

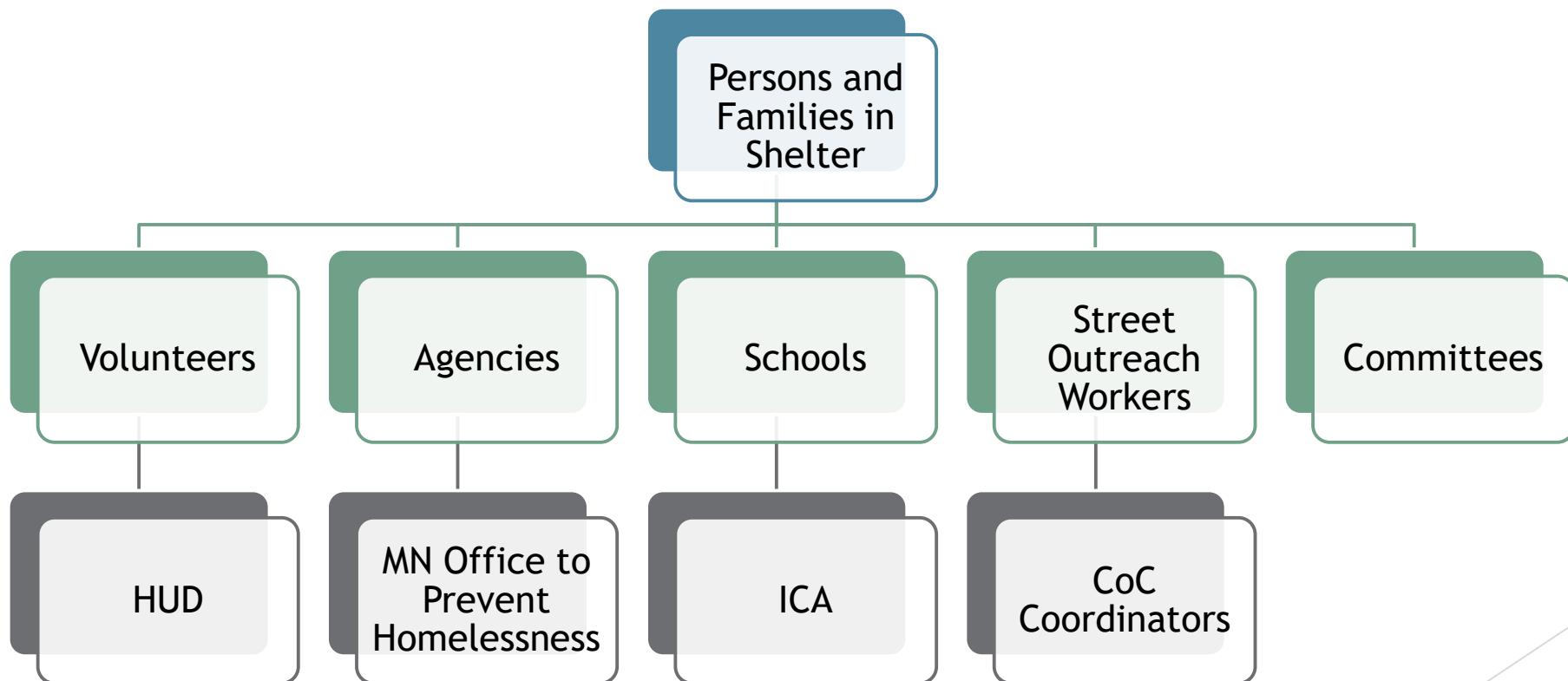
NWCoC 2023 Point in Time Count Training

When and What is the Point in Time (PIT) Count?

- The 2023 PIT Count will take place Wednesday, January 25, 2023.
- The count will begin at sunset at 5:13pm (CST) on the 25th and will end at 7:59am (CST) on Thursday, January 26th, 2023.
- The count is an annual count to calculate the number of all individuals, sheltered and unsheltered, experiencing homelessness at a specific point in time.
- The PIT data collected is used at the following agencies and levels:
 - The national level by HUD and other agencies that fund homeless services
 - The state level to inform planning
 - CoC's and other regional agencies to assist in program planning
 - Media and research groups

For resources on how to best conduct the PIT count within your agency, please look to the Institute for Community Alliances (ICA) for guidance at <https://www.hmismn.org/point-in-time-count>.

