



NJ COUNTS POINT-IN-TIME SURVEY

When conducting the PIT survey, remember that you are asking for sensitive information. Be transparent. Let survey respondents know what you are doing and why. Explain that it is completely confidential. Have empathy and be kind.

QUESTIONS DENOTED IN GREY ARE CONSIDERED MANDATORY AND SHOULD BE COLLECTED

Have you already participated in the 2023 PIT Survey? (CIRCLE ONE) YES NO

(1) Would you, or anyone in your household like to receive any of the following services? (CHECK ALL THAT APPLY)

<input type="checkbox"/>	EMERGENCY SHELTER	<input type="checkbox"/>	HOUSING
<input type="checkbox"/>	SUBSTANCE ABUSE TREATMENT SERVICES	<input type="checkbox"/>	MENTAL HEALTH CARE
<input type="checkbox"/>	FINANCIAL ASSISTANCE FOR SECURITY DEPOSITS	<input type="checkbox"/>	GENERAL HEALTH CARE
<input type="checkbox"/>	FINANCIAL ASSISTANCE FOR HOUSING	<input type="checkbox"/>	FINANCIAL ASSISTANCE FOR UTILITIES
<input type="checkbox"/>	DOMESTIC VIOLENCE SERVICES	<input type="checkbox"/>	EMERGENCY FOOD OR MEAL ASSISTANCE
<input type="checkbox"/>	ASSISTANCE OBTAINING ID	<input type="checkbox"/>	LEGAL SERVICES
<input type="checkbox"/>	EMPLOYMENT ASSISTANCE	<input type="checkbox"/>	EDUCATIONAL TRAINING
<input type="checkbox"/>	FAMILY REUNIFICATION	<input type="checkbox"/>	VETERANS SERVICES
<input type="checkbox"/>	OTHER:		

(2) What issues have you encountered when trying to get access to services? (CHECK ALL THAT APPLY)

<input type="checkbox"/>	NO ID / DOCUMENTS
<input type="checkbox"/>	PLACED ON THE WAITLIST
<input type="checkbox"/>	LACK OF TRANSPORTATION
<input type="checkbox"/>	LANGUAGE BARRIERS
<input type="checkbox"/>	DID NOT QUALIFY FOR SPECIFIC SERVICES
<input type="checkbox"/>	PREMATURELY DISCHARGED FROM PROGRAM / SERVICES
<input type="checkbox"/>	ISSUES MOVING OR RELOCATING BETWEEN COUNTIES
<input type="checkbox"/>	LIMITED SERVICES BECAUSE OF AGE
<input type="checkbox"/>	NO PHYSICAL MAILING ADDRESS
<input type="checkbox"/>	ISSUES WITH CLEANLINESS IN PROGRAM (MOLD, COCKROACHES, BED BUGS, ETC.)
<input type="checkbox"/>	ISSUES WITH COUNTY WELFARE AGENCY
<input type="checkbox"/>	OTHER:

(3) Where did you spend the night of Tuesday, January 24th? (CHECK ONLY ONE)

HOMELESS	
<input type="checkbox"/>	ON THE STREET, UNDER A BRIDGE, ABANDONED BUILDING, PUBLIC BUILDING, CAR, TRAVELING ON A BUS, OR CAMPING OUT
<input type="checkbox"/>	EMERGENCY SHELTER
<input type="checkbox"/>	CODE BLUE WARMING CENTER
<input type="checkbox"/>	YOUTH SHELTER
<input type="checkbox"/>	DOMESTIC VIOLENCE SHELTER
<input type="checkbox"/>	TRANSITIONAL HOUSING
<input type="checkbox"/>	TRANSITIONAL HOUSING FOR VICTIMS OF DOMESTIC VIOLENCE
<input type="checkbox"/>	HOTEL / MOTEL PAID FOR BY AGENCY
<input type="checkbox"/>	SAFE HAVEN
PERMANENT HOUSING / AT RISK	
<input type="checkbox"/>	HOTEL / MOTEL YOU PAID FOR
<input type="checkbox"/>	APARTMENT PAID FOR WITH TEMPORARY RENTAL ASSISTANCE FROM THE BOARD OF SOCIAL SERVICES
<input type="checkbox"/>	PERMANENT HOUSING
<input type="checkbox"/>	STAYING WITH FRIENDS OR FAMILY
<input type="checkbox"/>	FARM LABOR HOUSING
INSTITUTION	
<input type="checkbox"/>	PSYCHIATRIC HOSPITAL
<input type="checkbox"/>	JAIL / PRISON / JUVENILE DETENTION CENTER
<input type="checkbox"/>	LONG-TERM CARE FACILITY / NURSING HOME / REHAB
<input type="checkbox"/>	FOSTER CARE HOME / FOSTER CARE GROUP HOME
<input type="checkbox"/>	MEDICAL HOSPITAL
<input type="checkbox"/>	SUBSTANCE ABUSE TREATMENT FACILITY
<input type="checkbox"/>	OTHER:

(4) In what town did you spend the night?

STATE	
COUNTY	
TOWN	
PROGRAM	
AGENCY	

(5) How long have you been in your current living situation?

