

## 2019 Austin/Travis County Point-in-Time Count Instructions for the Census Form for Individual or Family Unit

### General Instructions:

- **Complete all questions of the survey. Make sure to not leave any questions blank.**
  - Where appropriate, check one of the “don’t know,” “refused,” or “N/A” boxes.
  - In some cases, leaving some questions blank may mean the survey cannot be used at all and the person may not be counted.
  - After interviewing each person, verify that all questions have been answered.
- **Use separate Census Forms for each household.**
  - The Census Form is designed to collect information for individuals and up to two people in a household—If more than 2 people are staying together as a household, use the back of the form. If necessary, use a second form and only fill out the questions in the *listing all members* box. Securely affix both forms together.
- **Survey adults when surveying households with children.**
  - When possible, surveying individuals that are 18 years or older, asking adults to provide responses on behalf of members of the household who are under 18.
  - When an adult is not present, administer the survey questions to all persons who are under 18 years old (e.g. unaccompanied children).
  - For a household composed of only adults, survey one adult or all adults depending on their preference in having one person speak on behalf of all household members.

### Observation From:

- Only use the Observation from box to record characteristics of homeless persons when you cannot speak with them directly.
- Indicate why you need to use the observation box, by checking which reason applies.
- After, indicating the reason continue filling out the form.

- Good morning, my name is [SAY YOUR NAME]. I am volunteering today counting the number of people experiencing homelessness in Austin & Travis County.
- We are asking people a few questions about their housing situation. The information you share helps us better understand the circumstances of your homelessness, so that housing and services can be offered that best meet your needs.
- All answers are received without judgment and are kept confidential. You can skip any question or stop the survey at any time.

**Have you already completed a survey today?** ☐ Yes ☐ No  
[IF YES, STOP THE SURVEY]

#### ☐ **Observation Form**

Please indicate why you are using this observation tool?

- ☐ Barriers to enter site
- ☐ Site was unsafe to enter
- ☐ Person declined to participate
- ☐ Language / communication barrier
- ☐ Person was unable to respond (e.g. debilitating intoxication, cannot wake them up)

**Stop the survey if the person was already surveyed. This question is important to ensure someone is not doubled counted. Stop the survey altogether if the person indicates someone else has already asked the same questions. Thank them for their time.**

### Corresponding Instructions

- **Identify your team #.** At the top right corner, write the number or letter of your team. This identifies the geographic location your team will cover. Ask your Team Lead for this #.
- **Complete the top of the form.** Complete the top of each survey (location, name, date and time) before collecting data. In the location section, be as specific as possible. Include name of parks, cross-sections, landmarks, or exact addresses when known or applicable. Whenever possible, use Google Maps to identify locations as precisely as possible.
- **Take your time & validate the person’s humanity.** Introductions are important. Introduce yourself without rushing & explain what you are doing. Be polite and respectful of their space. Use non-threatening body language.
- **Explain the importance of the Count.** If the respondent is not familiar with the PIT count, explain the importance of their participation in helping provide better local programs and services.
- **The survey is anonymous.** The survey does not ask for any identifying information of the respondent until the very end. Question #11 is an optional question in which he or she can choose to share their contact information with us.
- **Respect the person’s choice to participate.** If an individual does not wish to speak to you, thank them and complete an Observation Form box.

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1. Where did you sleep last night (Friday night)? [DO NOT READ CATEGORIES, SELECT ONE OPTION ONLY]

<input type="checkbox"/> Street or sidewalk	<input type="checkbox"/> Park	<input type="checkbox"/> Woods, encampment	<input type="checkbox"/> Emergency shelter	<input type="checkbox"/> House or apartment
<input type="checkbox"/> Abandoned building	<input type="checkbox"/> Bus, train station	<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Transitional housing	<input type="checkbox"/> Motel/Hotel
<input type="checkbox"/> Under bridge/ underpass	<input type="checkbox"/> Vehicle (car, van, RV, truck)		<input type="checkbox"/> Jail, hospital or treatment facility	

[IF ANY OF THE OPTIONS IN THE GRAY BOX ARE SELECTED, STOP THE SURVEY]

- **Only survey unsheltered individuals.** This survey is only meant to count individuals or households staying in unsheltered places not meant for human habitation on the night of the count (Friday night). If a person is not/was not in any of the situations listed in the white box on the night of the count, end the survey. For our purposes, the “night of the count” is Friday January 25, 2019.
  - Make sure to answer this question and not leave it blank. If this question is left unanswered, the person cannot be counted. Make sure to answer this question
  - Only count those staying with the respondent. We are only interested in counting the household members who are staying with the respondent on the night of the count.
- **Creating the household composition.** Answer the identifying questions for each member of the household. Make sure to write any unique characteristics. This is a very important part and will help us avoid double counting anyone.  
**Example of unique characteristics:**  
**Person 1:** Wearing an orange UT hat with bright blue shirt and has a dragon arm tattoo
- **Please note if the household has more than 2 individuals turn page around and complete the additional household members identifying characteristic. (*add another survey form and ONLY complete the box of identifying characteristics and attach with original form*)**
- **Chronically homeless** Questions 3- 7 are asked to determine whether someone meets the chronically homeless definition of having been continuously homeless for a year or more OR having had at least four episodes of homelessness in the past three years that equals at least one year.
- **(Q3) If this is the individuals first time, becoming homeless SKIP questions 4 & 5.**
- **If this is NOT their first time, continue to question 4.**
- **(Q4) How old was the individual?** If the person does not remember their exact age, ask them to estimate. If the person is not refusing to answer but they simply don’t remember and can’t estimate, estimate their age yourself.
- **(Q5) Where?** Ask where the person became homeless and choose one of the listed locations based on their answer. If you’re unsure of the geography they mention, ask a follow-up question to clarify. For example, if they say they became homeless in Paris, ask Paris, Texas? **Other part of Texas?**  
 By other parts of Texas, we are referring to any area outside out Austin Travis County.
- **(Q6) How long,** asking if the individual can estimate how long they’ve been in their most Current episode of homelessness. For example, if the individual has been homeless for the last 8 months. Place an 8 in the 8-month box. An example of stable housing is, **when was the last time you had a lease in your name and or stayed with someone for longer than 30 days?**
- **(Q7) Physical, Mental, Emotional and or Substance Abuse.** If the individual does not feel comfortable answering questions 7-8, let them know they can skip those questions. If yes, please circle which impairment is preventing them from maintaining income or housing.
- **(Q8) Receiving Benefits,** if they feel comfortable please answer yes and no.
- **(Q9) Completed a Coordinated Assessment (CA).** If the individual has not completed a coordinated Assessment, please give them a Coordinated Assessment flyer.
- **(Q10) Pets,** this question is optional this will help ECHO know if the individual needs to be housed with their pet.

11. Would you like to share your identifying information with us? If so, it will be used to update your contact information if we have any.

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

ServicePoint #: \_\_\_\_\_ Date of Birth /OR/ Last Four of SSN: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email and/or Facebook: \_\_\_\_\_

- **(Q11)** This question is optional and will help ECHO undated its client’s records. If the individual does not know his or her Facebook URL, they can also provide their Facebook profile name/nickname used.