

2024 VERMONT STATEWIDE POINT-IN-TIME COUNT OF HOMELESSNESS




Entered into Google Forms


Complete this form on **WED., 1/24/24** (6PM–6AM “Where are you currently staying?”) OR **THURS., 1/25/24** (6AM–6PM “Where did you stay last night?”).


To get an accurate count and avoid duplication it is very important to have the Minimum Information Requested

MINIMUM INFORMATION: NAME INITIALS and DATE of BIRTH of persons counted (*Exception: fleeing violence and households with persons with HIV/AIDS do not need to provide initials or DOB. If possible, please provide YEAR OF BIRTH or AGE RANGE*)

SECTION 1: STAFF/VOLUNTEER INFORMATION

 a) Agency Name:	b) Town:
c) Staff/Volunteer Name (print):	d) Staff/Volunteer Phone & Email:



 e) “Hello, my name is _____ and I’m a volunteer for _____. We are conducting an annual statewide survey to count people experiencing homelessness to provide better programs and services to them. Your participation is voluntary. Your responses will only be used in combination with others to help us better understand the situations of people experiencing homelessness. May I have 10 minutes of your time?” YES NO

 f) IF THEY REFUSE OR ARE UNABLE TO BE INTERVIEWED PLEASE PROVIDE AN OBSERVATION AND FILL OUT WHAT YOU ARE ABLE. OBSERVATION

 h) Did another volunteer already complete this survey with you? YES NO IF YES, STOP THE INTERVIEW AND THANK THEM FOR THEIR TIME.

SECTION 2: LOCATION OF CURRENT LITERAL HOMELESSNESS

“Thanks for agreeing to complete this survey. First I’m going to ask you some questions about where you are or have been staying.”

 a) Which Vermont town did you stay the night in on WEDNESDAY, JANUARY 24, 2024? TOWN NAME: _____
 b) What type of place did you stay last night? (PLEASE SELECT ONLY ONE BELOW AND PROVIDE A DESCRIPTION)
<input type="checkbox"/> PLACE NOT INTENDED FOR HUMAN HABITATION (car, abandoned building, outside/streets, tent/campground, commercial establishment, bus station, etc.) Please describe location: _____
<input type="checkbox"/> EMERGENCY SHELTER AND Name of Shelter _____
<input type="checkbox"/> TRANSITIONAL HOUSING (dedicated to the homeless) AND Name of Transitional Housing _____
<input type="checkbox"/> HOTEL ROOM paid for by Economic Services Division GA AND Name of Hotel _____
<input type="checkbox"/> HOTEL ROOM paid for by a different agency/organization/church AND Name of Agency _____ AND Name of Hotel: _____
<input type="checkbox"/> OTHER LOCATION: _____

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SECTION 3: HOUSEHOLD INFORMATION

“The next questions help us understand your household. Your individual name & date of birth will NOT be shared with the state or federal government.”

How many people in your current household stayed with you last night in the location you just identified, including yourself?

a) Adults (18 or over): _____ b) Children (under 18): _____

c) **Subpopulation Data** – For all the people from a) and b), complete the following chart. Use additional form if needed for household and staple together.

- **Read questions below chart** and fill chart with responses from the person being interviewed. **Check each category** for each person.
- Do NOT provide initials/date of birth for persons **fleeing domestic/sexual violence** or with **HIV/AIDS** (optional to provide year of birth or age range: Under age 18, 18-24, 25-34, 35-44, 45-54, 55-64, 65 and older)

Relation to Head of Household - if applicable (Self, Child, Spouse, Partner, Aunt, etc.)	1 st letter FIRST Name	1 st letter LAST Name	3 rd letter LAST Name	(MONTH) DOB	(DAY) DOB	(YEAR) DOB	Age Range *see below	GENDER *see below	RACE *see below	Currently Fleeing *see below	VETERAN Status *see below	Physical Condition (long-term)	Developmental Condition	Mental Health (Severe & Persistent)	Substance Use Disorder (Alcohol and/or Drugs)	HIV/AIDS	Other Chronic Health Condition (long-term)
SELF																	