	YEARS		MONTHS		DAYS
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(6) During the past 12 months, how many months have you been:

ON THE STREETS	
IN AN EMERGENCY SHELTER	
IN A SAFE HAVEN	

(7) How many separate times have you been on the street, in a shelter, or in a Safe Haven within the past 3 years? (pre 1/24/20)

MONTHS PER HOMELESS EPISODE			
EPISODE 1		EPISODE 6	
EPISODE 2		EPISODE 7	
EPISODE 3		EPISODE 8	
EPISODE 4		EPISODE 9	
EPISODE 5		EPISODE 10	

(8) Where was your last permanent address before becoming homeless?

COUNTRY	
STATE	
COUNTY	
CITY	

(9) Do you need assistance obtaining a Green Card / seeking asylum? YES NO



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RELATIONSHIP TO HEAD OF HOUSEHOLD

PLEASE LIST EVERY MEMBER OF HOUSEHOLD BY THEIR RELATIONSHIP TO THE RESPONDENT USING ONE OF THE FOLLOWING ANSWERS.

- SELF
- CHILD
- SIBLING
- FRIEND
- PARENT
- SPOUSE
- RELATIVE
- UNKNOWN

GENDER

PLEASE LIST THE PREFERRED IDENTIFICATION BELOW.

- M - MALE
- F - FEMALE
- T - TRANSGENDER
- NB - NON-BINARY
- Q - QUESTIONING
- O - OTHER

RACE / ETHNICITY

PLEASE WRITE IN ALL OPTIONS THAT THE RESPONDENT IDENTIFIES HIMSELF/HERSELF OR ANY HOUSEHOLD MEMBER AS.

- AI - AMERICAN INDIAN / ALASKA NATIVE / INDIGENOUS
- B - BLACK / AFRICAN-AMERICAN / AFRICAN
- PI - PACIFIC ISLANDER / NATIVE HAWAIIAN
- H - HISPANIC/LATINO
- WH - WHITE
- AS - ASIAN / ASIAN AMERICAN

HOUSEHOLD INFORMATION

(10) Who was homeless with you on the night of January 24th?

DEMOGRAPHIC INFORMATION								HOUSEHOLD CHARACTERISTICS (CHECK ALL THAT APPLY TO EACH PERSON)								
	RELATIONSHIP TO HEAD OF HOUSEHOLD	FIRST INITIAL	MIDDLE INITIAL	FIRST 2 LETTERS OF LAST NAME	AGE	GENDER	RACE / ETHNICITY	DISABLING CONDITION					SUB-POPULATION		NONE APPLY	
								MENTAL HEALTH ISSUES	SUBSTANCE ABUSE	PHYSICAL DISABILITY	DEVELOPMENTAL DISABILITY	CHRONIC HEALTH CONDITION	HIV / AIDS	FLEEING DOMESTIC VIOLENCE		SERVED IN ARMED FORCES / VETERAN
1	SELF															
2																
3																
4																
5																
6																
7																
8																

**(11) Which of the following do you, or anyone in your household receive?
(CHECK ALL THAT APPLY)**

SOURCES OF INCOME			NON-CASH BENEFITS		
SSI		ALIMONY		MEDICAID	TANF-FUNDED SERVICES (Child Care, Transportation or Other)
SSDI		CHILD SUPPORT		MEDICARE	
TANF		VETERAN'S PENSION		FOOD STAMPS / SNAP	
GENERAL/PUBLIC ASSISTANCE/WELFARE		TEMPORARY STATE DISABILITY		STATE CHILDREN'S HEALTH INSURANCE / FAMILY CARE	SECTION 8 / PUBLIC HOUSING / ONGOING RENTAL ASSISTANCE
UNEMPLOYMENT		SOCIAL SECURITY		STATE HEALTH INSURANCE FOR ADULTS	
PRIVATE DISABILITY INSURANCE		OTHER:		INDIAN HEALTH INSURANCE	OTHER:
WORK INCOME / WAGE		NO SOURCE OF INCOME		VA MEDICAL BENEFITS	
WORKER'S COMPENSATION					WIC / SPECIAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN

**(12) What was the primary factor that contributed to or caused your current living situation?
(CHECK ALL THAT APPLY)**

	LOSS OR REDUCTION OF BENEFITS		EVICTED OR AT RISK OF EVICTION
	LOSS OR REDUCTION OF JOB INCOME		MENTAL ILLNESS
	PHYSICAL ILLNESS		INJURY AND/OR TRAUMA
	RENT INCREASE / INSUFFICIENT INCOME		HOUSEHOLD BREAKUP / DEATH IN HOUSEHOLD
	FORECLOSURE OF RENTED OR OWNED PROPERTY		RELEASED FROM PRISON / JAIL
	SUBSTANDARD HOUSING (INCLUDING ISSUES WITH MOLD, COCKROACHES, BED BUGS, ETC.)		ASKED TO LEAVE SHARED RESIDENCE
	RELOCATION		DRUG / ALCOHOL ABUSE
	DOMESTIC VIOLENCE		NATURAL DISASTER
	RELEASED FROM HOSPITAL		IMPACT OF CORONAVIRUS (COVID-19)
	RELEASED FROM PSYCHIATRIC FACILITY		SEXUAL ORIENTATION
	OTHER:		

Thank you for participating in the 2023 Point-in-Time survey!