Who's involved in the PIT Count?

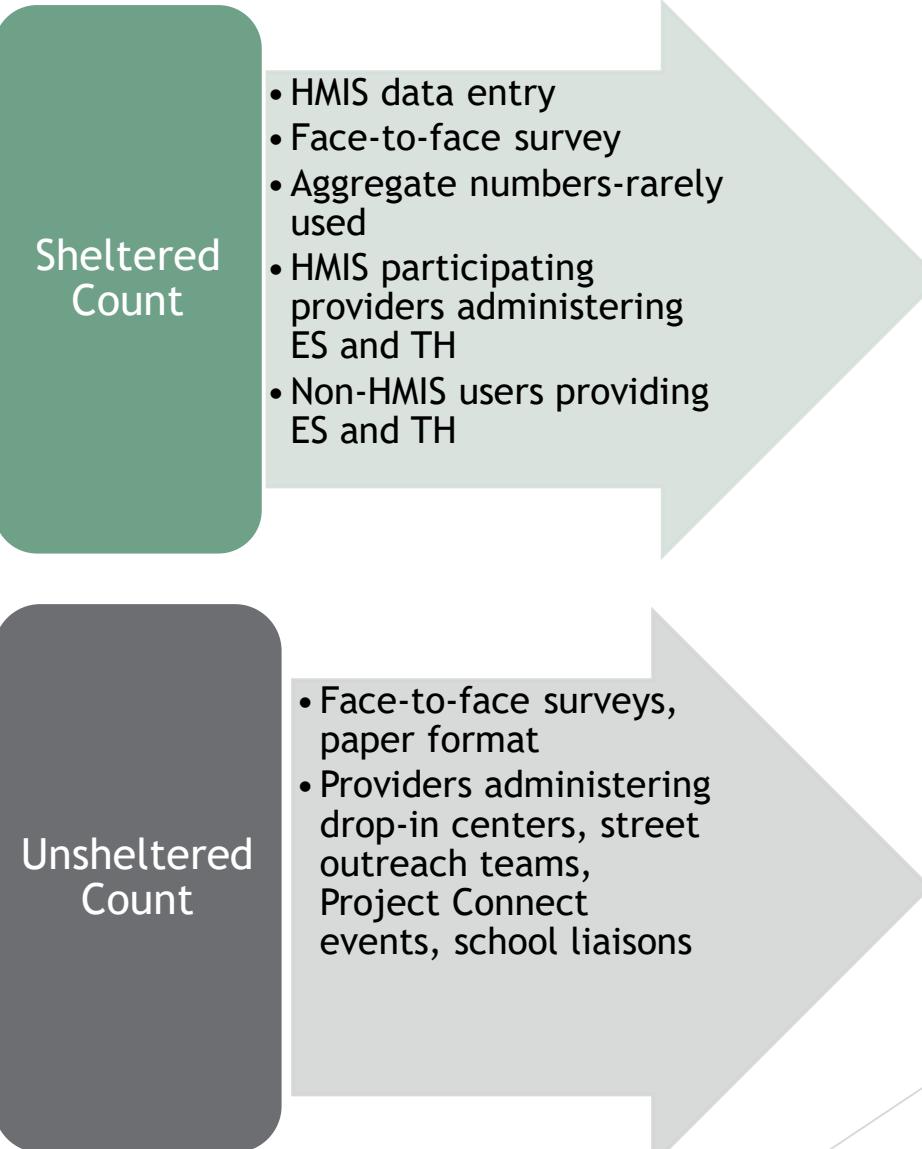


Ways to administer the count

For Emergency Shelter (ES), Transitional Housing (TH) providers that participate in HMIS, the PIT count is standard operating procedure. The data you enter into HMIS about the people your program served on the night of the 25th will be entered into the final PIT Count.

For providers with ES and TH programs that do not participate in HMIS, data may be collected through a face-to-face survey or (rarely) aggregate numbers. Each CoC will communicate with the non-HMIS providers in their region to connect them with the PIT process.

The unsheltered count is collected through face-to-face surveys of individuals and households experiencing homelessness.



