

Point-in-Time (PIT) Count – Volunteer Training

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PIT COUNT VOLUNTEER TRAINING AGENDA

PIT Count 101

- PIT Count: What, Who, and Why
- FAQs

Roles & Considerations

- PIT coordinators, Volunteers, and IHCD
- Where to go and what to bring
- Safety – Street Count

The Interviewing Process

- How to approach an unsheltered person
- What to say
- What if...?

PIT Survey

- Introduction to the survey
- How to complete the survey forms
- Interacting with the media

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PIT Survey

PIT Count 101

- Overview
- Who is counted in the PIT Count?
- Other FAQs

POINT-IN-TIME COUNT OVERVIEW

- **When:** Wednesday, January 22, 2020; specific hours and details are set by the regional Point-in-Time Coordinator in your area
- **Why:** The Point in Time Count provides the community with data needed to understand the number and characteristics of persons who are homeless at one point-in-time
- **Where:** Regionally across the Indiana Balance of State (91 counties divided into 16 regions)
- **Who Conducts the Count:** Each region has one designated Coordinator who is responsible for organizing the details of your regional count
 - IHCDA oversees the count for the Indiana Balance of State and reports results to HUD

FAQ: WHO IS COUNTED IN THE PIT COUNT?

- **Unsheltered** individuals or families whose primary nighttime residence is a public place not meant for human habitation
 - Cars
 - Parks, parking lots
 - Abandoned building, doorways
 - Streets, sidewalks
 - Airport, bus or train station
 - Camping ground, etc.
- **Sheltered** individuals or families residing in:
 - Temporary emergency weather shelters and domestic violence shelters
 - Transitional housing (designated for persons who are homeless and originally came from the streets or emergency shelters)
 - Residential programs for runaway/homeless youth (not foster care or government funded youth programs)
 - Hotel, motel arrangements paid by a public or private agency because the person or family is homeless

FAQ: WHO IS NOT INCLUDED IN THE COUNT?

- Residing in **Permanent Housing** (PH) including those housed using HUD Veterans Affairs Supportive Housing (VASH) vouchers
- Residing in Other Permanent Housing (**OPH**)
- Counted in **any location not listed in the Housing Inventory Count (HIC)** (i.e. “doubled-up” or “couch surfing”)
- Residing in a **place they rent or own** including people residing in rental housing with assistance from a Rapid Re-Housing (RRH) project
- **Temporarily staying with family or friends**
- Residing in **institutions** (e.g. jails, juvenile correction facilities, foster care, hospital beds, detox centers, etc.)

FAQ: WHAT IS CHRONIC HOMELESSNESS?

According to the United States Department of Housing and Urban Development (HUD), a household is chronically homeless if :

- A. They have been homeless for 12 consecutive months
- B. They have been homeless in 4+ occasions, totaling 12 months over 3 years
- C. If the head of household is currently staying in an institution where they have been for less than 90 days (and were in a shelter/street/safe haven immediately prior)

Source: Documentation Standard for Chronic Homelessness, November 2016, HUD EXCHANGE

FAQ: WHY DO WE HAVE THE PIT COUNT AT NIGHT?

The PIT count is a count of where people are sleeping **on the night designated for the count**. If we sent volunteers out *before* nighttime, we would not get the most accurate data for a few reasons.

- There may be people who will sleep in unsheltered locations who are not yet out for the night.
- We want to capture people's actual sleeping arrangement, not where they plan to sleep at a future time.

