Agency: _____ Staff name & email: _____

In which Region was the Unsheltered Individual and/or Family encountered? *Circle One.*

BOS-Region 1 BOS- Region 2 BOS -Region 3 BOS- Region 4 BOS-Region 5 City of Lincoln

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 night-time 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 27th, 2026? /Where did you sleep the night of January 27th, 2026?	
Clarity Unique Identifier, if known:	
Social Security Number: / /	
First Name:	Last Name:
Date of Birth: / / Age:	Sex:
Race and Ethnicity:	
The information in this section is strongly encouraged	
Living Situation:	
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.	◯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 tested positive for HIV.	◯YES ◯NO
Victims of Domestic Violence: Currently experiencing homelessness because you are currently fleeing domestic violence, dating violence, sexual assault, or stalking.	◯YES ◯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:	◯YES ◯NO
Relationship to:		Serious Mental Illness:	◯YES ◯NO
Date of Birth		Substance Use Disorder:	◯YES ◯NO
Age		Persons with HIV/AIDS:	◯YES ◯NO
Sex			
Race and Ethnicity		Currently Fleeing Domestic Violence:	◯YES ◯NO

First/Last Name		Veteran:	◯YES ◯NO
Relationship to:		Serious Mental Illness:	◯YES ◯NO
Date of Birth & Age		Substance Use Disorder:	◯YES ◯NO
Age		Person with HIV/AIDS:	◯YES ◯NO
Sex			
Race and Ethnicity		Currently Fleeing Domestic Violence:	◯YES ◯NO

First/Last Name		Veteran:	◯YES ◯NO
Relationship to:		Serious Mental Illness:	◯YES ◯NO
Date of Birth		Substance Use Disorder:	◯YES ◯NO
Age		Person with HIV/AIDS:	◯YES ◯NO
Sex			
Race and Ethnicity		Currently Fleeing Domestic Violence:	◯YES ◯NO

First/Last Name		Veteran:	◯YES ◯NO
Relationship to:		Serious Mental Illness:	◯YES ◯NO
Date of Birth		Substance Use Disorder:	◯YES ◯NO
Age		Person with HIV/AIDS:	◯YES ◯NO
Sex			
Race and Ethnicity		Currently Fleeing Domestic Violence:	◯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