Health Considerations and Guidelines

<https://www.hmismn.org/s/PIT-Count-Public-Health-Considerations.pdf>

For a full list of the most recent guidelines provided by the Minnesota Department of Health refer to the link above. Recommendations include but are not limited to:

- Complete PIT Count in areas that you are already working with clients at your agency, shelter, day center, drop-in center, etc.
- Screen participants at the beginning of the event and consider rapid testing
- Provide masks for all participating individuals and interviewees
- Hand sanitizer should be provided and used between interactions

As always, refer to individual agency policy and procedure for health and safety guidelines.

Important Changes to PIT Requirements Beginning in 2023

- ▶ HUD expanded the data collection and reporting requirements for the age categories for the persons in households with at least one adult and one child and persons without children to the following:
 - 1) Under age 18
 - 2) 18-24
 - 3) 25-34
 - 4) 35-44
 - 5) 45-54
 - 6) 55-64
 - 7) 65 and older

Counting “Doubled-Up”

- For the purposes of the PIT count, the recommendation is not to count individuals who are “doubled up”. The HUD definition of homelessness does not include doubled-up individuals, and while we realize that these numbers do have relevance in the northern Minnesota region, for the purposes of the PIT count and the funding associated with the data, they need not be counted.
- If you are surveying someone and find they were doubled-up homeless, you may end the survey and thank them for their time. Alternatively, you may finish the survey, ensuring that this individual’s story is heard, but being advised that this will not be reflected in the PIT count data collected.

Guidelines for PIT count on Reservation or Trust Lands

If non-tribal members are volunteering to count on reservation or trust lands, the CoC must coordinate with the Tribe or TDHE leadership to ensure they have permission before doing so.

- This should not impact or limit our ability to operate the PIT count. We have historically relied on the homeless programs within the Tribe to conduct the PIT count.

Surveyor/Agency Resource List

Your staff should complete a review of the following:

- Review materials on the HMIS Minnesota PIT training site, referencing the role you will play in the event.
<https://www.hmismn.org/point-in-time-count>
- The PIT Administration Guide, starting with p.6. <https://www.hmismn.org/s/PIT-CoCs-and-PIT-Lead-Guide.pdf>
- The 2023 PIT count will again utilize the short survey form found here:
<https://www.hmismn.org/s/PIT-Short-Survey.pdf>

- All of the 2023 completed surveys will be sent to Barbara at barbaraj@nwmf.org.
No submissions need be entered by surveyors on PIT LIVE.
- Helpful for review are the Surveyor and One Page Survey Guides as well as the Household ID Quiz.
- <https://www.hmismn.org/s/PIT-Surveyor-Instruction-Guide.pdf>
- <https://www.hmismn.org/s/PIT-One-Page-Instructions.pdf>
- https://docs.google.com/forms/d/e/1FAIpQLSfQcXBHkP6y6Yh_rrQQkJqDFIhltVxZQJOUnBzZZ7W-yQthw/viewform

HUD allows for surveys to be completed for seven days after the night for agencies to interview individuals, finding out if they were homeless the night of January 25th. Please consider how you will work that into your intake process.

HMIS Participating Providers

- ▶ HMIS Projects-Do not complete any surveys for clients enrolled in programs using HMIS.
- ▶ HUD allows for surveys to be completed for seven days after the night for providers to interview individuals, finding out if they were homeless the night of January 25th. This time period ends at the close of business on February 1, 2023.
- ▶ All paper surveys need to be turned into Barbara at barbaraj@nwmf.org by February 2nd, 2023.
- ▶ If you are aware of anyone that you have had contact with that would be “unsheltered homeless”, please attempt to reach out to them to complete a survey.
- ▶ Review the ICA website at <https://www.hmismn.org/point-in-time-count> for information regarding HMIS only participation and data correction for further detail.

Non-HMIS Participating Providers/Community Events

- Non-HMIS participating providers will need to designate staff to conduct surveys. As this is a sheltered count, most providers will likely opt to do surveys the morning of January 26th. Community events may also survey the morning of January 26th in order to determine where the individual slept the night prior.
- Transitional Housing programs that are active the night of January 25th should participate. Coordination with Salvation Army, Department of Human Services, etc. is encouraged.
- All paper surveys need to be turned into Barbara at barbaraj@nwmf.org by February 2nd, 2023.
- ICA or NWCoC may be contacting you in February to review data entry.

Review the ICA website at <https://www.hmismn.org/point-in-time-count> for information regarding non-HMIS participation and data correction for further detail.

