

## 2023 MN Point-in-Time Count – January 25, 2023

Surveyor name:       Continuum of Care:       [county:         Agency/tram:       School district:       [School-based surveys only]         Is this the first survey you are filling out for this       Image: School district:       [School-based surveys only]         Is this the first survey you are filling out for this       Image: School district:       [School-based surveys only]         Is this the first survey you are filling out for this       Image: 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 ask questions about you and others in your household : Ask about where you ary and was do 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?       Image: School THE       Noo [END THE SURVEY. Complete the observation form if able]         Did another volunteer already ask you where you are staying       Ives [END THE       Noo [END THE SURVEY. Complete and genove providing indige/overpass/railroad         Image/overpass/railroad       Image: School All start       Surveyor         Image overpass/railroad       Image: School All start       SheetTeED:         Image overpass school wask       Image: School All start       SheetTeED:         Imaract the first three letters of your first name?       Ima	SURVEYOR QUESTIONS				
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Brite Park       SHELTERED:         Private property (storage, barn, fish house)       Emergency shelter (shelter name)         Street or sidewalk       Motel/hotel (voucher stay agency providing)         Vehicle (car, truck, van, camper)       Transitional housing (agency providing)         Woods/caves/open space       Transitional housing (agency providing)         Restaurant/laundromat       Transitional housing (agency providing)         In which county did you/will you stay on Wednesday night       (January 25th, 2023)?         In which county did you/will you stay on Wednesday night       Last:	-		spital, jail, or treatme	nt program [END THE SURVEY]	
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Street or sidewalk       Motel/hotel (voucher stay agency providing)         Vehicle (car, truck, van, camper)       Transitional housing (agency providing)         Woods/caves/open space       Transitional housing (agency providing)         Up all night walking       Other (Unsheltered)         In which county did you/will you stay on Wednesday night       (January 25th, 2023)?         In which county did you/will you stay on Wednesday night       January 25th, 2023)?         What are the first three letters of your first name?       First:					
Vehicle (car, truck, van, camper)       Transitional housing (agency providing)         Woods/caves/open space       Transitional housing (agency providing)         Restaurant/laundromat       Up all night walking         Other (Unsheltered)       In which county did you/will you stay on Wednesday night (January 25th, 2023)?         What are the first three letters of your first name?       First:         What are the first three letters of your last name?       Last:         How old are you?       Will anyone/did anyone stay with you tonight/that night?         [Write down the age]       Pes [Go to the next question]         How old is each person in your household or group? [If couch-hopping/staying with family or friends, do not count the permanent residents.]         [Write down the age of each person]         [If the household includes ONLY young adults and/or children, ask:] Including yourself, how many are the parent or legal guardian of a child in your household?					
Woods/caves/open space   Restaurant/laundromat   Up all night walking   Other (Unsheltered)   In which county did you/will you stay on Wednesday night (January 25th, 2023)?    What are the first three letters of your first name?   What are the first three letters of your last name?   Last:   How old are you?   Will anyone/did anyone stay with you tonight/that night?   [Write down the age]   Yes [Go to the next question]   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.]   [Write down the age of each person]   [If the household includes ONLY young adults and/or children, ask:] Including yourself, how many are the parent or legal guardian of a child in your household?					
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□ Up all night walking         □ Other (Unsheltered)         In which county did you/will you stay on Wednesday night (January 25th, 2023)?         What are the first three letters of your first name?         What are the first three letters of your last name?         Last:         How old are you?         Will anyone/did anyone stay with you tonight/that night?         [Write down the age]         □ Yes [Go to the next question]         How old is each person in your household or group? [If couch-hopping/staying with family or friends, do not count the permanent residents.]         [Write down the age of each person]         [If the household includes ONLY young adults and/or children, ask:] Including yourself, how many are the parent or legal guardian of a child in your household?					
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What are the first three letters of your first name?       First:		ght			
What are the first three letters of your last name?       Last:					
How old are you?       Will anyone/did anyone stay with you tonight/that night?         [Write down the age]       Yes [Go to the next question]         How old is each person in your household or group? [If couch-hopping/staying with family or friends, do not count the permanent residents.]         [Write down the age of each person]         [If the household includes ONLY young adults and/or children, ask:] Including yourself, how many are the parent or legal guardian of a child in your household?					
[Write down the age]       □ Yes [Go to the next question]         □ 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.]         [Write down the age of each person]         [If the household includes ONLY young adults and/or children, ask:] Including yourself, how many are the parent or legal guardian of a child in your household?					
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residents.]         [Write down the age of each person]         [If the household includes ONLY young adults and/or children, ask:] Including yourself, how many are the parent or legal guardian of a child in your household?		🗆 No [S	KIP to Demographics	section]	
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of a child in your household?	[Write down the age of each person]				
of a child in your household?					
		hildren, a	sk:] Including yourse	f, how many are the parent or legal guardian	
# of Parents Age 18-24 # of Parents Age 17 and vounger					
	# of Parents Age 18-24			# of Parents Age 17 and younger	

