

Agency: _____ Agency Region: (BOS CoC) _____ 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 21, 2025? /Where did you sleep the night of January 21, 2025?	
Clarity Unique Identifier, if known:	
Social Security Number: _____ / _____ / _____	
First Name:	Last Name:
Date of Birth: _____ / _____ / _____	Age: _____ Gender: _____
Race and Ethnicity:	
The information in this section is strongly encouraged	
Have you and/or your family been continuously homeless for one year or longer?	<input type="radio"/> YES <input type="radio"/> NO
Approximate date homelessness started:	
Number of times you have been on the streets, in ES in the past three years.	1 2 3 4 More than 4
Total number of months homeless on the street, in ES in the past three years.	
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 the National Guard unless the person was called up to active duty.	<input type="radio"/> YES <input type="radio"/> 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:	<input type="radio"/> YES <input type="radio"/> NO
Substance Use Disorder:	<input type="radio"/> YES <input type="radio"/> NO
Persons with HIV/AIDS: Persons who have been diagnosed with AIDS and/or have tested positive for HIV.	<input type="radio"/> YES <input type="radio"/> NO
Victims of Domestic Violence: Currently experiencing homelessness because you are currently fleeing domestic violence, dating violence, sexual assault, or stalking.	<input type="radio"/> YES <input type="radio"/> NO

Complete for any additional unsheltered family members on back page

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:	<input type="radio"/> YES <input type="radio"/> NO
Relationship to:		Serious Mental Illness:	<input type="radio"/> YES <input type="radio"/> NO
Date of Birth		Substance Use Disorder:	<input type="radio"/> YES <input type="radio"/> NO
Age		Persons with HIV/AIDS:	<input type="radio"/> YES <input type="radio"/> NO
Gender			
Race and Ethnicity		Currently Fleeing Domestic Violence:	<input type="radio"/> YES <input type="radio"/> NO

First/Last Name		Veteran:	<input type="radio"/> YES <input type="radio"/> NO
Relationship to:		Serious Mental Illness:	<input type="radio"/> YES <input type="radio"/> NO
Date of Birth & Age		Substance Use Disorder:	<input type="radio"/> YES <input type="radio"/> NO
Age		Person with HIV/AIDS:	<input type="radio"/> YES <input type="radio"/> NO
Gender			
Race and Ethnicity		Currently Fleeing Domestic Violence:	<input type="radio"/> YES <input type="radio"/> NO

First/Last Name		Veteran:	<input type="radio"/> YES <input type="radio"/> NO
Relationship to:		Serious Mental Illness:	<input type="radio"/> YES <input type="radio"/> NO
Date of Birth		Substance Use Disorder:	<input type="radio"/> YES <input type="radio"/> NO
Age		Person with HIV/AIDS:	<input type="radio"/> YES <input type="radio"/> NO
Gender			
Race and Ethnicity		Currently Fleeing Domestic Violence:	<input type="radio"/> YES <input type="radio"/> NO

First/Last Name		Veteran:	<input type="radio"/> YES <input type="radio"/> NO
Relationship to:		Serious Mental Illness:	<input type="radio"/> YES <input type="radio"/> NO
Date of Birth		Substance Use Disorder:	<input type="radio"/> YES <input type="radio"/> NO
Age		Person with HIV/AIDS:	<input type="radio"/> YES <input type="radio"/> NO
Gender			
Race and Ethnicity		Currently Fleeing Domestic Violence:	<input type="radio"/> YES <input type="radio"/> 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