What materials are needed to conduct PIT count surveys?

PIT Survey One-Page Survey Guide:

<https://www.hmismn.org/s/PIT-One-Page-Instructions.pdf>

PIT Short Survey:

<https://www.hmismn.org/s/PIT-Short-Survey.pdf>

Household ID Quiz:

https://docs.google.com/forms/d/e/1FAIpQL_SfQcXBHkP6y6Yh_rrQQkJqDFIhltVxZQJOUbZ2ZZ7W-yQthw/viewform

Important reminders:

- Consider using provided scripting throughout the survey to guide the conversation.
- If a respondent does not want to take the survey or wishes to stop part way through, thank them and move on.
- Attempt to ensure respondents' privacy, some questions are very sensitive.
- Questions may be re-traumatizing.
- Ensure your own safety: if you feel unsafe, move on to another respondent or leave the area.
- Avoid phrases like, "I understand", or comments that make promises.

Household ID Survey Examples

You survey Jamie Smith at a food pantry. She and her partner, Tom Jones, are staying together in her vehicle in Rock county (Southwest CoC) the night of PIT.

First respondent surveyed in this household: Jamie Smith

Surveyor's CoC: Southwest (abbreviated SWC)

Household ID for Jamie and Tom would be: SWC-Jam-Smi

You survey Ethan Rodriguez, his wife Maria Rodriguez, and son Gunner Rodriguez in the Northwest CoC the night of PIT.

First Respondent: Ethan Rodriguez

Person 2: adult, Maria Rodriguez

Person 3: child, Gunner Rodriguez

CoC: Northwest Continuum of Care (abbreviated NWC)

Household ID for Ethan, Maria, and Gunner ALL should read: NWC-Eth-Rod

Additional Resources from ICA:

Point in Time Survey video: <https://vimeo.com/498427325>

Point in Time Interview Techniques video: <https://vimeo.com/499317394>

2023 MN Point-in-Time Count – January 25, 2023



SURVEYOR QUESTIONS

Surveyor name:	First/Last	Continuum of Care:	NWC	County:	Where the survey is conducted
Agency/team:	Where you work	School district:	[School-based surveys only]		

Is this the first survey you are filling out for this family/household?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No – I am adding additional family members
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Specific location:	Do not complete this section for Domestic Violence		
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Household ID: [See instructions. Complete after survey]	NWC-ETH-ROD		
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[Surveyor Narrative] Hello, my name is [Name] and I am a volunteer for [Name of CoC/agency/county]. We are surveying people experiencing homelessness to help improve programs and services. This survey asks questions about you and others in your household. It asks about where you stay now and some of your life experiences. Your participation is voluntary, and your responses will only be used anonymously.

Can I have about 10 minutes of your time?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No [END THE SURVEY. Complete the observation form if able]
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Did another volunteer already ask you where you are staying tonight/where you stayed last night?	<input type="checkbox"/> Yes [END THE SURVEY]	<input checked="" type="checkbox"/> No
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The Household ID is typically filled out at the end when it is identified one is needed.

Household ID= CoC Code (NWC) + First Three Letters of First Name + First Three Letters of Last Name
NWC=Northwest Continuum of Care
ETH= Ethan
ROD=Rodriguez

Where did you/will you sleep on Wednesday night (January 25th, 2023)?

UNSHeltered:

- Abandoned building/house without utilities
- Bridge/overpass/railroad
- Bus/light rail/train
- Doorway/skyway
- Park
- Private property (storage, barn, fish house)
- Street or sidewalk
- Vehicle (car, truck, van, camper)
- Woods/caves/open space
- Restaurant/laundromat
- Up all night walking
- Other (Unsheltered)

OTHER:

- Couch-hopping/Temporarily staying with family or friends **[CONTINUE TO COMPLETE THE SURVEY]**
- Hospital, jail, or treatment program **[END THE SURVEY]**

The NWCoC is not counting doubled-up individuals. You may end the survey at this point.

SHELTERED:

- Emergency shelter (shelter name _____)
- Motel/hotel (voucher stay agency providing _____)
- Transitional housing (agency providing _____)

If you are a non-HMIS shelter, you will need to continue to complete the survey for individuals you are providing services to.

In which county did you/will you stay on Wednesday night (January 25th, 2023)?

If client is unsure, record the City and fill the County in later.