PIT Coordinators will determine when volunteers will go out to conduct the count, but it ideally should not be later than Thursday morning (Jan. 23rd)

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Roles & Considerations

- Roles
- Where to go
- What to bring
- Safety – Street Count

Role	Expectations/Responsibilities for the Point-in-Time Count
Point-in-Time Coordinators	<ul style="list-style-type: none"> • Be the liaison between IHEDA and volunteers • Provide volunteers with list of shelters that are not in HMIS • Organize volunteers in their respective region • Decide where volunteers will go • Determine how care packages are to be distributed • Reach out to police department, soup kitchens, thrift stores, medical centers, etc. to tell them about the count • Make yourself available to answer volunteers' questions • Collect surveys after the night of the count and mail them to IHEDA by February 5th, 2020
Point-in-Time Volunteers	<ul style="list-style-type: none"> • Be familiar with the Point-in-Time survey • Assist PIT Coordinators in distributing the PIT survey in assigned areas • Make sure your handwriting in the survey is legible • Distribute flyers and resources to people who are being interviewed according to PIT Coordinators' instructions • Report to PIT Coordinator when your shift ends • Handle completed surveys carefully in order to ensure their integrity
IHEDA	<ul style="list-style-type: none"> • Conduct the data entry and report results to HUD

WHERE TO GO

Paper Surveys are Conducted:

- At specific shelters that do not have access to HMIS/ClientTrack (Point in Time Coordinators will have a list of these programs)
- At service-based locations
- On the street; connecting with people in parks, camps, under bridges/overpasses, etc.
- 24-hour businesses (i.e. grocery stores, McDonald's, Walmart, convenience stores, etc.)
- Indoor places such as soup kitchens, libraries, ER, bus and train stations, etc.

WHAT TO BRING

- Cell phone
- Some form of ID
- List of phone numbers (PIT Coordinator, other volunteers doing count, survey partner, local police department)
- Clipboard
- Pens
- Survey forms
- Details on your survey area (or location)
- Comfortable shoes
- Warm clothing/layers
- Eat before you come; bring small snacks and water if you think it necessary
- Donations to distribute (if applicable)
- Resource list to distribute (if available)
- Flashlight (if applicable)

YOUR SAFETY – STREET COUNT

- Go with at least another person, never alone
- Keep an appropriate conversational distance from those you are interviewing
- Be aware of your surroundings
- Stay in places that are lit, including alleyways
- If you use a flashlight, do so respectfully (i.e., don't shine it in anyone's face).
- Prioritize your own safety
- If you don't feel safe approaching someone or going somewhere, don't go
- Do not transport anyone other than volunteers in your personal vehicle
- Carry important contact information with you (PIT Coordinator and police)

SAFETY OF THOSE YOU INTERVIEW – STREET COUNT

- Health & safety concerns (especially if it's cold outside)
 - Notice if:
 - They have layers under and on them to keep them warm enough
 - They're dry (hypothermia concerns)
 - You can see the rise and fall of their breathing
 - PIT Coordinators should add their local protocol for what to do in their community if an individual is in distress, seeking immediate shelter, needs more layers, etc.
- ALWAYS call 9-1-1- if you are or someone else is at risk of danger

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The Interviewing Process

- How do I approach an unsheltered person?
- What should I say?
- Surveying Tips
- Closing the survey
- What if...?

HOW DO I APPROACH A PERSON WHO IS UNSHELTERED?

- Do not assume that the person you are approaching is experiencing homelessness
- Introduce yourself and the purpose of the Point-in-Time and ask them if it matches what they are experiencing
- Be respectful of their space, privacy, and time
- Approach the person without judgement to appearances and/or smells
- Approach the person with comfort in yourself
- Use an approachable/friendly tone of voice
- Be aware of your safety and surroundings

WHAT SHOULD I SAY?

“Hello, My name is _____ and I am volunteering for the Point in Time Count which is an opportunity to learn more about the needs and experiences of people without stable housing. Today we are talking with people who stayed (or will stay) in places outside or in shelters on Wednesday, January 22, 2020. Does that match your current situation? Would you be comfortable answering a few questions about your current living situation? It shouldn't take more than 5-10 minutes. Your responses will not be shared with anyone outside our team and are used to learn more about how we can better meet the needs of people without stable housing.”

