

1. Did another volunteer already survey you? No Yes
2. Where did you/will you spend Monday night, January 29th? (Check only ONE response) *If none selected, do not complete the rest of the form*
 Emergency shelter or Cold Weather Shelter (Name of shelter: _____) In a car
 Hotel/motel **paid for by a voucher or nonprofit** (If paid by self, do not complete this form)
 Transitional housing (time-limited)
 On the street/sidewalk/camp/any other place not meant for human habitation
3. What city & county did you/will you spend Monday night, January 29th?
 City: _____ County: Adams Arapahoe Boulder Broomfield Denver Douglas Jefferson Other: (please specify) _____
4. Is this the first time you've been homeless? Yes No I am not currently experiencing homelessness
5. How long have you been homeless **this time**? (Check only ONE response)
 Less than 1 month 1 month to less than 1 year 1 to 3 years More than 3 years Don't know I am not currently homeless
6. INCLUDING THIS TIME, how many separate times have you stayed in shelters or on the streets in the **last three years (since Jan 2015)**? (Check only ONE response)
 Less than 4 times More than 4 times Don't know I have not stayed in shelters or on the streets at **any** time in the last three years
7. In total, how long did you did you experience homelessness in the last three years (since Jan 2015)? (Check only ONE response)
 Fewer than 12 months 12 months or more Don't know I have not been homeless at **any** time in the last three years
8. Did any family members and/or pets or companion animals stay in the same place with you on Monday night, January 29th? (Check ALL that apply)
 Just me Partner/spouse Children under age 18 Parents/siblings Pet/companion animal
9. Please fill in the following information for yourself as well as any family members staying in the same place with you, on Monday night, January 29th [use box below!]:

Relationship to you (spouse or partner, child, parent, sibling, other)	First 3 letters First Name	First 3 letters Last Name	Date of Birth (MM/YYYY)	Gender: Male (M) Female (F) Transgender (TG) Gender Non-conforming (GNC)*	Ethnicity: Hispanic/Latino (H) Non Hispanic/Latino (N)	Race: American Indian/Alaskan Native (AIAN); Asian (A); Black (B); White (W); Native Hawaiian/Pacific Islander (NHPI); Multi-Racial (M)	ONLY COMPLETE FOR INDIVIDUALS AGED 18 AND OVER								
							FOR EACH INDIVIDUAL, CIRCLE ALL THAT APPLY								
Head of household	WRITE IN														
Yourselves															
Family Member #1															
Family Member #2															
Family Member #3															
Family Member #4															

*Do not identify as exclusively male or female (GNC)

REFUSAL/OBSERVATION SECTION- ONLY COMPLETE IF YOU CANNOT COMPLETE AN INTERVIEW! Use only on night/day of Point in Time.

1. Check one: Refusal Observation

2. Reason for Refusal/Observation:

Unable to enter site Do not wish to disturb people sleeping Language barrier (Language spoken: _____) Other: _____

3. Where is the individual spending the night of January 29th? (Check only ONE response)

Emergency shelter or Cold Weather Shelter (Name of shelter: _____) In a car

Hotel/motel **paid for by voucher or nonprofit**

Transitional housing (time-limited)

On the street/sidewalk/camp/any other place not meant for human habitation

4. Does this person have family members and/or pets or companion animals with them? No Don't Know Yes, Children (# of children _____) Yes, Adults (# of Adults _____) Pet/companion animal