Agency: Agency Region/County:

Contact Name, Phone and email:

Unsheltered PIT Count Form

\*\*\*\*\*To be completed on HUD Category 1-Literally Homeless Only\*\*\*\*\*

Complete ALL questions for individuals and persons in families with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, such as a car, park and abandoned building

|  |
| --- |
| **The information in this section is REQUIRED** |
| **Where are you sleeping tonight January 23, 2024? /Where did you sleep the night of January 23, 2024?**  |
| Social Security Number: |  | / / |
| First Name: | Last Name: |
| Date of Birth: / / | Age: |  | Gender: |
| Race: | Ethnicity: |

|  |
| --- |
| **The information in this section is strongly encouraged** |
| Have you and/or your family been continuously homeless for one year or longer? | ⃝YES ⃝NO |
| **Approximate date homelessness started:** |  |
| **Number of times you have been on the streets, in ES in the****past three years including today.** |  | 1 |  | 2 | 3 | 4 | More than 4 |
| **Total number of months homeless on the street, in ES in the past three years** |  |
| **Total number of months continuously homeless immediately prior to this.** |  |
| **Are you a U.S. Veteran:**Persons who have served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or theNational Guard unless the person was called up to active duty. | ⃝YES ⃝NO |
| Disabling condition is any one of the following (1)a physical, mental, or emotional impairment which is **(a) expected to be of long continued and indefinite duration,** (b) **substantially impedes an individual’s ability to live independently**, and (c) of such a nature that**such ability could be improved by more suitable housing conditions**; |
| **Serious Mental Illness:** | ⃝YES ⃝NO |
| **Substance Use Disorder:** | ⃝YES ⃝NO |
| **Persons with HIV/AIDS:**Persons who have been diagnosed with AIDS and/or have testedpositive for HIV. | ⃝YES ⃝NO |
| **Victims of Domestic Violence:**Currently experiencing homelessness because you are currentlyfleeing domestic violence, dating violence, sexual assault, or stalking. | ⃝YES ⃝NO |
| **Are you currently or have you ever been a Ward of the State:** | ⃝YES ⃝NO |
| **Highest level of Education: (circle one) Nursery-4** | **5th or 6th** | **7th or 8th** |  | **9th** | **10th** | **11th** | **12th** | **HS Diploma GED** |

# Complete for any additional unsheltered family members on back page

2024 Unsheltered Point in Time form UNL –Center on Children, Families, and the Law (CCFL) Community Services Management Information System (CS-MIS)

# Household Type: Head of Household:

**Is this a parenting youth households or a group/couple without a parent or guardian over 24?** ⃝YES ⃝NO

|  |  |  |  |
| --- | --- | --- | --- |
| **First/Last Name** |  | Veteran: | ⃝YES ⃝NO |
| **Relationship to:** |  | Serious Mental Illness: | ⃝YES ⃝NO |
| **Date of Birth & Age** |  | Substance Use Disorder: | ⃝YES ⃝NO |
| **Gender** |  | Persons with HIV/AIDS: | ⃝YES ⃝NO |
| **Race** |  |
| **Ethnicity** |  | Currently Fleeing Domestic Violence: | ⃝YES ⃝NO |
| **Education Level** |  | State Ward or ever been? | ⃝YES ⃝NO |

|  |  |  |  |
| --- | --- | --- | --- |
| **First/Last Name** |  | Veteran: | ⃝YES ⃝NO |
| **Relationship to:** |  | Serious Mental Illness: | ⃝YES ⃝NO |
| **Date of Birth & Age** |  | Substance Use Disorder: | ⃝YES ⃝NO |
| **Gender** |  | Person with HIV/AIDS: | ⃝YES ⃝NO |
| **Race** |  |
| **Ethnicity** |  | Currently Fleeing Domestic Violence: | ⃝YES ⃝NO |
| **Education Level** |  | State Ward or ever been? | ⃝YES ⃝NO |

|  |  |  |  |
| --- | --- | --- | --- |
| **First/Last Name** |  | Veteran: | ⃝YES ⃝NO |
| **Relationship to:** |  | Serious Mental Illness: | ⃝YES ⃝NO |
| **Date of Birth & Age** |  | Substance Use Disorder: | ⃝YES ⃝NO |
| **Gender** |  | Person with HIV/AIDS: | ⃝YES ⃝NO |
| **Race** |  |
| **Ethnicity** |  | Currently Fleeing Domestic Violence: | ⃝YES ⃝NO |
| **Education Level** |  | State Ward or ever been? | ⃝YES ⃝NO |

|  |  |  |  |
| --- | --- | --- | --- |
| **First/Last Name** |  | Veteran: | ⃝YES ⃝NO |
| **Relationship to:** |  | Serious Mental Illness: | ⃝YES ⃝NO |
| **Date of Birth & Age** |  | Substance Use Disorder: | ⃝YES ⃝NO |
| **Gender** |  | Person with HIV/AIDS: | ⃝YES ⃝NO |
| **Race** |  |
| **Ethnicity** |  | Currently Fleeing Domestic Violence: | ⃝YES ⃝NO |
| **Education Level** |  | State Ward or ever been? | ⃝YES ⃝NO |

**Staff use only:**

**Is this person/family currently on the All Doors Lead Home Coordinated Entry List? ⃝YES ⃝NO If not on the All Doors Lead Home Coordinated Entry list, were they referred? ⃝YES ⃝NO**