

2024 Alaska Balance of State Point-In-Time (PIT) Unsheltered Count Survey

INSTRUCTIONS

This form is to be completed with clients asking where they slept on the night of Monday, January 29, 2024. Unanswered questions will not be interpreted for data entry. Include notes if necessary. Answer all required questions to the best of your ability. To enter the data from this form into the Unsheltered PIT (POINT IN TIME) portal later, use the link found on the ICA Website page: [Alaska PIT/HIC](#)

All data should be entered by February 8, 2024.

INFORMED CONSENT STATEMENT (READ TO EACH RESPONDENT)

- We are conducting a community-wide survey related to characteristics of people and their housing.
- Participation is completely voluntary.
- If you don't want to take the survey, you don't have to answer any questions.
- If you do take the survey, you can stop, you can change your mind, or you can skip questions with no bad consequences.
- Doing the survey or not doing the survey won't change what benefits you qualify for.
- We will keep your participation in this survey confidential.
- The agency responsible for the Point in Time count will make reports from the surveys.
- The surveys don't get shared, then when the reports are done the surveys are deleted.
- The reports are used for planning and do not include names.
- If you agree to participate, I will read the questions to you and I will record your answers. It takes about 10 minutes.
- Have you already been interviewed for this year's Point in Time?
 - Yes (If yes, thank them for their time and end the survey)
 - No (Continue asking the survey questions)

TYPE OF ENCOUNTER

- Interview / Project Homeless Connect Event Observational (I can't talk to this person)

WHERE DID THE ENCOUNTER OCCUR?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Aleutians East Bor. | <input type="checkbox"/> Haines Bor. | <input type="checkbox"/> Lake and Peninsula Bor. | <input type="checkbox"/> Sitka City and Bor. |
| <input type="checkbox"/> Aleutians West Cen. Area | <input type="checkbox"/> Hoonah-Angoon Cen. Area | <input type="checkbox"/> Matanuska-Susitna Bor. | <input type="checkbox"/> Skagway Municipality |
| <input type="checkbox"/> Bethel Census Area | <input type="checkbox"/> Juneau City and Bor. | <input type="checkbox"/> Nome Census Area | <input type="checkbox"/> Southeast Fairbanks Cen. Area |
| <input type="checkbox"/> Bristol Bay Bor. | <input type="checkbox"/> Kenai Peninsula Bor. | <input type="checkbox"/> North Slope Bor. | <input type="checkbox"/> Valdez-Cordova Census Area |
| <input type="checkbox"/> Denali Bor. | <input type="checkbox"/> Ketchikan Gateway Bor. | <input type="checkbox"/> Northwest Arctic Bor. | <input type="checkbox"/> Wrangell City and Bor. |
| <input type="checkbox"/> Dillingham Census Area | <input type="checkbox"/> Kodiak Island Bor. | <input type="checkbox"/> Petersburg Bor. | <input type="checkbox"/> Yakutat City and Bor. |
| <input type="checkbox"/> Fairbanks North Star Bor. | <input type="checkbox"/> Kusilvak Census Area | <input type="checkbox"/> Prince of Wales-Hyder Cen. Area | <input type="checkbox"/> Yukon-Koyukuk Census Area |

NAME OF PERSON BEING SURVEYED

First Name	MI	Last Name	Aliases
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WHERE WERE YOU SLEEPING ON THE NIGHT OF MONDAY, JANUARY 29?

If the response is anything but a place not meant for habitation, thank the individual for their time and end the survey.

- | | | |
|--|--|---|
| <input type="checkbox"/> On streets / homeless camp | <input type="checkbox"/> Local homeless shelter | <input type="checkbox"/> Hotel / Motel |
| <input type="checkbox"/> Abandoned property (not meant for habitation) | <input type="checkbox"/> Friends / Family (doubled-up) | <input type="checkbox"/> Jail / Institutional Setting |
| <input type="checkbox"/> Vehicle / car | <input type="checkbox"/> My apartment / house | <input type="checkbox"/> Other (specify): |

ON THE NIGHT OF JANUARY 29, WERE YOU WITH A HOUSEHOLD OR BY YOURSELF?