General screening questions:

1. Ask “Have you already been interviewed about your housing situation today?” **If no, proceed with survey**
2. Where did you sleep on the night of **January 22, 2020?**

SURVEYING TIPS

- Work as a team with your partner
- Remember that you are speaking to highly vulnerable people and asking some very sensitive questions
- Always lead with respect for the person you are speaking with and their space
- Remember that everyone has the right to refuse to answer any question
- Ask all the questions, unless the person has already given the answer to the question over the course of the conversation
- Always ask questions as they are written; do not ask questions in a way that shows you are assuming something
 - Example: Ask: “How do you identify your gender?” Do NOT ask: “You’re male, right?”

CLOSING THE SURVEY

- Add any notes that might be helpful
 - Example: If a person says that they have their own apartment, but they're sitting on a bench outside of a 24-hour grocery store at 2:00 am with what appears to be all of their belongings, write down that you think there may be a discrepancy in what they are saying vs. where they will sleep that night.
- Thank the person for their time
- Refer them to any services or resources they may have asked about or may need
- Offer everyone a resource list/contact card (IF APPLICABLE)
- Give them the incentive as instructed by your PIT Coordinators

WHAT IF...?

- **Someone is mentally ill or under the influence and they state they have no disabilities?**
 - Don't change any response that is given to you. Take the person's account as fact. Everything on the surveys should be self-reported unless interviewer observation is indicated for a specific question.
- **I see a child under 18 with no parent/guardian?**
 - If with a parent, they will be counted on their parent's form as part of a household
 - If a young adult (teenager) is alone/unaccompanied, they should be surveyed using the individual survey form
 - Only report to police if reason to believe that the youth had signs of abuse/neglect

WHAT IF...? (CONTINUATION)

- **The person I am interviewing asks me for resources I don't have?**
 - Direct people to known resource providers in your community who may be able to meet their need(s)
 - Consider bringing a basic resource list or business cards with you to distribute
 - The Point in Time is a good opportunity for outreach to people experiencing homelessness in your community
- **The person I am interviewing goes off topic or is incoherent?**
 - Be patient
 - Try to refocus
 - Reword questions into yes/no prompts

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PIT Survey

- Introduction
- Individual Survey Form

INTRODUCTION

- Complete the survey with the person who is identifying as currently homeless
- Two-sided, totaling 4 pages
- Survey reads from top to bottom
- Complete every question
- Complete one survey per household
- Each survey contains three forms + an observation form
 - Individual Survey (Head of Household)
 - Additional adult household members (18 years old or older)
 - Additional minor household members (17 years old or less)
- If a person refuses to answer any questions, try to get their initials and where they slept on the night of 01/22/2020
- Indicate “Client Refused to Answer (RF)” for any other questions, and make observations when applicable

COMPLETING FORM I. – YOUR INFORMATION

IHCDA 2020 POINT-IN-TIME SURVEY (01/22/20)				ihcda  <small>Indiana Housing & Community Development Authority</small>	
Interviewer's Full Name:		Date:	Time:	AM/PM	Region:
Location:		Sheltered: or Unsheltered		County:	
<i>DK = Client Doesn't Know; RF = Client Refused to Answer Obs. = Observation (Only when DK, RF, or client is unable to respond); FN = First Name; LN : Last Name; DOB =Date of Birth; < = Less Than; > = More Than; HH = Household</i>					

1. Write your full name, date, region and county before conducting the survey
2. Know your region number (i.e.1, 1a, 2, 2a, 3-14)
3. Be familiar with the abbreviations
4. Complete time, location, and sheltered/unsheltered as soon as you get consent. Make sure your location is specific, for example: Walmart on 3rd St. in Avon
 - a) If you cannot complete the time and location before conducting the survey, do it as soon as you finish the survey
 - b) Circle whether the person is sheltered or unsheltered
 - i. If “Sheltered” write down the name of the shelter where they are staying