What are the first three letters of your first name?

First: ETH

What are the first three letters of your last name?

Last: ROD

How old are you?

Will anyone/did anyone stay with you tonight/that night?

[Write down the age] 25

Yes **[Go to the next question]**

No **[SKIP to Demographics section]**

How old is each person in your household or group? **[If couch-hopping/staying with family or friends, do not count the permanent residents.] Ethan 25, Maria 24, Gunner 5**

[Write down the age of each person]

[If the household includes ONLY young adults and/or children, ask:] **Including yourself**, how many are the parent or legal guardian of a child in your household?

1 # of Parents Age 18-24

0 # of Parents Age 17 and younger

If a client refuses to share name or has a shorter name, you may use AAA, BBB, etc.

Demographics			
Are you Hispanic/Latin(a)(o)(x)?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Don't Know/Refused (DKR)	
How do you identify your gender?		How do you identify your race? You can include all that apply.	
Female	<input type="checkbox"/>	American Indian, Alaska Native, or Indigenous <input type="checkbox"/>	
Male	<input checked="" type="checkbox"/>	Asian or Asian American <input type="checkbox"/>	
A gender that is not singularly Female or Male (e.g., non-binary, genderfluid, agender, culturally specific gender)	<input type="checkbox"/>	Black, African American, or African <input type="checkbox"/>	
Transgender	<input type="checkbox"/>	Native Hawaiian or Pacific Islander <input type="checkbox"/>	
Questioning	<input type="checkbox"/>	White <input checked="" type="checkbox"/>	
DKR	<input type="checkbox"/>	DKR <input type="checkbox"/>	
If Native American, of which tribe are you an enrolled member? [SKIP if not American Indian, Alaska Native, or Indigenous]	Not an enrolled member of any tribe <input type="checkbox"/>		Mdewakanton Sioux Indians <input type="checkbox"/>
	Minnesota Chippewa Tribe - Bois Forte <input type="checkbox"/>		Minnesota Chippewa Tribe - Fond du Lac <input type="checkbox"/>
	Minnesota Chippewa Tribe - Grand Portage <input type="checkbox"/>		Minnesota Chippewa Tribe - Leech Lake <input type="checkbox"/>
	Minnesota Chippewa Tribe - Mille Lacs Band <input type="checkbox"/>		Minnesota Chippewa Tribe - White Earth <input type="checkbox"/>
	Lower Sioux Indian Community in the State of Minnesota <input type="checkbox"/>		Prairie Island Indian Community in the State of Minnesota <input type="checkbox"/>
	Red Lake Band of Chippewa Indians <input type="checkbox"/>		Upper Sioux Community <input type="checkbox"/>
	Shakopee Mdewakanton Sioux Community of Minnesota <input type="checkbox"/>		Other <input type="checkbox"/>

At any point an individual being surveyed can refuse to respond and that is okay.

Housing History

The next set of questions are about your housing history. [If currently couch-hopping/temporarily staying with family or friends, these questions refer to times you've been in shelter or staying outside only.]

Have you been continuously homeless – <i>like in a shelter or staying outside</i> – for a year or more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DKR
Is this the first time you've been <i>homeless – like in a shelter or staying outside</i> ?	<input type="checkbox"/> Yes [SKIP to Veteran section]	<input type="checkbox"/> No	<input type="checkbox"/> DKR
Think back over the last three years. During that time, have you been homeless 4 or more times – <i>like in a shelter or staying outside</i> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No [SKIP to Veteran section]	<input type="checkbox"/> DKR
If yes, do these times, added together, amount to a year or more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DKR

If this answer is “yes”, then the next question may not be also be “yes”. You may not both be homeless for the first time and have been homeless four or more times in the past three years.

Veteran Status (Adults 18+ Only; Skip if Respondent is under 18)			
Did you serve in the United States Armed Forces, which includes the <u>Army</u> , Navy, Air Force, Marine Corps, and Coast Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DKR
Have you joined the Homeless Veterans Registry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DKR

[If respondent has not joined registry or is unsure, state:] When we complete this survey, I'd be happy to help you apply for the [veteran's registry](#) or provide the number to connect you to the resources they offer.

A good opportunity to connect with veteran's resources if wanted.

