January 30, 2008 – Point in Time Count

Agency: _____ Program: _____ COUNTY: _____

Contact: _____ Phone: (_____)_____

Email:_____

		A	B	C	D
		Sheltered		**Unsheltered**	**TOTAL** (column A+B+C)
		Emergency	Transitional		
	Households with Dependent Children				
1	# of Men				
2	# of Women				
3	# of Children				
4	Total *Persons* in Households with Dependent Children (Rows 1+2+3)				
5	Total *Number of Households* with Dependent Children				
	Households without Dependent Children (includes singles, couples without children, unaccompanied youth)				
6	# of Men				
7	# of Women				
8	Total *Persons* in Households without Dependent Children (Rows 6 +7)				
9	Total *Number of Households* without Dependent Children				
10	TOTAL HOMELESS PEOPLE (Row 4 + Row 8)				
11	TOTAL HOMELESS ADULTS (Rows 1 + 2 + 8)				
	SUBPOPULATIONS				
12	*Of the people in Row 8*, columns A and C only, how many are definitely Chronically Homeless (have a disability and have been homeless for at least 1 year, or have had 4 episodes in 3 years, and do not live in transitional housing)				
For Row 13 – 18, please note *how many people from Row 11* are definitely members of the named subpopulation					
13	Seriously Mentally Ill (diagnosable by a mental health professional)				
14	Diagnosable Substance Use Disorder				
15	Veterans				
16	Persons with HIV/AIDS				
17	Victims of Domestic Violence				
18	Unaccompanied youth				
Of the persons in *Column D, Row 10,* how many do you know were discharged from the following systems within 30 days prior to becoming homeless:					
CRIMINAL JUSTICE SYSTEM (jails, prisons)					
BEHAVIORAL HEALTH SYTEM (mental health hospitals or substance abuse treatment programs)					
HEALTH CARE SYSTEM (hospitals)					

Return To:

_____

(name & contact info for local
point in time coordinator)

OR

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