# 2023 MN Point-in-Time Count - January 25, 2023

Demographics				
Are you Hispanic/Latin(a)(o)(x)?	□ Yes □ No □ Don't Know/Refused (DKR)			
How do you identify your gender?	How do you identify your race? You can include all that apply.			
Female	American Indian, Alaska Native, or Indigenous			
If NativeNot an enrolled member of any tribeAmerican, ofMinnesota Chippewa Tribe - Bois ForteWhich tribe areMinnesota Chippewa Tribe - Grand Portageyou an enrolledMinnesota Chippewa Tribe - Mille Lacs Bandmember?Lower Sioux Indian Community in the[SKIP if notState of MinnesotaAmerican Indian,Red Lake Band of Chippewa IndiansAlaska Native, orShakopee Mdewakanton Sioux CommunityIndigenous]of Minnesota				

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.]				
Have you been continuously homeless – like in a she	lter or staying outside	□Yes □No		
<ul> <li>– for a year or more?</li> <li>Is this the first time you've been homeless – like in</li> </ul>	□Yes [SKIP to	□No	DKR	
a shelter or staying outside? Think back over the last three years. During that	Veteran section]	□No <b>[SKIP to</b>		
time, have you been homeless 4 or more times – like in a shelter or staying outside?		Veteran section]		
If yes, do these times, added together, amount to a year or more?	□Yes	□No	DKR	
Veteran Status (A	dults 18+ Only; Skip if Re	espondent is unde	er 18)	
Did you serve in the United States Armed Forces, which includes the Army, Navy, Air Force, Marine Corps, and Coast Guard?				
Have you joined the Homeless Veterans Registry?				
[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				
<u>veteran's registry</u> or provide the number to connect you to the resources they offer.				
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?
[Give respondent a moment to decide, then proceed with questions.]

Arevou	or have you	i haan la	victim	/survivor	of dome	stic violence?
Are you,	of have you	i been, a	victimi	SULVIVOL	or uome	stic violence:

□Yes □No

🗆 DKR



## 2023 MN Point-in-Time Count – January 25, 2023



[clarify if needed] Has anyone you stayed with	n 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?			
Are you currently fleeing a domestic violence	situation? 🗌 Yes 📄 No 📄 DKR		
Now I'm going to ask about your health. Do	□ AIDS or HIV-related illness		
any of the following apply to you?	$\Box$ Chronic health condition (such as diabetes, cancer, or heart disease)		
	Developmental Disability		
[Circle all that apply. Skip question if none	Drug or alcohol use disorder		
apply.]	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.

[If there are additional household members, Adults (18+) and/or Children (under 18), CONTINUE]

Additional Family Members				
	Household Member 2:	Household Member 3:	Household Member 4:	
Household ID [Surveyor Only - COMPLETE FOR EACH HOUSEHOLD. These fields MUST be completed and will be used to link group members. Refer to instructions if				
needed.]				
Will you/did you also stay in a shelter or outside Wednesday night (January 25th, 2023)? [or in same location as first respondent if staying with family or friends]	□Yes □No <b>[END SURVEY]</b>	□Yes □No <b>[END SURVEY]</b>	□Yes □No <b>[END SURVEY]</b>	
Can I ask you a few additional questions?	□Yes □No <b>[END SURVEY]</b>	□Yes □No <b>[END SURVEY]</b>	□Yes □No [END SURVEY]	
What are the first three letters of your first and last names? How old are you? (Write down the age)	First:	First:	First:	
Are you Hispanic/Latin(a)(o)(x)?	□Yes □No □DKR	□Yes □No □DKR	□Yes □No □DKR	
How do you identify your gender?	□ Female □ Male □ A gender that is not singularly Female or Male (e.g., non-binary, genderfluid, agender, culturally specific gender) □ Transgender □ Questioning □ DKR	□ Female □ Male □ A gender that is not singularly Female or Male (e.g., non-binary, genderfluid, agender, culturally specific gender) □ Transgender □ Questioning □ DKR	□ Female □ Male □ A gender that is not singularly Female or Male (e.g., non-binary, genderfluid, agender, culturally specific gender) □ Transgender □ Questioning □ DKR	



