

NORTH DAKOTA UNSHELTERED POINT-IN-TIME COUNT SURVEY

NORTH DAKOTA CONTINUUM OF CARE SFN 61934 (01/24)

*Indicates a required field		
Type of Encounter *		
☐ Interview ☐ Observational (I can't talk to this persor	n)	
Where did the encounter occur? * (city and county)		
READ TO EACH RESPONDENT		
	elated to characteristics of people and their housing.	
	oranou to oran according to proprio and mich modeling.	
Participation is completely voluntary.		
If you don't want to take the survey you	• •	
 If you do the survey you can stop, char 	nge your mind, or skip questions with no bad consequences.	
 Doing or not doing the survey won't cha 	ange what benefits you qualify for.	
 We will keep your participation in this s 	survey confidential.	
 The agency responsible for the Point in 	n Time count will make reports from the surveys.	
 The surveys don't get shared, then who 	en the reports are done, the surveys are deleted.	
 The reports are used for planning and 	do not include names.	
	ne questions to you and record your answers. It will take	
approximately 10 minutes to complete.		
Have you already been interviewed for this year's Point-in-Time ☐ Yes ☐ No	e? *	
First Name of Person Experiencing Homelessness *	Last Name	
Where Are (Were) You Sleeping on The Night of The Count (Ja	anuary 24, 2024)? *	
☐ On Streets/Homeless Camp/other location not meant for h		
☐ Vehicle/Car	☐ Local Homeless Shelter	
☐ Friends/Family (Doubled Up) ☐ My Apartment/House		
☐ Hotel/Motel ☐ Jail/Institutional Setting		
Other	Tu	
Are (were) you with a household or by yourself? * ☐ By Myself (Single) ☐ With Household (Family)	If with Household, what is the total number of people in the household?	
AGE CATEGORY *		
☐ Under 18 ☐ 25-34	☐ 45-54 ☐ 65 and older	
□ 18-24 □ 35-44	☐ 55-64 ☐ Refused/Don't Know	
GENDER *		
☐ Woman (Girl if child) ☐ M	Man (Boy if child)	
☐ Transgender ☐ N	☐ Non-Binary ☐ Questioning	
☐ Different Identity (specify): ☐ C	Client doesn't know	
RACE AND ETHNICITY *		
☐ American Indian, Alaska Native, or Indigenous	☐ Asian or Asian American	
☐ Black, African American, or African	☐ Hispanic/Latina/e/o	

☐ Native Hawaiian or Pacific Islander

☐ Client doesn't know

☐ Middle Eastern or North African

☐ Client prefers not to answer

☐ White

STATUS* How long have you been living on the streets or in emergency shelters? * ☐ Refused/Don't Know Less than a year ☐ A year or more Number of times you have been homeless (on the streets or in emergency shelters) in the past 3 years? * ☐ 2-3 times 4 or more times ☐ Refused/Don't Know 1 (this is the first time) Add together all the months in the last 3 years during which you spent at least one day on the streets or in emergency shelters.* ☐ Fewer than 12 ☐ 12 or more ☐ Refused/Don't Know Zip Code of Last Permanent Address * ☐ Refused/Don't Know ☐ Zip Code (90 days or more) Do you have a disability related to . . . (Mark all that apply) * □ None ☐ Drug Abuse ☐ Alcohol Abuse ☐ Mental Health ☐ Physical □ Developmental ☐ Chronic Health Condition ☐ HIV/AIDS ☐ Refused/Don't Know Are you currently fleeing as a victim of domestic violence? * (Call 911 or local crisis line for help.) ☐ No ☐ Refused/Don't Know Have you ever served in the military? * ☐ Yes ☐ No ☐ Refused/Don't Know If yes, complete the Veterans Supplemental Section at the end of this survey. If the Supplemental Section is completed, this entire survey will be shared with the Veterans Administration. Additional Notes (if any) INFORMED CONSENT SIGNATURE Signature of Respondent ☐ Respondent refused signature

I read the consent statement to the respondent and to the best of my knowledge it was understood, and the respondent has agreed to participate.

Surveyor Printed Name

Surveyor Agency Affiliation (if any)

(no data shared with federal partners)

VETERANS SUPPLEME	ENTAL SECTION		
Veteran Social Security Number¹ Veteran Date of Birth (mm/dd/yyyy)		☐ Refused/Don't Know	
		☐ Refused/Don't Know	
Branch of Service			
☐ Air Force	☐ Army	☐ Navy	
☐ Marine Corps	☐ Coast Guard	Refused/Don't Know	
National Guard/Reserve			
☐ Yes	☐ No	☐ Refused/Don't Know	
VETERAN CONTACT IN	IFORMATION		
Telephone Number		Email Address	
Other Contact Information			

¹ The Privacy Act of 1974 requires the following information be provided when individuals are requested to disclose their social security numbers. Disclosure of the social security number is voluntary, and it is requested for identification purposes. Failure to disclose this information will not affect participation in this program.