COMPLETING FORM I. – DETERMINING HOMELESSNESS

I. Individual Survey (Head of Household)			
1. Have you been interviewed about your experience of homelessness tonight/last night?			
<input type="checkbox"/> Yes	→ End survey here	<input type="checkbox"/> No	<input type="checkbox"/> DK
<input type="checkbox"/> RF			
2. Where are you sleeping tonight? Or Where did you sleep on the night of Wed., January 22nd, 2020? *(street, vehicle, park, abandoned building, bus, train station, airport, outdoor encampment, under bridge, overpass).			
<input type="checkbox"/> *Place not meant for habitation		<input type="checkbox"/> Motel paid for with ES voucher, or other type of aid	
<input type="checkbox"/> Emergency Shelter (ES) Name:		Name of provider:	
<input type="checkbox"/> Transitional Housing (TH) Name:		<input type="checkbox"/> None of the above	
!! Any other location for sleeping indicates the individual is NOT experiencing homelessness according to HUD's definition of homelessness. End survey here. Thank client for their time and help.			

- If they answer “Yes” to Q1, thank them for their time and end the survey
- Ask them where they are sleeping/slept on Wednesday, Jan. 22nd, 2020
- Include the name of the shelter, transitional housing, OR the name of the motel voucher provider (this could be a church, a shelter, the government, etc.) if applicable
- If they spent the night at friends, family, or at any option not listed on the survey, then they were **not** homeless (per HUD’s definition) and the interview should stop

COMPLETING FORM I. – DETERMINING CHRONIC HOMELESSNESS

3. How long have you been sleeping in this place?			
<input type="checkbox"/> One night or less	<input type="checkbox"/> One week or more, but < 1 month	<input type="checkbox"/> 90 days or more, but < 1 year	<input type="checkbox"/> DK
<input type="checkbox"/> Two to six nights	<input type="checkbox"/> One month or more, but < 90 days	<input type="checkbox"/> One year or longer	<input type="checkbox"/> RF
4. What is approximate date your homeless situation started within the last 3 years? (mm/yyyy)			
5. Regardless of where you stayed last night, what is the number of times you have been on the streets, emergency shelters, or safe haven in the last three years including today? These periods/times should be at least 7 days apart.			
<input type="checkbox"/> Never	<input type="checkbox"/> One time	<input type="checkbox"/> Two times	<input type="checkbox"/> Three times
		<input type="checkbox"/> Four times or more	<input type="checkbox"/> DK
			<input type="checkbox"/> RF
6. What is the total number of months you have experienced homelessness on the streets, in emergency shelters, or safe haven in the past three years, that is since January 2017?			
<input type="checkbox"/> Never	<input type="checkbox"/> One month (First Time)	<input type="checkbox"/> 2 - 12 months	<input type="checkbox"/> More than 12 months
			<input type="checkbox"/> DK
			<input type="checkbox"/> RF
7. On the night before did you stay on the streets, emergency shelter, or safe haven?			<input type="checkbox"/> Yes
			<input type="checkbox"/> No
			<input type="checkbox"/> DK <input type="checkbox"/> RF

- Read the questions as they are written
- Answers to Q3, Q5-Q6 are in ascending order
- You don't have to read the answer options, but make sure the answer they give you falls into one of the answer options
- If they don't remember the month their homelessness started for Q4, at least get the year (if they give you a season, make a note)