- **DOB:** What is your date of birth and your household members’ DOBs (if applicable)?
- **AGE RANGE:** Under age 18, 18-24, 25-34, 35-44, 45-54, 55-64, 65 and older
- **GENDER:** What gender do you and household members identify as? Woman (Girl if child), Man (Boy if child), Transgender, Culturally Specific Identity (e.g. Two-Spirit), Non-Binary, Questioning, Different Identity. Can select more than one Gender.
- **RACE/ETHNICITY:** What is your/their race(s)? White, Black/African American/African, Asiatic/Asian American, Indigenous/American Indian/Alaska Native, Native Hawaiian/ Pacific Islander, Hispanic/Latina(e)(o), Middle Eastern/North African, Multi-Race
- **FLEEING DOMESTIC/SEXUAL/DATING VIOLENCE:** Are you experiencing homelessness because one or more people in your household are **fleeing or attempting to flee** from where you lived because you did not feel safe there due to stalking; physical or emotional abuse; sexual violence or pressure, including being asked to trade sex for things you need; or other violent circumstances? Yes or No?

Chronic Disabling Conditions

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- **VETERAN:** Have you or a household member served in the active US military, US naval, US air or US space service, regardless of length of service, and who was discharged or released therefrom, excluding anyone who received a dishonorable discharge from the Armed Forces or was discharged or dismissed from the Armed Forces by reason of a general court-martial. 38 U.S.C. § 2002(b)? **Yes** or **No**?
- **PLEASE NOTE:** An Other than Honorable or Bad Conduct discharge can result from a general court-martial or a special court-martial. A person with an Other than Honorable or Bad Conduct discharge from a general court-martial is not a Veteran as defined in 38 USC § 2002 (b) and should answer no, however a person with an Other than Honorable or Bad Conduct discharge from a special court-martial is a Veteran as defined in 38 USC § 2002 (b) and should answer yes. *The minimum duty requirements do not apply. Veterans in the Reserves can be considered a Veteran if they are Active Duty for Training (ACDUTRA) only. National Guard who are active duty for training (ACDUTRA) only are not considered to be a Veteran. To qualify, National Guard must have been called to active duty under Title 10.*
- **DISABLING CONDITIONS** (ASK ABOUT EACH TYPE OF DISABILITY) Do you and/or household members have or been diagnosed with, any of the listed conditions of **long duration**? **Yes** or **No**?

SECTION 4: STATUS OF DISABLING CONDITION(S)

Record long-term disabling conditions for each household member in the chart above; disabling conditions may be self-reported by household member or confirmed by a medical professional.

Check the correct statement:

- None of the **adults** listed in Section 3 above has a disabling condition of long duration (last 6 columns on the chart).
- One or more of the **adults** listed in Section 3 has a disabling condition of long duration (last 6 columns on the chart).

SECTION 5: HISTORY OF HOMELESSNESS – Ask the following questions for the **Adult** or **Head of Household**.

“In addition to where you are staying/stayed on the night of Wednesday, January 24...”

- a) Is this the first time you have stayed in a place not meant for human habitation, in an emergency shelter, in a motel/hotel room paid for by an organization, or transitional housing? **YES** **NO**
- b) How long have you been staying there THIS TIME?
 1 day or less **2 days to 1 week** **More than 1 week to less than 1 month** **1-3 months** **More than 3 months to less than 1 year** **1 year or more**
- c) If this isn't the first time you've stayed in one of places listed in question A, how many separate times, including this time, have you stayed in one of those places in the past 3 years (since January 2021)?: **Less than 4 times** **4 times or more**
- d) In total, how many months did you stay in one of those places for all those times combined? **Less than 12 Months** **12 Months or more**

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ADDITIONAL SURVEY INFORMATION

SCHOOLS: Please count unaccompanied minors (under 18) who are NOT staying with their legal guardian. Only count children in families that are homeless if data for entire household is included in the survey.

DO NOT COUNT: Any person(s) residing in any of the following on the night of Wednesday, 1/24/24:

- ***Precariously Housed / Doubled Up / Couch Surfing / Private Motel Stay paid by the household or their family/friends/etc.***
- ***Corrections*** (Jail/Prison/Transitional Housing, etc.); ***Foster Care*** (home placement or group home not dedicated to serving the homeless); ***Mental Health*** (VT State Hospital or equivalent, DMH Housing Subsidy Program, MH crisis bed or group home, etc.); ***Other Health Care*** (hospitals, nursing facility/assisted living, substance use treatment bed/facility, etc.) *except in an emergency room, but not admitted.

Data Entry Due in the Google Forms by Thursday, 2/8/2024.

THANK YOU for helping us improve services & housing options for everyone in Vermont!