HOUSEHOLD ME	MBER'S INFORMATI	ON (1)	
First Name of Household	d Member	Last Name of	Household Member
Is this household member	er a dependent child?		
Yes	□ No		☐ Refused/Don't know
AGE CATEGORY	*		
☐ Under 18	25-34	□ 45-54	☐ 65 and older
□ 18-24	□ 35-44	□ 55-64	Refused/Don't Know
GENDER *			
☐ Woman (Girl if child)		☐ Man (Boy if child)	☐ Culturally Specific Identity (e.g., Two-Spirit)
☐ Transgender		☐ Non-Binary	☐ Questioning
☐ Different Identity (spe	ecify):	☐ Client doesn't know	☐ Client prefers not to answer
RACE AND ETHN	IICITY *		
☐ American Indian, Alas	ska Native, or Indigenous	☐ Asian or A	sian American
☐ Black, African Americ	an, or African	☐ Hispanic/L	atina/e/o
☐ Middle Eastern or No	rth African	☐ Native Hav	vaiian or Pacific Islander
☐ White		☐ Client does	sn't know
☐ Client prefers not to a	answer		
STATUS			
How long have you been	living on the streets or in eme	rgency shelters? *	
Less than a year	☐ A yea	ar or more	☐ Refused/Don't Know
Number of times you have	ve been homeless (on the stree	ets or in emergency shelters)	in the past 3 years? *
1 (this is the first tim	e) 2-3 times	4 or more t	imes Refused/Don't Know
Add together all the mon	ths in the last 3 years during w	hich you spent at least one d	ay on the streets or in emergency shelters.*
☐ Fewer than 12	☐ 12 or	more	Refused/Don't Know
Zip Code of Last Permar	nent Address *		
☐ Zip Code (90 days o	or more)	☐ Refused/D	on't Know
Do you have a disability	related to (Mark all that app	oly) *	
□ None	☐ Drug	g Abuse	☐ Alcohol Abuse
☐ Mental Health	☐ Phys	sical	☐ Developmental
☐ Chronic Health Cond	dition HIV/	AIDS	☐ Refused/Don't Know
1 _ '	as a victim of domestic violence	ce? * (Call 911 or local crisis l	<u></u>
Yes	□ No		Refused/Don't Know
Have you ever served in ☐ Yes	the military? * ☐ No		☐ Refused/Don't Know

HOUSEHOLD MEI	MBER'S INFORMATI	ON (2)	
First Name of Household	Member	Last Name of I	Household Member
Is this household membe	r a dependent child?		
Yes	☐ No		Refused/Don't know
AGE CATEGORY	*		
☐ Under 18	□ 25-34	□ 45-54	☐ 65 and older
□ 18-24	□ 35-44	□ 55-64	Refused/Don't Know
GENDER *			
☐ Woman (Girl if child)		☐ Man (Boy if child)	☐ Culturally Specific Identity (e.g., Two-Spirit)
☐ Transgender		☐ Non-Binary	☐ Questioning
☐ Different Identity (spec	cify):	☐ Client doesn't know	☐ Client prefers not to answer
RACE AND ETHN	ICITY *		
☐ American Indian, Alas	ka Native, or Indigenous	☐ Asian or As	ian American
☐ Black, African America	an, or African	☐ Hispanic/La	atina/e/o
☐ Middle Eastern or Nor	th African	☐ Native Haw	raiian or Pacific Islander
☐ White		☐ Client does	n't know
☐ Client prefers not to a	nswer		
STATUS*			
How long have you been	living on the streets or in eme	rgency shelters? *	
Less than a year	☐ A yea	ar or more	☐ Refused/Don't Know
Number of times you hav	e been homeless (on the stree	ets or in emergency shelters) i	n the past 3 years? *
1 (this is the first time	e) 2-3 times	4 or more ti	mes Refused/Don't Know
Add together all the mont	hs in the last 3 years during w	hich you spent at least one da	ay on the streets or in emergency shelters.*
☐ Fewer than 12	☐ 12 or	more	Refused/Don't Know
Zip Code of Last Perman	ent Address *		
☐ Zip Code (90 days o	r more)	☐ Refused/Do	on't Know
Do you have a disability r	elated to (Mark all that app	oly) *	
□ None	☐ Drug	g Abuse	☐ Alcohol Abuse
☐ Mental Health	☐ Phys	sical	□ Developmental
☐ Chronic Health Cond	ition HIV/	AIDS	☐ Refused/Don't Know
· · · · · · · · · · · · · · · · · · ·	as a victim of domestic violend	ce? * (Call 911 or local crisis li	
☐ Yes	□ No		Refused/Don't Know
Have you ever served in	the military? * ☐ No		☐ Refused/Don't Know