COMPLETING FORM I. – DEMOGRAPHIC QUESTIONS

8. Including yourself, how many adults and children are there in your household who are sleeping/slept with you on 1/22/2020?							
Children (Age 17 and younger)				Adults (Age 18 and older)			
9. Personal Information <i>(If client doesn't know or refused to answer their date of birth, write down an approximate age estimate under Age Obs.)</i>							
FN:	LN:	Last 4 SNN: ____	DOB:	<input type="checkbox"/> DK <input type="checkbox"/> RF	Age Obs.		
10. How do you identify your gender? <i>*(FTM = Trans Female to Male; ** MTF = Trans Male to Female; *** i.e. not exclusively male or female).</i>							
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> *FTM	<input type="checkbox"/> **MTF	<input type="checkbox"/> ***Gender Non-Conforming	<input type="checkbox"/> DK	<input type="checkbox"/> RF	Obs.
11. Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> RF							
12. How do you identify your race? You can select one or more races up to five.							
<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Black or African American		<input type="checkbox"/> DK	Obs.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> White		<input type="checkbox"/> Other (Please Specify):		<input type="checkbox"/> RF	
13. Have you served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard, or as a Reservist)?						<input type="checkbox"/> Yes	<input type="checkbox"/> DK
						<input type="checkbox"/> No	<input type="checkbox"/> RF
14. Do you have any disabling condition that impacts your ability to live independently?							
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> DK		<input type="checkbox"/> RF	
15. Have you ever experienced or received treatment for any of the following?							
<input type="checkbox"/> Alcohol Abuse		<input type="checkbox"/> Drug Abuse		<input type="checkbox"/> Mental Health		<input type="checkbox"/> Chronic Health Condition	
<input type="checkbox"/> Developmental Disability		<input type="checkbox"/> HIV/AIDS		<input type="checkbox"/> Physical Disability		<input type="checkbox"/> None of these	

COMPLETING FORM I. – DOMESTIC VIOLENCE

16. Have you ever been a victim of domestic violence?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> RF
<i>[IF Q16 = "Yes", ASK Q17, OTHERWISE finish survey].</i>							
17. How long ago did the domestic violence experience occurred?							
<input type="checkbox"/> Less than 3 months		<input type="checkbox"/> Between 6 months, but less than 1 year			<input type="checkbox"/> DK		
<input type="checkbox"/> Between 3 months, but less than 6 months		<input type="checkbox"/> One year or more			<input type="checkbox"/> RF		
<i>[IF Q16= "YES", ASK Q18, OTHERWISE finish survey].</i>							
18. Are you currently fleeing domestic violence?							
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> DK		<input type="checkbox"/> RF	
<i>Thank you for your time and help!</i>							

- Domestic Violence can be neglect, physical, emotional, and sexual abuse, dating violence, and stalking by parent, spouse, partner, etc.
- If they are in immediate danger, they need to call 911
- Provide with a Safety Plan card (ask your PIT Coordinator)
- Safety Plan card contains information about
 - Safety measures to plan for an emergency escape
 - Contact information for local and national DV program for support
- The italicized text in brackets tells you whether to ask questions 17-18 or not

OBSERVATION FORM

Observation Form	
Why were you unable to complete a survey with them?	
Where did you see them?	
What makes you think that they are or may be experiencing homelessness?	

- Only use this form if you are unable to complete a survey with someone
- Include as much detail as possible that helps to make the person identifiable and to provide clues on their housing status
- Make a note of where they were sleeping
- Use observation fields for age, ethnicity, gender, and race only if the client does not know, refuses to answer, or is unable to answer

COMPLETING FORM II.