If the person is with a household, make sure that you are first talking with the Head of Household.

- By Myself (Single)
- With Household (Family) If you were with a household, how many people in the household including yourself? Specify: _____
- *If this was a household, complete a separate form with each additional household member.

AGE CATEGORY

- | | | | |
|---------------------------------------|----------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Under age 18 | <input type="checkbox"/> 25 – 34 | <input type="checkbox"/> 45 – 54 | <input type="checkbox"/> 65 and older |
| <input type="checkbox"/> 18 – 24 | <input type="checkbox"/> 35 – 44 | <input type="checkbox"/> 55 – 64 | Prefers not to answer / Doesn't know |

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GENDER

- | | |
|--|--|
| <input type="checkbox"/> Woman (Girl if child) | <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) |
| <input type="checkbox"/> Man (Boy if child) | <input type="checkbox"/> Different Identity |
| <input type="checkbox"/> Transgender | Specify: _____ |
| <input type="checkbox"/> Non-Binary | <input type="checkbox"/> Prefers not to answer / Doesn't know |
| <input type="checkbox"/> Questioning | |

RACE / ETHNICITY

- | | | |
|--|--|---|
| <input type="checkbox"/> American Indian, Alaska Native, or Indigenous | <input type="checkbox"/> Black, African American, or African | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Middle Eastern or North African |
| <input type="checkbox"/> Hispanic/Latin(o)(a)(x) | <input type="checkbox"/> Non-Hispanic/Non-Latin(o)(a)(x) | <input type="checkbox"/> Prefers not to answer / Doesn't know |

HOW LONG HAVE YOU BEEN LIVING ON THE STREETS OR IN EMERGENCY SHELTERS?

- Less than a year A year or more Prefers not to answer / Doesn't know

NUMBER OF TIMES HAVE YOU BEEN HOMELESS ON THE STREETS OR IN SHELTERS IN THE PAST 3 YEARS?

- This is the first time 2 – 3 times 4 or more times Prefers not to answer / Doesn't know

TOTAL NUMBER OF MONTHS YOU SPENT AT LEAST ONE DAY HOMELESS ON THE STREETS OR IN SHELTERS IN THE PAST 3 YEARS?

- Fewer than 12 months 12 months or more Prefers not to answer / Doesn't know

DO YOU HAVE A DISABILITY? MARK ALL THAT APPLY.

- | | | |
|---|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Developmental | <input type="checkbox"/> Mental Health Disorder |
| <input type="checkbox"/> Alcohol Use Disorder | <input type="checkbox"/> Drug Use Disorder | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Chronic Health Condition | <input type="checkbox"/> HIV / AIDS | <input type="checkbox"/> Prefers not to answer / Doesn't know |

ARE YOU A SURVIVOR OR HAVE YOU BEEN A VICTIM OF DOMESTIC VIOLENCE?

- Yes
– If yes, are/were you fleeing that DV situation on the night of January 29? Yes No Prefers not to answer / Doesn't know
- No
- Prefers not to answer / Doesn't know

HAVE YOU EVER SERVED IN THE UNITED STATES MILITARY?

- Yes (If yes, fill in Veteran information below.) No Prefers not to answer / Doesn't know
- Veteran Social Security Number: _____ - _____ - _____ Prefers not to answer / Doesn't know
- Veteran Date of Birth: _____ / _____ / _____ Prefers not to answer / Doesn't know
- Branch of Service: Air Force Army Navy Marine Corps Coast Guard Prefers not to answer / Doesn't know
- National Guard / Reserve? Yes No Prefers not to answer / Doesn't know
- Contact Info (Optional): Phone: _____ Email: _____ Other: _____

ADDITIONAL NOTES:

Client Signature: _____

Surveyor Printed Name: _____ Surveyor Organization Affiliation (if any): _____