

## 2025 Point-in-Time Count Unsheltered Observation Tool

**Use the form below if you are unable to collect identifying information, cannot enter a site, or do not wish to disturb someone sleeping outside, in a car or abandoned building.**

**DO NOT COMPLETE THIS IF YOU HAVE ALREADY COMPLETED THE PIT SURVEY**

**IMPORTANT - Exclude people:**

- In uniforms (i.e., security guards, police officers, building maintenance workers)
- Engaged in illegal activities (i.e., drug dealing or sex work)
- Conducting commercial transactions (i.e., delivery workers)
- Who are obviously not homeless (i.e., bar patrons)

SURVEYOR INFORMATION		
Surveyor name:	Phone:	Email:
Continuum of Care:	County:	Agency/team:
City:	Specific location of survey:	
Date/Time:		

OBSERVATION	
Number of people observed in household:	
Is this person/family homeless?	<input type="checkbox"/> Definitely <input type="checkbox"/> Possibly <input type="checkbox"/> Not sure
Type of location:	<input type="checkbox"/> Abandoned building <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"/> Restaurant/laundromat <input type="checkbox"/> Street or sidewalk <input type="checkbox"/> Vehicle (car, van, camper) <input type="checkbox"/> Woods/cave/open space <input type="checkbox"/> Other
If possible, please include: clothing and other physical characteristics like tattoos, scars, braces, casts, etc. <b>This is used to de-duplicate responses.</b>	
Do you know any demographic information about this person/family??	<input type="checkbox"/> No – I have never met this person/family. <b>[STOP SURVEY. DO NOT FILL OUT ANY DEMOGRAPHIC INFORMATION.]</b>  <input type="checkbox"/> Yes – I know this person/family. <b>[CONTINUE TO DEMOGRAPHIC SECTION – NEXT PAGE.]</b>

## 2025 Point-in-Time Count Unsheltered Observation Tool

<b>DEMOGRAPHICS</b>				
Person #1	Person #2	Person #3	Person #4	Person #5
<b>Age:</b> <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 -34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65 and older <input type="checkbox"/> Not sure	<b>Age:</b> <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 -34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65 and older <input type="checkbox"/> Not sure	<b>Age:</b> <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 -34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65 and older <input type="checkbox"/> Not sure	<b>Age:</b> <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 -34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65 and older <input type="checkbox"/> Not sure	<b>Age:</b> <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 -34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65 and older <input type="checkbox"/> Not sure
<b>Gender (select all):</b> <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"/> Not sure	<b>Gender (select all):</b> <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"/> Not sure	<b>Gender (select all):</b> <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"/> Not sure	<b>Gender (select all):</b> <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"/> Not sure	<b>Gender (select all):</b> <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"/> Not sure
<b>Race/Ethnicity (select all):</b> <input type="checkbox"/> American Indian, Alaskan 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"/> Multiple Races & Hispanic/Latina/e/o <input type="checkbox"/> Multiple Races (not Hispanic/Latina/e/o) <input type="checkbox"/> Not sure	<b>Race/Ethnicity (select all):</b> <input type="checkbox"/> American Indian, Alaskan 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"/> Multiple Races & Hispanic/Latina/e/o <input type="checkbox"/> Multiple Races (not Hispanic/Latina/e/o) <input type="checkbox"/> Not sure	<b>Race/Ethnicity (select all):</b> <input type="checkbox"/> American Indian, Alaskan 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"/> Multiple Races & Hispanic/Latina/e/o <input type="checkbox"/> Multiple Races (not Hispanic/Latina/e/o) <input type="checkbox"/> Not sure	<b>Race/Ethnicity (select all):</b> <input type="checkbox"/> American Indian, Alaskan 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"/> Multiple Races & Hispanic/Latina/e/o <input type="checkbox"/> Multiple Races (not Hispanic/Latina/e/o) <input type="checkbox"/> Not sure	<b>Race/Ethnicity (select all):</b> <input type="checkbox"/> American Indian, Alaskan 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"/> Multiple Races & Hispanic/Latina/e/o <input type="checkbox"/> Multiple Races (not Hispanic/Latina/e/o) <input type="checkbox"/> Not sure