HOUSEHOLD MEMB	ER'S INFORMATI	ON (3)	
First Name of Household Mer	mber	Last Name of	Household Member
Is this household member a d	lependent child?		
☐ Yes	□ No		Refused/Don't know
AGE CATEGORY *			
☐ Under 18	□ 25-34	□ 45-54	☐ 65 and older
□ 18-24	□ 35-44	□ 55-64	☐ Refused/Don't Know
GENDER *			
☐ Woman (Girl if child)		☐ Man (Boy if child)	☐ Culturally Specific Identity (e.g., Two-Spirit)
☐ Transgender		☐ Non-Binary	☐ Questioning
☐ Different Identity (specify):		☐ Client doesn't know	☐ Client prefers not to answer
RACE AND ETHNICI	ΓΥ *		
American Indian, Alaska N	lative, or Indigenous	☐ Asian or As	sian American
☐ Black, African American, o	or African	☐ Hispanic/La	atina/e/o
☐ Middle Eastern or North A	frican	☐ Native Hav	vaiian or Pacific Islander
☐ White		☐ Client does	sn't know
☐ Client prefers not to answer	er		
STATUS*			
How long have you been livin	g on the streets or in eme	ergency shelters? *	
Less than a year	☐ A ye	ar or more	☐ Refused/Don't Know
Number of times you have be	en homeless (on the stre	ets or in emergency shelters)	in the past 3 years? *
1 (this is the first time)	2-3 times	4 or more t	imes Refused/Don't Know
Add together all the months in	n the last 3 years during v	hich you spent at least one da	ay on the streets or in emergency shelters.*
☐ Fewer than 12	☐ 12 o		Refused/Don't Know
Zip Code of Last Permanent A	Address *		
☐ Zip Code (90 days or mo		☐ Refused/De	on't Know
Do you have a disability relate	ed to (Mark all that ap	ply) *	
None		g Abuse	☐ Alcohol Abuse
☐ Mental Health	Phy	sical	☐ Developmental
☐ Chronic Health Condition	☐ HIV	/AIDS	Refused/Don't Know
Are you currently fleeing as a	victim of domestic violen	ce? * (Call 911 or local crisis I	
Yes	□ No		Refused/Don't Know
Have you ever served in the r			□ Defected/Denty //
∐ Yes	□ No		☐ Refused/Don't Know

HOUSEHOLD MEMB				
First Name of Household Mei	mber	Last Name of	Household Member	
Is this household member a c	dependent child?	 		
Yes	□ No		☐ Refused/Don't know	
AGE CATEGORY *				
Under 18	□ 25-34	□ 45-54	☐ 65 and older	
□ 18-24	□ 35-44	□ 55-64	☐ Refused/Don't Know	/
GENDER *				
☐ Woman (Girl if child)		☐ Man (Boy if child)	Culturally Specific Identity (e.g., Two	-Spirit)
☐ Transgender		☐ Non-Binary	Questioning	
☐ Different Identity (specify):	:	☐ Client doesn't know	☐ Client prefers not to answer	
RACE AND ETHNICI	TY *			
☐ American Indian, Alaska N		☐ Asian or A	sian American	
☐ Black, African American, o	. •	☐ Hispanic/L		
☐ Middle Eastern or North A		= '	waiian or Pacific Islander	
☐ White		☐ Client doe	sn't know	
☐ Client prefers not to answer	er			
STATUS*				
How long have you been living	ng on the streets or in eme	ergency shelters? *		
Less than a year	_	ar or more	☐ Refused/Don't Know	
Number of times you have be	•			
1 (this is the first time)	2-3 times	4 or more	· · · _	,
			ay on the streets or in emergency shelters.*	
Fewer than 12	12 or	• •	Refused/Don't Know	
Zip Code of Last Permanent		111010		
☐ Zip Code (90 days or mo		☐ Refused/D	on't Know	
Do you have a disability relate	•		ontrinow	
☐ None	<u> </u>	g Abuse	☐ Alcohol Abuse	
_	_ ,			
☐ Mental Health	☐ Phys		☐ Developmental	
☐ Chronic Health Condition	☐ HIV/	'AIDS	Refused/Don't Know	
Are you currently fleeing as a	victim of domestic violend	ce? * (Call 911 or local crisis	line for help.)	
☐ Yes	□ No		☐ Refused/Don't Know	
Have you ever served in the			Defined/Death Versus	
	□ No		☐ Refused/Don't Know	