

2025 MN Point-in-Time Count – January 22, 2025



SURVEYOR INFORMATION

Surveyor name:	Phone:	Email:
Continuum of Care:	County:	Agency/team:
Specific location of survey:		
School district: [School-based surveys only]		

[Surveyor Narrative] Hello, my name is [Name] and I am a volunteer for [Name of CoC/agency/county]. We are surveying people experiencing homelessness to help improve programs and services. This survey asks questions about you and others in your household. It asks about where you stay now and some of your life experiences. Your participation is voluntary, and your responses will only be used anonymously.

Can I have about 10 minutes of your time?	<input type="checkbox"/> Yes <input type="checkbox"/> No [END THE SURVEY. Complete the observation form if able.]
Did another volunteer already ask you where you are staying tonight/where you stayed last night?	<input type="checkbox"/> Yes [END THE SURVEY] <input type="checkbox"/> No
Where did you/will you sleep on Wednesday night (January 22nd, 2025)?	
UNSHelterED: <input type="checkbox"/> Abandoned building/house without utilities <input type="checkbox"/> Bridge/overpass/railroad <input type="checkbox"/> Bus/light rail/train <input type="checkbox"/> Doorway/skyway <input type="checkbox"/> Park <input type="checkbox"/> Private property (storage, barn, fish house) <input type="checkbox"/> Street or sidewalk <input type="checkbox"/> Vehicle (car, truck, van, camper) <input type="checkbox"/> Woods/caves/open space <input type="checkbox"/> Restaurant/laundromat <input type="checkbox"/> Up all night walking <input type="checkbox"/> Other (Unsheltered)	SHELTERED: Include name of agency <input type="checkbox"/> Emergency shelter - _____ <input type="checkbox"/> Motel/hotel with voucher - _____ <input type="checkbox"/> Transitional housing - _____ Doubled-Up: <input type="checkbox"/> Couch-hopping/Temporarily staying with family or friends Other: <input type="checkbox"/> Hospital, jail, or treatment program [IF SELECTED, END SURVEY] [All other selections, continue survey]
In which county did you/will you stay on Wednesday night (January 22nd, 2025)?	
In which city did you/will you stay on Wednesday night (January 22nd, 2025)?	
What are the first three letters of your first name? And last name?	First: _____ Last: _____ Household ID [Surveyor input here]: _____ - _____ - _____
How old are you?	Will anyone/did anyone stay with you tonight/that night? <input type="checkbox"/> Yes [Go to the next question] <input type="checkbox"/> No [SKIP to Demographics section]
How old is each person in your household or group? [If couch-hopping/staying with family or friends, do not count the permanent residents.]	
[If everyone is age 24 or younger, then ask:] <u>Including yourself</u> , how many are the parent or legal guardian of a child in your household?	_____ # of Parents Age 18-24 currently _____ # of Parents Age 17 and younger currently

Demographics

<p>How do you identify your gender? Select all that apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Man (Boy, if child) <input type="checkbox"/> Culturally specific gender <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity <input type="checkbox"/> Don't Know/Prefers not to answer 	<p>How do you identify your race/ethnicity? Select all that apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Don't Know/Prefers not to answer
<p>If Native American, of which tribe are you an enrolled member? [SKIP if not American Indian, Alaska Native, or Indigenous]</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Not an enrolled member of any tribe <input type="checkbox"/> Lower Sioux Indian Community in the State of Minnesota <input type="checkbox"/> Mdewakanton Sioux Indians <input type="checkbox"/> Minnesota Chippewa Tribe - Bois Forte <input type="checkbox"/> Minnesota Chippewa Tribe - Fond du Lac <input type="checkbox"/> Minnesota Chippewa Tribe - Grand Portage <input type="checkbox"/> Minnesota Chippewa Tribe - Leech Lake <input type="checkbox"/> Minnesota Chippewa Tribe - Mille Lacs Band <input type="checkbox"/> Minnesota Chippewa Tribe - White Earth <input type="checkbox"/> Prairie Island Indian Community in the State of Minnesota <input type="checkbox"/> Red Lake Band of Chippewa Indians <input type="checkbox"/> Shakopee Mdewakanton Sioux Community of Minnesota <input type="checkbox"/> Upper Sioux Community <input type="checkbox"/> Other

Housing History

The next set of questions are about your housing history. [If currently couch-hopping/temporarily staying with family or friends, these questions refer to times you've been in shelter or staying outside only.]