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How do you identify your race? You can	🗆 American Indian, Alaska	🗆 American Indian, Alaska	🗆 American Indian, Alaska
include all that apply.	Native, or Indigenous	Native, or Indigenous	Native, or Indigenous
	Asian or Asian American	Asian or Asian American	□Asian or Asian American
	🗆 Black, African American,	Black, African American,	□Black, African American,
	or African	or African	or African
	□Native Hawaiian or	□Native Hawaiian or	□Native Hawaiian or
	Pacific Islander	Pacific Islander	Pacific Islander
	□White	□White	□White
If Native American, of which tribe are you	$\Box$ Not an enrolled	□Not an enrolled	□Not an enrolled member
an enrolled member?	member of any tribe	member of any tribe	of any tribe
[SKIP if not American Indian, Alaska	□Lower Sioux Indian	□Lower Sioux Indian	□Lower Sioux Indian
Native, or Indigenous]	Community in the State of	Community in the State of	Community in the State of
	Minnesota	Minnesota	Minnesota
	□ Mdewakanton Sioux	□ Mdewakanton Sioux	□ Mdewakanton Sioux
	Indians	Indians	Indians
	🗆 Minnesota Chippewa	□ Minnesota Chippewa	□Minnesota Chippewa
	Tribe - Bois Forte	Tribe - Bois Forte	Tribe - Bois Forte
	🗆 Minnesota Chippewa	☐ Minnesota Chippewa	□Minnesota Chippewa
	Tribe - Fond du Lac	Tribe - Fond du Lac	Tribe - Fond du Lac
	🗆 Minnesota Chippewa	☐ Minnesota Chippewa	□Minnesota Chippewa
	Tribe - Grand Portage	Tribe - Grand Portage	Tribe - Grand Portage
	🗆 Minnesota Chippewa	☐ Minnesota Chippewa	Minnesota Chippewa
	Tribe - Leech Lake	Tribe - Leech Lake	Tribe - Leech Lake
	🗆 Minnesota Chippewa	☐ Minnesota Chippewa	Minnesota Chippewa
	Tribe - Mille Lacs Band	Tribe - Mille Lacs Band	Tribe - Mille Lacs Band
	🗆 Minnesota Chippewa	☐ Minnesota Chippewa	Minnesota Chippewa
	Tribe - White Earth	Tribe - White Earth	Tribe - White Earth
	Prairie Island Indian	Prairie Island Indian	Prairie Island Indian
	Community in the State of	Community in the State of	Community in the State of
	Minnesota	Minnesota	Minnesota
	$\Box$ Red Lake Band of	□Red Lake Band of	□Red Lake Band of
	Chippewa Indians	Chippewa Indians	Chippewa Indians
	□Shakopee	□Shakopee	□Shakopee Mdewakanton
	Mdewakanton Sioux	Mdewakanton Sioux	Sioux Community of
	Community of Minnesota	Community of Minnesota	Minnesota
	Upper Sioux Community	Upper Sioux Community	Upper Sioux Community
	□Other	□Other	□Other

# [STOP and END THE SURVEY if none of the additional household members are adults (18+). CONTINUE to the next section for additional adult (18+) household members only.]

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 shelt	ter or staying outside only.	.]
	Household Member 2:	Household Member 3:	Household Member 4:
Have you been continuously homeless – like in a	□Yes	□Yes	□Yes
shelter or staying outside – for a year or more?	□No	□No	□No
Is this the first time you've been homeless – like in	□ Yes [SKIP to Veteran	□Yes [SKIP to Veteran	□Yes [SKIP to Veteran
a shelter or staying outside?	section]	section]	section]
	□No	□No	□No

	_		
_			
111	111	111	111
Institute	for Com	munity /	Alliances

#### 2023 MN Point-in-Time Count – January 25, 2023

Think back over the last three years. During that	□Yes	□Yes	□Yes	
time, have you been homeless 4 or more times -	□ No [SKIP to Veteran	□No <b>[SKIP to Veteran</b>	□No [SKIP to Veteran	
like in a shelter or staying outside?	section]	section]	section]	
[If yes] Do these times, added together,	□Yes	□Yes	□Yes	
amount to a year or more?	□No	□No	□No	
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,	□Yes	□Yes	□Yes	
which includes the Army, Navy, Air Force, Marine	□No	□No	□No	
Corps, and Coast Guard?			DKR	

#### Additional Family Members (18+ Only): Sensitive Questions

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.					
•		u don't have to answer any	/ question you don't want to	b, and this imply move on.	
How would you like to pro [Give respondent a mome		and with quastions 1			
	ent to decide, then proce	Household Member 2:	Household Member 3:	Household Member 4:	
A					
Are you, or have you been	, a victim/survivor of	□Yes	□Yes	□Yes	
domestic violence?		□No	□No	□No	
			DKR		
Are you currently fleeing a domestic violence		□Yes	□Yes	□Yes	
situation?		□No	□No	□No	
Do any of the following	1. AIDS or HIV-related	illness			
apply to you?	2. Chronic health cond	ition (such as diabetes,			
	cancer, or heart diseas	e) 🗌			
[Check all that apply. Skip question if none	3. Developmental Disa	bility 🗌			
apply.]	4. Drug or alcohol use	disorder 🗌			
	5. Physical disability or	mobility impairment			
	<u>6. PTSD (Post Traumati</u>	c Stress Disorder)			
	7. Psychiatric or emotion	onal conditions			

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.

such as depression or schizophrenia

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