Alaska Point-In-Time Homeless Count
Night of January 23, 2018
Unsheltered Data Collection Form

Date Completed: _____

Page: _____ of _____

Please contact Carrie Collins at 907-330-8276 or ccollins@ahfc.us for assistance. Unsheltered count data should be entered into HMIS by 2/12/2018. Please contact ICA at 907-249-6647 or akhmis@icalliances.org for assistance with HMIS.

Agency: _____ **Project:** _____

Contact Name: _____ **Email:** _____ **Phone Number:** _____

Unsheltered Count Location: _____

Use a different form for each unsheltered location.

Use one line for each **Homeless** individual and complete questions on **both** sides of this survey. ***See homeless definition and codes on the back of this form.***

**** When recording Households: 1. Separate each household with one blank row 2. Only count household members who are present.***

	These fields are only used to prevent duplicate counts. At a minimum, please complete these fields.				**Date of Birth**			**Gender**	**Ethnicity**	**Race**	**Relationship to Head of Household***	**Homeless Status**			**Sub-Populations**									
								Select 1	Select 1	May Select Two	Select 1	Enter as mm/dd/year	Select 1	Select 1	**Select All That Apply**									
	First Name	**Middle Initial**	**Last Name**	**Last 4 Digits of Social Security Number**	**Mo**	**Day**	**Yr**	**See back** **F** **M** **TM** **TF** **GNC** **CDK** **CR** **DNC**	**See back** **HL** **N** **CDK** **CR** **DNC**	**AN**=AK Native or Am Indian **A**=Asian **B**=Black or African American **PI**=Native Hawaiian or other Pacific Islander **W**=White **CDN**=Client Doesn't Know **CR**=Client Refused **DNC**=Data Not Collected	**I**=Single Individual **S**=Self (Head of Household) **P**=Head of Household's Spouse or Partner **C**=Head of Household's Child **R**=Head of Household's Other Relation Member **O**=Other: Non-Relation Member **DNC**=Data Not Collected	Enter the approximate date homelessness started? (For this current episode of homelessness, how long has the individual been homeless?)	Number of times the individual has been on the streets or in emergency shelter in the past 3 years (counting current stay). **1**=One Time **2**=Two Times **3**=Three Times **4**=Four or More Times **CDK**=Client Doesn't Know **CR**=Client Refused **N/A**=Question Does Not Apply	Total number of **months** homeless on the street or in emergency shelter in the past 3 years. **1**=One Month (first time) **2**=Two Months **3**=Three Months **4**=Four Months **5**=Five Months **6**=Six Months **7**=Seven Months **8**=Eight Months **9**=Nine Months **10**=Ten Months **11**=Eleven Months **12**=Twelve Months **M**=More than 12 Months **CDK**=Client Doesn't Know **CR**=Client Refused **N/A**=Question Does Not Apply	**Chronic Health Condition**	**Alcohol Abuse**	**Developmental**	**Drug Abuse**	**HIV / AIDS**	**Mental Health**	**Physical (Long Term)**	**US Military Veteran**	**Domestic Violence Victim**	**Currently Fleeing Domestic Violence**
1																								
2																								
3																								
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15																								

Page 2: To be completed for each individual surveyed on the first page.

	Enter Data from First Page of the Survey			When did you move to this community?	What was the zip code or name of the community where you previously lived?	Were you homeless when you moved here?	Were you ever in the foster care system?	How many years were you in foster care?
	First Name	Middle Initial	Last Name	Enter Year or Month and Year		Yes or No	Yes or No	
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HUD Homeless Definition for Determining Who is Eligible for PIT Count and Survey Codes

Sheltered: An individual or family living in a supervised publicly or privately operated shelter designed to provide temporary living arrangements including: Congregate Shelters, Transitional Housing, or Hotels and Motels Paid for by Charitable Organizations or by Federal, State, or Local Government Programs for Low-Income Individuals.

Unsheltered: Individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accomodation for human beings including a: Car, Park, Adandoned Building, Bus or Train Station, Airport or Camping Ground.

Gender Code	
F	Female
M	Male
TM	Trans Male (Female to Male)
TF	Trans Female (Male to Female)
GNC	Gender Non-Conforming
CDK	Client Doesn't Know
CR	Client Refused
DNC	Data Not Collected

Ethnicity Code	
HL	Hispanic or Latino
N	Non-Hispanic or Latino
CDK	Client Doesn't Know
CR	Client Refused
DNC	Data Not Collected

Sub-Populations	
Chronic Health Condition:	A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is expected to be long-continuing or of indefinite duration.
Physical (Long Term):	A physical impairment that is expected to be long-continuing or of indefinite duration.
US Military Veteran:	Adults who served on active duty in the U.S. Armed Forces. Does not include inactive military reserves or the National Guard unless the person was called up to active duty.