<p>Have you been continuously homeless – like in a shelter or staying outside – for a year or more?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/prefers not to answer
<p>Is this the first time you've been homeless – like in a shelter or staying outside?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes [SKIP to Veteran section] <input type="checkbox"/> No <input type="checkbox"/> Don't know/prefers not to answer
<p>Think back over the last three years. During that time, have you been homeless 4 or more times – like in a shelter or staying outside?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No [SKIP to Veteran section] <input type="checkbox"/> Don't know/prefers not to answer
<p>If yes, do these times, <i>added together</i>, amount to a year or more?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/prefers not to answer

Veteran Status (Adults 18+ Only; Skip if Respondent is under 18)

<p>Did you serve in the United States Armed Forces, which includes the Army, Navy, Air Force, Marine Corps, Space Force, and Coast Guard?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/prefers not to answer
<p>Have you joined the Homeless Veterans Registry?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/prefers not to answer

[If respondent has not joined registry or is unsure, state:] When we complete this survey, I'd be happy to help you apply for the [veteran's registry](#) or provide the number to connect you to the resources they offer.

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Sensitive Questions

[Surveyor Narrative] The next set of questions asks about sensitive topics and may be upsetting. We want to keep your information private. If you prefer, you may read each question silently and point to the answers that apply to you. Otherwise, I can read them out loud and you can respond with the numbers or a quick yes or no. You don't have to answer any question you don't want to, and I'll simply move on. How would you like to proceed? **[Pause. Proceed with questions if consent is granted.]**

Are you, or have you been, a victim/survivor of domestic violence? Yes
[clarify if needed] Has anyone you stayed with ever tried to harm you, control your daily activities, resources, and/or documents, or force you to do things you do not want to do? No
 Don't know/prefers not to answer

Are you currently fleeing a domestic violence situation? Yes
 No
 Don't know /prefers not to answer

Now I'm going to ask about your health. Do any of the following apply to you?
[Select all that apply. Skip question if none apply.]

- AIDS or HIV-related illness
- Chronic health condition (such as diabetes, cancer, or heart disease)
- Developmental Disability
- Drug or alcohol use disorder
- Physical disability or mobility impairment
- PTSD (Post Traumatic Stress Disorder)
- Psychiatric or emotional conditions such as depression or schizophrenia

Thank you, I appreciate your time. Your responses will be combined with those of other people taking this survey and used to help improve programs for people experiencing homelessness.

Day One domestic violence hotline: 1-866-223-1111 Homeless Veteran Registry: 1-888-546-5838

[If there are additional household members, CONTINUE BELOW]

Additional Family Members (All ages)			
	Household Member 2:	Household Member 3:	Household Member 4:
Household ID [must match first page of survey]:	_____ - _____ - _____		
Will you/did you also stay in a shelter or outside Wednesday night (January 22nd, 2025)? [or in same location as first respondent if staying with family or friends]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]
Can I ask you a few additional questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]
What are the first three letters of your first and last names?	First: _____ Last: _____	First: _____ Last: _____	First: _____ Last: _____
How old are you?			
How do you identify your gender? Select all that apply.	<input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Man (Boy, if child) <input type="checkbox"/> Culturally specific gender <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Man (Boy, if child) <input type="checkbox"/> Culturally specific gender <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Man (Boy, if child) <input type="checkbox"/> Culturally specific gender <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity <input type="checkbox"/> DK/prefers not to answer

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	Household Member 2:	Household Member 3:	Household Member 4:
How do you identify your race/ethnicity? Select all that apply.	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> DK/prefers not to answer
If Native American, of which tribe are you an enrolled member? [SKIP if not American Indian, Alaska Native, or Indigenous]	<input type="checkbox"/> Not an enrolled member of any tribe <input type="checkbox"/> Lower Sioux Indian Community in the State of Minnesota <input type="checkbox"/> Mdewakanton Sioux Indians <input type="checkbox"/> Minnesota Chippewa Tribe – Bois Forte <input type="checkbox"/> Minnesota Chippewa Tribe – Fond du Lac <input type="checkbox"/> Minnesota Chippewa Tribe – Grand Portage <input type="checkbox"/> Minnesota Chippewa Tribe – Leech Lake <input type="checkbox"/> Minnesota Chippewa Tribe – Mille Lacs Band <input type="checkbox"/> Minnesota Chippewa Tribe – White Earth <input type="checkbox"/> Prairie Island Indian Community in the State of Minnesota <input type="checkbox"/> Red Lake Band of Chippewa Indians <input type="checkbox"/> Shakopee Mdewakanton Sioux Community of Minnesota <input type="checkbox"/> Upper Sioux Community <input type="checkbox"/> Other	<input type="checkbox"/> Not an enrolled member of any tribe <input type="checkbox"/> Lower Sioux Indian Community in the State of Minnesota <input type="checkbox"/> Mdewakanton Sioux Indians <input type="checkbox"/> Minnesota Chippewa Tribe – Bois Forte <input type="checkbox"/> Minnesota Chippewa Tribe – Fond du Lac <input type="checkbox"/> Minnesota Chippewa Tribe – Grand Portage <input type="checkbox"/> Minnesota Chippewa Tribe – Leech Lake <input type="checkbox"/> Minnesota Chippewa Tribe – Mille Lacs Band <input type="checkbox"/> Minnesota Chippewa Tribe – White Earth <input type="checkbox"/> Prairie Island Indian Community in the State of Minnesota <input type="checkbox"/> Red Lake Band of Chippewa Indians <input type="checkbox"/> Shakopee Mdewakanton Sioux Community of Minnesota <input type="checkbox"/> Upper Sioux Community <input type="checkbox"/> Other	<input type="checkbox"/> Not an enrolled member of any tribe <input type="checkbox"/> Lower Sioux Indian Community in the State of Minnesota <input type="checkbox"/> Mdewakanton Sioux Indians <input type="checkbox"/> Minnesota Chippewa Tribe – Bois Forte <input type="checkbox"/> Minnesota Chippewa Tribe – Fond du Lac <input type="checkbox"/> Minnesota Chippewa Tribe – Grand Portage <input type="checkbox"/> Minnesota Chippewa Tribe – Leech Lake <input type="checkbox"/> Minnesota Chippewa Tribe – Mille Lacs Band <input type="checkbox"/> Minnesota Chippewa Tribe – White Earth <input type="checkbox"/> Prairie Island Indian Community in the State of Minnesota <input type="checkbox"/> Red Lake Band of Chippewa Indians <input type="checkbox"/> Shakopee Mdewakanton Sioux Community of Minnesota <input type="checkbox"/> Upper Sioux Community <input type="checkbox"/> Other