Sensitive Questions

[Surveyor Narrative] The next set of questions asks about sensitive topics and may be upsetting. We want to keep your information private. If you prefer, you may read each question silently and point to the answers that apply to you. Otherwise, I can read them out loud and you can respond with the numbers or a quick yes or no. You don't have to answer any question you don't want to, and I'll simply move on. How would you like to proceed?

[Give respondent a moment to decide, then proceed with questions.]

Are you, or have you been, a victim/survivor of domestic violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DKR
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2023 MN Point-in-Time Count – January 25, 2023

[clarify if needed] Has anyone you stayed with ever tried to harm you, control your daily activities, resources, and/or documents, or force you to do things you do not want to do?	
Are you currently fleeing a domestic violence situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
Now I'm going to ask about your health. Do any of the following apply to you?	<input type="checkbox"/> AIDS or HIV-related illness <input type="checkbox"/> Chronic health condition (such as diabetes, cancer, or heart disease) <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Drug or alcohol use disorder <input type="checkbox"/> Physical disability or mobility impairment <input type="checkbox"/> PTSD (Post Traumatic Stress Disorder) <input type="checkbox"/> Psychiatric or emotional conditions such as depression or schizophrenia
[Circle all that apply. Skip question if none apply.]	

Thank you, I appreciate your time. Your responses will be combined with those of other people taking this survey and used to help improve programs for people experiencing homelessness.

[If there are additional household members, Adults (18+) and/or Children (under 18), CONTINUE]



These questions are sensitive. It is up to the respondent whether or not they would like to answer. Even if you may know the answer to a question, do not fill it in unless the client gives you the information or permission to do so.

[If there are additional household members, Adults (18+) and/or Children (under 18), CONTINUE]

Additional Family Members			
	Household Member 2:	Household Member 3:	Household Member 4:
Household ID [Surveyor Only - COMPLETE FOR EACH HOUSEHOLD. These fields MUST be completed and will be used to link group members. Refer to instructions if needed.]	____ - ____ - ____	____ - ____ - ____	____ - ____ - ____
Will you/did you also stay in a shelter or outside Wednesday night (January 25th, 2023)? [or in same location as first respondent if staying with family or friends]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]
Can I ask you a few additional questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]
What are the first three letters of <u>your</u> first and last names?	First: _____ Last: _____	First: _____ Last: _____	First: _____ Last: _____
How old are you? (Write down the age)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Are you Hispanic/Latin(a)(o)(x)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
How do you identify your gender?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> A gender that is not singularly Female or Male (e.g., non-binary, genderfluid, agender, culturally specific gender) <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> DKR	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> A gender that is not singularly Female or Male (e.g., non-binary, genderfluid, agender, culturally specific gender) <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> DKR	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> A gender that is not singularly Female or Male (e.g., non-binary, genderfluid, agender, culturally specific gender) <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> DKR