II. Any additional household members ages 18 and older							
1. Personal Information (If client doesn't know or refused to answer, write down an approximate age estimate under Age Obs.)							
Adult 2	FN:	LN:	Last 4SSN:	DOB:	Age Obs.		
Adult 3	FN:	LN:	Last 4SSN:	DOB:	Age Obs.		
2. Have you been interviewed about your experience of homelessness today?							
Adult 2	<input type="checkbox"/> Yes →End survey			<input type="checkbox"/> No			
Adult 3	<input type="checkbox"/> Yes →End survey			<input type="checkbox"/> No			
3. Where are you sleeping tonight? Or Where did you sleep on the night of Wed., January 22nd, 2020? *(park, abandoned building, bus, train station, airport, outdoor encampment, under bridge, overpass).							
Adult 2	<input type="checkbox"/> *Place not for habitation	<input type="checkbox"/> ES Name:	<input type="checkbox"/> TH Name:	<input type="checkbox"/> Motel paid w/ aid			
Adult 3	<input type="checkbox"/> *Place not for habitation	<input type="checkbox"/> ES Name:	<input type="checkbox"/> TH Name:	<input type="checkbox"/> Motel paid w/ aid			
!! Any other location for sleeping indicates the individual is NOT experiencing homelessness according to HUD's definition of homelessness. End survey here. Thank client for their time and help.							
4. How long have you been sleeping in this place?							
Adult 2	<input type="checkbox"/> One night or less	<input type="checkbox"/> 1 week < 1 month	<input type="checkbox"/> 90 days < 1 year	<input type="checkbox"/> DK			
	<input type="checkbox"/> 2-6 nights	<input type="checkbox"/> 1 month < 90 days	<input type="checkbox"/> 1 year or longer	<input type="checkbox"/> RF			
Adult 3	<input type="checkbox"/> One night or less	<input type="checkbox"/> 1 week < 1 month	<input type="checkbox"/> 90 days < 1 year	<input type="checkbox"/> DK			
	<input type="checkbox"/> 2-6 nights	<input type="checkbox"/> 1 month < 90 days	<input type="checkbox"/> 1 year or longer	<input type="checkbox"/> RF			
5. What is approximate date your homeless situation started within the last 3 years? (mm/yyyy)							
Adult 2	Month:	Year:	Adult 3	Month:	Year:		
9. Relationship to Head of Household							
Adult 2	<input type="checkbox"/> Son	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Child	<input type="checkbox"/> Daughter	<input type="checkbox"/> Non-fam	<input type="checkbox"/> Other Relative	<input type="checkbox"/> Grand Child
Adult 3	<input type="checkbox"/> Son	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Child	<input type="checkbox"/> Daughter	<input type="checkbox"/> Non-fam	<input type="checkbox"/> Other Relative	<input type="checkbox"/> Grand Child

Remember to include the name of the provider

COMPLETING FORM III.

III. Any additional household members ages 17 and younger									
1. Personal Information (Client can provide initials only. Use age observation only when there is no DOB).									
Minor 1	FN:	LN:	Last 4SSN:	DOB:	Age Obs.				
Minor 2	FN:	LN:	Last 4SSN:	DOB:	Age Obs.				
Minor 3	FN:	LN:	Last 4SSN:	DOB:	Age Obs.				
2. Have you been interviewed about your experience of homelessness today?									
Minor 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Minor 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
3. Relationship to Head of Household									
Minor 1	<input type="checkbox"/> Son	<input type="checkbox"/> Dependent Child	<input type="checkbox"/> Grand Child	<input type="checkbox"/> Other Non-Family					
	<input type="checkbox"/> Daughter	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other Relative						
Minor 2	<input type="checkbox"/> Son	<input type="checkbox"/> Dependent Child	<input type="checkbox"/> Grand Child	<input type="checkbox"/> Other Non-Family					
	<input type="checkbox"/> Daughter	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other Relative						
Minor 3	<input type="checkbox"/> Son	<input type="checkbox"/> Dependent Child	<input type="checkbox"/> Grand Child	<input type="checkbox"/> Other Non-Family					
	<input type="checkbox"/> Daughter	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other Relative						
4. How do you identify your gender? * FTM = Female to Male; ** MTF = Male to Female; *** i.e. not exclusively male or female									
Minor 1	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> FTM*	<input type="checkbox"/> MTF**	<input type="checkbox"/> *Gender Non-Conforming***	Obs. :			
Minor 2	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> FTM*	<input type="checkbox"/> MTF**	<input type="checkbox"/> *Gender Non-Conforming***	Obs.:			
Minor 3	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> FTM*	<input type="checkbox"/> MTF**	<input type="checkbox"/> *Gender Non-Conforming***	Obs.:			
5. Are you Hispanic or Latino?									
Minor 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> RF	Minor 3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> RF
Minor 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> RF					
6. How do you identify your race? You can select one or more races.									
Minor 1	<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander					
	<input type="checkbox"/> Black/African American		<input type="checkbox"/> White	<input type="checkbox"/> Other (Please specify)					
Minor 2	<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander					
	<input type="checkbox"/> Black/African American		<input type="checkbox"/> White	<input type="checkbox"/> Other (Please specify)					
Minor 3	<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander					
	<input type="checkbox"/> Black/African American		<input type="checkbox"/> White	<input type="checkbox"/> Other (Please specify)					
7. Do you have any disabling condition that impacts your ability to live independently?									
Minor 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> RF	Minor 3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> RF
Minor 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> RF					
8. Have you ever experienced or received treatment for any of the following?									
Minor 1	<input type="checkbox"/> Development Disability		<input type="checkbox"/> Mental Health	<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Chronic Health Condition				
	<input type="checkbox"/> HIV/AIDS		<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> None				
Minor 2	<input type="checkbox"/> Development Disability		<input type="checkbox"/> Mental Health	<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Chronic Health Condition				
	<input type="checkbox"/> HIV/AIDS		<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> None				
Minor 3	<input type="checkbox"/> Development Disability		<input type="checkbox"/> Mental Health	<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Chronic Health Condition				
	<input type="checkbox"/> HIV/AIDS		<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> None				
Thank you for your time and help!									