If all additional family members were under 18, STOP SURVEY HERE. If any are 18+, continue.

Additional Family Members (18+ Only): Housing History			
The next set of questions are about your housing history. [If currently couch-hopping/temporarily staying with family or friends, these questions refer to times you've been in shelter or staying outside only.]			
	Household Member 2:	Household Member 3:	Household Member 4:
Have you been continuously homeless – <i>like in a shelter or staying outside</i> – for a year or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer
Is this the first time you've been homeless – <i>like in a shelter or staying outside</i> ?	<input type="checkbox"/> Yes [SKIP to Veteran section] <input type="checkbox"/> No	<input type="checkbox"/> Yes [SKIP to Veteran section] <input type="checkbox"/> No	<input type="checkbox"/> Yes [SKIP to Veteran section] <input type="checkbox"/> No
Think back over the last three years. During that time, have you been homeless 4 or more times - <i>like in a shelter or staying outside</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No [SKIP to Veteran section]	<input type="checkbox"/> Yes <input type="checkbox"/> No [SKIP to Veteran section]	<input type="checkbox"/> Yes <input type="checkbox"/> No [SKIP to Veteran section]
[If yes] Do these times, added together, amount to a year or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer

Additional Family Members (18+ Only): Veteran Status			
	Household Member 2:	Household Member 3:	Household Member 4:
Did you serve in the United States Armed Forces, which includes the Army, Navy, Air Force, Marine Corps, Space Force and Coast Guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer

Additional Family Members (18+ Only): Sensitive Questions			
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	Household Member 2:	Household Member 3:	Household Member 4:
Are you, or have you been, a victim/survivor of domestic violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer
Are you currently fleeing a domestic violence situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer
Do any of the following apply to you? [Check all that apply. Skip question if none apply.]	<input type="checkbox"/> AIDS or HIV-related illness <input type="checkbox"/> Chronic health condition (such as diabetes, cancer, or heart disease) <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Drug or alcohol use disorder <input type="checkbox"/> Physical disability or mobility impairment <input type="checkbox"/> PTSD (Post Traumatic Stress Disorder) <input type="checkbox"/> Psychiatric or emotional conditions such as depression or schizophrenia	<input type="checkbox"/> AIDS or HIV-related illness <input type="checkbox"/> Chronic health condition (such as diabetes, cancer, or heart disease) <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Drug or alcohol use disorder <input type="checkbox"/> Physical disability or mobility impairment <input type="checkbox"/> PTSD (Post Traumatic Stress Disorder) <input type="checkbox"/> Psychiatric or emotional conditions such as depression or schizophrenia	<input type="checkbox"/> AIDS or HIV-related illness <input type="checkbox"/> Chronic health condition (such as diabetes, cancer, or heart disease) <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Drug or alcohol use disorder <input type="checkbox"/> Physical disability or mobility impairment <input type="checkbox"/> PTSD (Post Traumatic Stress Disorder) <input type="checkbox"/> Psychiatric or emotional conditions such as depression or schizophrenia

Thank you, I appreciate your time. Your responses will be combined with those of other people taking this survey and used to help improve programs for people experiencing homelessness.

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