<p>How do you identify your race? You can include all that apply.</p>	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> DKR	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> DKR	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> DKR
<p>If Native American, of which tribe are you an enrolled member? [SKIP if not American Indian, Alaska Native, or Indigenous]</p>	<input type="checkbox"/> Not an enrolled member of any tribe <input type="checkbox"/> Lower Sioux Indian Community in the State of Minnesota <input type="checkbox"/> Mdewakanton Sioux Indians <input type="checkbox"/> Minnesota Chippewa Tribe - Bois Forte <input type="checkbox"/> Minnesota Chippewa Tribe - Fond du Lac <input type="checkbox"/> Minnesota Chippewa Tribe - Grand Portage <input type="checkbox"/> Minnesota Chippewa Tribe - Leech Lake <input type="checkbox"/> Minnesota Chippewa Tribe - Mille Lacs Band <input type="checkbox"/> Minnesota Chippewa Tribe - White Earth <input type="checkbox"/> Prairie Island Indian Community in the State of Minnesota <input type="checkbox"/> Red Lake Band of Chippewa Indians <input type="checkbox"/> Shakopee Mdewakanton Sioux Community of Minnesota <input type="checkbox"/> Upper Sioux Community <input type="checkbox"/> Other	<input type="checkbox"/> Not an enrolled member of any tribe <input type="checkbox"/> Lower Sioux Indian Community in the State of Minnesota <input type="checkbox"/> Mdewakanton Sioux Indians <input type="checkbox"/> Minnesota Chippewa Tribe - Bois Forte <input type="checkbox"/> Minnesota Chippewa Tribe - Fond du Lac <input type="checkbox"/> Minnesota Chippewa Tribe - Grand Portage <input type="checkbox"/> Minnesota Chippewa Tribe - Leech Lake <input type="checkbox"/> Minnesota Chippewa Tribe - Mille Lacs Band <input type="checkbox"/> Minnesota Chippewa Tribe - White Earth <input type="checkbox"/> Prairie Island Indian Community in the State of Minnesota <input type="checkbox"/> Red Lake Band of Chippewa Indians <input type="checkbox"/> Shakopee Mdewakanton Sioux Community of Minnesota <input type="checkbox"/> Upper Sioux Community <input type="checkbox"/> Other	<input type="checkbox"/> Not an enrolled member of any tribe <input type="checkbox"/> Lower Sioux Indian Community in the State of Minnesota <input type="checkbox"/> Mdewakanton Sioux Indians <input type="checkbox"/> Minnesota Chippewa Tribe - Bois Forte <input type="checkbox"/> Minnesota Chippewa Tribe - Fond du Lac <input type="checkbox"/> Minnesota Chippewa Tribe - Grand Portage <input type="checkbox"/> Minnesota Chippewa Tribe - Leech Lake <input type="checkbox"/> Minnesota Chippewa Tribe - Mille Lacs Band <input type="checkbox"/> Minnesota Chippewa Tribe - White Earth <input type="checkbox"/> Prairie Island Indian Community in the State of Minnesota <input type="checkbox"/> Red Lake Band of Chippewa Indians <input type="checkbox"/> Shakopee Mdewakanton Sioux Community of Minnesota <input type="checkbox"/> Upper Sioux Community <input type="checkbox"/> Other

[STOP and END THE SURVEY if none of the additional household members are adults (18+). CONTINUE to the next section for additional adult (18+) household members only.]

Note: If the additional household members are all under the age of 18, stop survey here. It is only necessary to continue to this section if household members are 18 years of age or older.

Additional Family Members (18+ Only): Housing History			
The next set of questions are about your housing history. [If currently couch-hopping/temporarily staying with family or friends, these questions refer to times you've been in shelter or staying outside only.]			
	Household Member 2:	Household Member 3:	Household Member 4:
Have you been continuously homeless – <i>like in a shelter or staying outside</i> – for a year or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
Is this the first time you've been homeless – <i>like in a shelter or staying outside</i> ?	<input type="checkbox"/> Yes [SKIP to Veteran section] <input type="checkbox"/> No	<input type="checkbox"/> Yes [SKIP to Veteran section] <input type="checkbox"/> No	<input type="checkbox"/> Yes [SKIP to Veteran section] <input type="checkbox"/> No

Point-in-Time Short Survey – v2023.1

2023 MN Point-in-Time Count – January 25, 2023

Institute for Community Alliances

Think back over the last three years. During that time, have you been homeless 4 or more times – <i>like in a shelter or staying outside</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No [SKIP to Veteran section]	<input type="checkbox"/> Yes <input type="checkbox"/> No [SKIP to Veteran section]	<input type="checkbox"/> Yes <input type="checkbox"/> No [SKIP to Veteran section]
[If yes] Do these times, added together, amount to a year or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
Additional Family Members (18+ Only): Veteran Status			
	Household Member 2:	Household Member 3:	Household Member 4:
Did you serve in the United States Armed Forces, which includes the Army, Navy, Air Force, Marine Corps, and Coast Guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR

Additional Family Members (18+ Only): Sensitive Questions			
The next set of questions asks about sensitive topics and may be upsetting. We want to keep your information private. If you prefer, you may read each question silently and point to the answers that apply to you. Otherwise, I can read them out loud and you can respond with the numbers or a quick yes or no. You don't have to answer any question you don't want to, and I'll simply move on. How would you like to proceed? [Give respondent a moment to decide, then proceed with questions.]			
	Household Member 2:	Household Member 3:	Household Member 4:
Are you, or have you been, a victim/survivor of domestic violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
Are you currently fleeing a domestic violence situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR



2023 MN Point-in-Time Count – January 25, 2023

Acknowledging the time that has been given for the survey and thanking them for their answers is important.