- Up to three minors
- If the minor is by him/herself, complete the first form (Head of HH)
- Minors don't need to give their full name; it is okay if they only provide initials
- If there are more than 3 minors, please use another survey and staple these together

HOW TO USE THIS SURVEY EFFECTIVELY

- Italicized text in brackets tells you whether to ask a question or not based on their previous answer (i.e. display logic)
- Questions are numbered and bolded
- Remember there are three different forms, use them appropriately
- The two two-sided pieces of paper should be stapled together to make 1 survey
- Use the “Observation Form” appropriately
- Be familiar with the format, the type of questions, the abbreviations, the instructions, and the display logic of the survey

TIPS FROM EXPERIENCED VOLUNTEERS

Share your thoughts and experience!

- What surprised you?
- What did you learn?
- What do you wish you had known before going out to survey people?

Type your answers in the chat box and we will read your answers at the end of the presentation.

INTERACTING WITH THE MEDIA

- Do not share identifying information of persons experiencing homelessness that you are meeting/interviewing
- Keep personal stories that have been shared with you by people you've interviewed vague – do not disclose specific locations of where people are staying
- It's okay to say that you don't know!
 - If you don't know the answer, offer to follow-up or direct them to your PIT Coordinator/IHCDA – don't speculate!
- Do not use acronyms or jargon known only by people in your field
- Keep answers short
- Take time to think about your answer before you respond
- Never say anything you don't want to read in print
- Do not take pictures with the people you survey

MEDIA INQUIRIES

- We hope that members of the local media have interest in reporting on this year's Point-in-Time Count. It is your job to provide accurate information about the count.
- If you are not comfortable answering questions, or feel you do not know the answer to a question, please contact:
 - **Brad Meadows**
Marketing & Communications Director
Indiana Housing & Community Development Authority (IHCDA)
brmeadows@ihcda.in.gov
(317) 234-1745
- For media inquiries IHCDA receives directly regarding local information, Brad will refer media members to contact the local PIT coordinator in their Region.

PIT COORDINATORS CONTACT INFORMATION

Region 1: Edward Seal & Abby Johnson

Region 1a: Nina Johnson

Region 2: Angie Rosenbrock

Region 2a: Brendan Devitt

Region 3: Sharon Gerig

Region 4: Adam Murphy

Region 5: Angie Ciski

Region 6: Sam Buckles

Region 7: Kelli Fuller

Region 8: Marlena Smith

Region 9: Jessica Burton

Region 10: Forrest Gilmore

Region 11: Michele Lee

Region 12: Natasha Goodge

Region 13: Jessica Floyd

Region 14: Mike Creech and Brian Niese

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WHAT QUESTIONS OR COMMENTS DO YOU HAVE?