-34<br><input type="checkbox"/> 35-44<br><input type="checkbox"/> 45-54<br><input type="checkbox"/> 55-64<br><input type="checkbox"/> 65+<br><input type="checkbox"/> DK/REF  | <input type="checkbox"/> Under 5<br><input type="checkbox"/> 5-12<br><input type="checkbox"/> 13-17<br><input type="checkbox"/> 18-24<br><input type="checkbox"/> 25-34<br><input type="checkbox"/> 35-44<br><input type="checkbox"/> 45-54<br><input type="checkbox"/> 55-64<br><input type="checkbox"/> 65+<br><input type="checkbox"/> DK/REF  |
| <b>7. What is this person's gender? You can select one or more genders.</b>                             | <input type="checkbox"/> Man (Boy if child)<br><input type="checkbox"/> Woman (Girl if child)<br><input type="checkbox"/> Transgender<br><input type="checkbox"/> Non-Binary<br><input type="checkbox"/> Questioning<br><input type="checkbox"/> Culturally Specific Identity<br><input type="checkbox"/> Different Identity<br>DK/Ref  | <input type="checkbox"/> Man (Boy if child)<br><input type="checkbox"/> Woman (Girl if child)<br><input type="checkbox"/> Transgender<br><input type="checkbox"/> Non-Binary<br><input type="checkbox"/> Questioning<br><input type="checkbox"/> Culturally Specific Identity<br><input type="checkbox"/> Different Identity<br>DK/Ref  | <input type="checkbox"/> Man (Boy if child)<br><input type="checkbox"/> Woman (Girl if child)<br><input type="checkbox"/> Transgender<br><input type="checkbox"/> Non-Binary<br><input type="checkbox"/> Questioning<br><input type="checkbox"/> Culturally Specific Identity<br><input type="checkbox"/> Different Identity<br>DK/Ref  | <input type="checkbox"/> Man (Boy if child)<br><input type="checkbox"/> Woman (Girl if child)<br><input type="checkbox"/> Transgender<br><input type="checkbox"/> Non-Binary<br><input type="checkbox"/> Questioning<br><input type="checkbox"/> Culturally Specific Identity<br><input type="checkbox"/> Different Identity<br>DK/Ref  | <input type="checkbox"/> Man (Boy if child)<br><input type="checkbox"/> Woman (Girl if child)<br><input type="checkbox"/> Transgender<br><input type="checkbox"/> Non-Binary<br><input type="checkbox"/> Questioning<br><input type="checkbox"/> Culturally Specific Identity<br><input type="checkbox"/> Different Identity<br>DK/Ref  |
| <b>5. 8. What is your race and ethnicity? You can select one or more races. [SELECT ALL THAT APPLY]</b> | <input type="checkbox"/> American Indian, Alaska Native, or Indigenous<br><input type="checkbox"/> Asian or Asian American<br><input type="checkbox"/> Black, African American, or African<br><input type="checkbox"/> Middle Eastern or North African<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Hispanic/Latina/e/o<br><input type="checkbox"/> DK/Refused | <input type="checkbox"/> American Indian, Alaska Native, or Indigenous<br><input type="checkbox"/> Asian or Asian American<br><input type="checkbox"/> Black, African American, or African<br><input type="checkbox"/> Middle Eastern or North African<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Hispanic/Latina/e/o<br><input type="checkbox"/> DK/Refused | <input type="checkbox"/> American Indian, Alaska Native, or Indigenous<br><input type="checkbox"/> Asian or Asian American<br><input type="checkbox"/> Black, African American, or African<br><input type="checkbox"/> Middle Eastern or North African<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Hispanic/Latina/e/o<br><input type="checkbox"/> DK/Refused | <input type="checkbox"/> American Indian, Alaska Native, or Indigenous<br><input type="checkbox"/> Asian or Asian American<br><input type="checkbox"/> Black, African American, or African<br><input type="checkbox"/> Middle Eastern or North African<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Hispanic/Latina/e/o<br><input type="checkbox"/> DK/Refused | <input type="checkbox"/> American Indian, Alaska Native, or Indigenous<br><input type="checkbox"/> Asian or Asian American<br><input type="checkbox"/> Black, African American, or African<br><input type="checkbox"/> Middle Eastern or North African<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Hispanic/Latina/e/o<br><input type="checkbox"/> DK/Refused |

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