Think back over the last three years. During that time, have you been homeless 4 or more times - <i>like in a shelter or staying outside?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No [SKIP to Veteran section] <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No [SKIP to Veteran section] <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No [SKIP to Veteran section] <input type="checkbox"/> DKR
[If yes] Do these times, added together, amount to a year or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
Additional Family Members (18+ Only): Veteran Status			
	Household Member 2:	Household Member 3:	Household Member 4:
Did you serve in the United States Armed Forces, which includes the Army, Navy, Air Force, Marine Corps, and Coast Guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR

Additional Family Members (18+ Only): Sensitive Questions																															
The next set of questions asks about sensitive topics and may be upsetting. We want to keep your information private. If you prefer, you may read each question silently and point to the answers that apply to you. Otherwise, I can read them out loud and you can respond with the numbers or a quick yes or no. You don't have to answer any question you don't want to, and I'll simply move on. How would you like to proceed?																															
[Give respondent a moment to decide, then proceed with questions.]																															
	Household Member 2:	Household Member 3:	Household Member 4:																												
Are you, or have you been, a victim/survivor of domestic violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR																												
Are you currently fleeing a domestic violence situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR																												
Do any of the following apply to you? [Check all that apply. Skip question if none apply.]	<table><tr><td>1. AIDS or HIV-related illness</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>2. Chronic health condition (such as diabetes, cancer, or heart disease)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>3. Developmental Disability</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>4. Drug or alcohol use disorder</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>5. Physical disability or mobility impairment</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>6. PTSD (Post Traumatic Stress Disorder)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>7. Psychiatric or emotional conditions such as depression or schizophrenia</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>			1. AIDS or HIV-related illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Chronic health condition (such as diabetes, cancer, or heart disease)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Developmental Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Drug or alcohol use disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Physical disability or mobility impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. PTSD (Post Traumatic Stress Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Psychiatric or emotional conditions such as depression or schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Thank you, I appreciate your time. Your responses will be combined with those of other people taking this survey and used to help improve programs for people experiencing homelessness.

Day One domestic violence hotline: 1-866-223-1111 Homeless Veteran Registry: 1-888-546-5838

Aggregate Tool

The aggregate tool is another option for non-HMIS providers to use instead of the short paper survey. If your agency already collect detailed information on each client beyond basic demographics, this tool may be best for you.

- Examples of additional information may include:
 - Household type
 - Gender
 - Chronically homeless status
 - Serious mental illness
 - Substance abuse
- ICA offers this tool as a Google form rather than an excel spreadsheet. The link to the Aggregate Data Collection form may be found here
https://docs.google.com/forms/d/e/1FAIpQLScGep2JQhEWb1iyNm8cT9iW7EzOfNSq6esU3KgS_RF-WfVMhA/viewform.
- Instructions to assist in completing the Aggregate Data Collection form may be found at
<https://www.hmismn.org/s/Aggregate-Form-Instruction-Guide.pdf> . Please contact our office for more information regarding the use of this form.
- A paper format of the Aggregate Data Collection Form is available for 2023

Data Collection and Submission

2023 PIT LIVE

- Please do not enter any data into PIT Live
- Data entry and submission into PIT Live will be done by Northwest Minnesota Foundation
- When the paper surveys and/or aggregate tool forms have been completed, please scan or email them to barbaraj@nwmf.org, keeping the original copies for your files.
- Please have staff take training to ensure information is accurately collected and filled out as legibly as possible.
- For more information on how the entire collection process works, please refer to the Point-in-Time PIT Live video found here
<https://vimeo.com/499313886>.

Prior to the January 25th collection, you and your staff may want to:

- Ensure all HMIS data is up to date for your households. If you enter your project into HMIS, you do not need to do the surveys.
- Take the trainings, become familiar with the survey questions and practice role playing with a partner
- Watch the PIT Paper Survey and the PIT Interview Techniques videos.
<https://vimeo.com/498427325>
<https://vimeo.com/499317394>
- Take the Household ID Quiz
https://docs.google.com/forms/d/e/1FAIpQLSfQcXBHkP6y6Yh_rrQQkJqDFIhltVxZQJOUnBz2ZZ7W-yQthw/viewform
- Reserve the time for data collection on January 25th.

What Happens Next?

The deadline for surveys to be returned to Northwest Minnesota Foundation is February 2, 2023.

Coming Soon: The Housing Inventory Count (HIC)!

Questions

Thank you!