

## Springfield-Hampden County Continuum of Care: 2022 Point-in-Time Count – Data Collection Form

We ask some basic identifying information to make sure we don't count the same person more than once.

Name OR Initials: \_\_\_\_\_

Would you please provide your name OR initials?

City/Town: \_\_\_\_\_

Please provide your date of birth.             /        /         
month      day      year

If the person is reluctant, please request or estimate age:

Where did you sleep the night of Wednesday, February 23, 2022?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Outdoors  | <input type="checkbox"/> Emergency shelter       | <input type="checkbox"/> House or apartment                |
| <input type="checkbox"/> In a vehicle  | <input type="checkbox"/> Transitional housing    | <input type="checkbox"/> With a friend or relative         |
| <input type="checkbox"/> In a bus station, abandoned building, hallway, etc. | <input type="checkbox"/> Hotel, motel            | <input type="checkbox"/> Jail, hospital, treatment program |
| <input type="checkbox"/> Other:  | <b>If the answer is one of these, STOP here.</b> |  |

Is this the first time you have been homeless?

☐ Yes      ☐ No      ☐ Not sure/No comment

How long have you been homeless this time? Only include time spent staying in shelters and/or on the streets.

days \_\_\_\_\_ weeks \_\_\_\_\_ months \_\_\_\_\_ years

☐ Don't know ☐ Refused to answer

How many times have you been homeless (in shelter or on the streets) in the last 3 years – since Jan. 2019?

☐ 0      ☐ 1      ☐ 2      ☐ 3      ☐ 4 or more

In total, have you been homeless for 12 months or more in the last 3 years?

☐ Yes    ☐ No    ☐ Not sure/No comment

How do you describe your gender?

☐ Female
 ☐ Male
 ☐ Transgender
 ☐ Questioning  
☐ A gender that is not singularly 'Female' or 'Male' (e.g., non-binary, genderfluid, agender, culturally specific gender)
 ☐ Don't know/Refused to answer

Are you Hispanic or Latino?

☐ Yes      ☐ No      ☐ Don't know      ☐ Refused to answer

What is your race?  
(Can select one or more)

☐ American Indian/Alaska Native      ☐ Asian      ☐ Black/African American

☐ Native Hawaiian/Other Pacific Islander      ☐ White      ☐ Not sure/No comment

Have you served in the United States Armed Forces?

☐ Yes    ☐ No    ☐ Not sure/No comment

Were you ever called into active duty as a member of the National Guard or a Reservist?

☐ Yes    ☐ No    ☐ Not sure/No comment

Have you ever received health care or benefits from a Veteran's Admin. Medical Center?

☐ Yes    ☐ No    ☐ Not sure/No comment

Do you receive benefits such as SSI, SSDI, or Veteran's Disability benefits?

☐ Yes    ☐ No    ☐ Not sure/No comment

If no SSI/SSDI/Veteran's Disability Benefits: Do you have any type of health issue or disability that interferes with your daily life? This might include traumatic brain injury; acute or chronic illness such as diabetes, heart disease, or cancer; developmental or learning disabilities; or serious physical disability.

☐ Yes   ☐ No   ☐ Not sure/No comment

Do you have any mental health issues that interfere with your day-to-day life?

☐ Yes    ☐ No    ☐ Not sure/No comment

These might include major depression, schizophrenia, or post-traumatic stress disorder.

Do drugs or alcohol prevent you from maintaining a decent housing situation?

☐ Yes    ☐ No    ☐ Not sure/No comment

Are you HIV+ or do you have AIDS?

☐ Yes    ☐ No    ☐ Not sure/No comment

Are you experiencing homelessness because you are currently fleeing domestic violence, dating violence, sexual assault, or stalking?

☐ Yes    ☐ No    ☐ Not sure/No comment

Were there additional household members sleeping in the same location with you on the night of Wednesday, February 23, 2022?

☐ Yes (Please continue on the next page)☐ No (Your survey is complete)

If you want us to contact you again about housing and services, please provide your phone number or location we can find you:

**Additional Household members**  
**(Only fill out if you answered “Yes” to the last question on page 1)**

<b>Additional Household Member 1</b>	Name OR Initials: _____	DOB OR Age: _____
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> A gender that is not singularly ‘Female’ or ‘Male’ (e.g., non-binary, genderfluid, agender, culturally specific gender) <input type="checkbox"/> Don’t know/Refused to answer	
Hispanic or Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t know <input type="checkbox"/> Refused to answer	
Race (Can select one or more)	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not sure/No comment	
<b>Additional Household Member 2</b>	Name OR Initials: _____	DOB OR Age: _____
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> A gender that is not singularly ‘Female’ or ‘Male’ (e.g., non-binary, genderfluid, agender, culturally specific gender) <input type="checkbox"/> Don’t know/Refused to answer	
Hispanic or Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t know <input type="checkbox"/> Refused to answer	
Race (Can select one or more)	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not sure/No comment	
<b>Additional Household Member 3</b>	Name OR Initials: _____	DOB OR Age: _____
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> A gender that is not singularly ‘Female’ or ‘Male’ (e.g., non-binary, genderfluid, agender, culturally specific gender) <input type="checkbox"/> Don’t know/Refused to answer	
Hispanic or Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t know <input type="checkbox"/> Refused to answer	
Race (Can select one or more)	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not sure/No comment	
<b>Additional Household Member 4</b>	Name OR Initials: _____	DOB OR Age: _____
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> A gender that is not singularly ‘Female’ or ‘Male’ (e.g., non-binary, genderfluid, agender, culturally specific gender) <input type="checkbox"/> Don’t know/Refused to answer	
Hispanic or Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t know <input type="checkbox"/> Refused to answer	
Race (Can select one or more)	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not sure/No comment	
<b>Additional Household Member 5</b>	Name OR Initials: _____	DOB OR Age: _____
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> A gender that is not singularly ‘Female’ or ‘Male’ (e.g., non-binary, genderfluid, agender, culturally specific gender) <input type="checkbox"/> Don’t know/Refused to answer	
Hispanic or Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t know <input type="checkbox"/> Refused to answer	
Race (Can select one or more)	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not sure/No comment	