NORTH DAKOTA CONTINUUM OF CARE

NORTH DAKOTA UNSHELTERED POINT-IN-TIME COUNT SURVEY

NORTH DAKOTA CONTINUUM OF CARE

SFN 61934 (11/24)

*Indicates a required field

Type of Encounter *
☐ Interview ☐ Observational (I can't talk to this person)

Where did the encounter occur? * (city and county)

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 the survey you can stop, change your mind, or skip questions with no bad consequences.
- Doing 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 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

First Name of Person Experiencing Homelessness * | Last Name

Where Are (Were) You Sleeping on The Night of The Count (January 22, 2025)? *

☐ On Streets/Homeless Camp/other location not meant for habitation
☐ Abandoned Property (not meant for habitation)
☐ Vehicle/Car
☐ Local Homeless Shelter
☐ Friends/Family (Doubled Up)
☐ My Apartment/House
☐ Hotel/Motel
☐ Jail/Institutional Setting
☐ Other

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) ☐ 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 ETHNICITY *

☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American
☐ Black, African American, or African ☐ Hispanic/Latina/e/o
☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander
☐ White ☐ Client doesn't know
☐ Client prefers not to answer

North Dakota Housing Finance Agency • 2624 Vermont Ave • PO Box 1535 • Bismarck, ND 58502-1535
Ph.: 701/328-8080 • Fax: 701/328-8090 • Toll Free 800/292-8621 • 711 (TTY)

STATUS*

How long have you been living on the streets or in emergency shelters? *

☐ Less than a year ☐ A year or more ☐ Refused/Don't Know

Number of times you have been homeless (on the streets or in emergency shelters) in the past 3 years? *

☐ 1 (this is the first time) ☐ 2-3 times ☐ 4 or more times ☐ Refused/Don't Know

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 *

☐ Zip Code (90 days or more) ☐ Refused/Don't Know

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.)

☐ Yes ☐ 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 (no data shared with federal partners)

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)

VETERANS SUPPLEMENTAL SECTION

Veteran Social Security Number[1]	☐ Refused/Don't Know
Veteran Date of Birth (mm/dd/yyyy)	☐ 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 INFORMATION

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 MEMBER'S INFORMATION (1)

First Name of Household Member	Last Name of Household Member

Is this household member 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 *

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☐ White	☐ Client doesn't know
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☐ Mental Health	☐ Physical	☐ Developmental
☐ Chronic Health Condition	☐ HIV/AIDS	☐ Refused/Don't Know

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☐ Yes ☐ No ☐ Refused/Don't Know

Have you ever served in the military? *

☐ Yes ☐ No ☐ Refused/Don't Know

HOUSEHOLD MEMBER'S INFORMATION (2)

First Name of Household Member	Last Name of Household Member

Is this household member 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

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☐ Chronic Health Condition	☐ HIV/AIDS	☐ Refused/Don't Know

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☐ Yes ☐ No ☐ Refused/Don't Know

Have you ever served in the military? *

☐ Yes ☐ No ☐ Refused/Don't Know

HOUSEHOLD MEMBER'S INFORMATION (3)

First Name of Household Member	Last Name of Household Member

Is this household member a dependent child?

☐ Yes ☐ No ☐ Refused/Don't know

AGE CATEGORY *

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☐ 18-24 ☐ 35-44 ☐ 55-64 ☐ Refused/Don't Know

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☐ 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.)

☐ Yes ☐ No ☐ Refused/Don't Know

Have you ever served in the military? *

☐ Yes ☐ No ☐ Refused/Don't Know

HOUSEHOLD MEMBER'S INFORMATION (4)

First Name of Household Member	Last Name of Household Member

Is this household member 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

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