PLEASE PRINT NEATLY

Unanswered questions will not be "interpreted". Include notes at the bottom if necessary, but answer all questions.

Survey Type: ○ Observational ○ Interview			With Household	○ No	○ Yes	TOTAL number of people in household #
Name or identifier of person *First* *Last*			Head of household	○ No	○ Yes	
Name of county where person was homeless			Name of the head of household			
"Where are (were) you sleeping on the night of **July 29th, 2026**?"	○ Abandoned Property	○ Local Shelter	○ Institutional Setting / Jail	○ My House / Apartment	○ Hotel / Motel	○ Friend / Family (doubled up)
	○ Vehicle/Car	○ On the streets, homeless camp, or other location not meant for habitation		○ Other:_____		
Age	○ Under 18	○ 18 - 24	○ 25 - 34	○ 35 - 44	○ 45-54	○ 55-64	○ 65 and older
Sex	○ Male		○ Female		○ Person doesn't know/prefers not to answer	
Race & Ethnicity *Mark all that apply*	○ American Indian, Alaska Native, or Indigenous	○ Asian or Asian American	○ Black, African American, or African	○ Hispanic / Latina/o	○ Middle Eastern or North African	○ Native Hawaiian or Pacific Islander	○ White
How long have you been living on the streets or in emergency shelters?	○ Less than a year	○ A year or more				
Number of times homeless (on the streets or in emergency shelters) in the past 3 years?	○ 1 (this time)	○ 2-3	○ 4 or more			
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				
Zip Code of Last Permanent Address: *(Last stayed 90 days or more)*						
Do you have a disability related to… *Mark all that apply*	○ No Disability	○ Mental Health	○ Drug Use Disorder	○ Physical		
	○ Developmental	○ Chronic Health Condition	○ Alcohol Use Disorder	○ HIV/AIDS		
If yes, is this a long-term disability that impairs your ability to hold a job or live independently?	○ Yes	○ No	If multiple disabilities, and some are yes, and some are no please note which here:			
Are (were) you fleeing a domestic violence situation on the night of the count?	○ No	○ Yes	Call 911 or a local crisis line for help. State of Iowa DV Helpline: 1-800-770-1650			
Have you served in the military?	○ No	○ Yes	Go to the Veteran Supplemental Form found on the back of this form.			

Put any notes to the data analyst here. Please still pick the categories above; otherwise the analyst will HAVE to guess at random.

Veteran Supplemental form

IF YOU COMPLETE THIS VETERAN'S SUPPLEMENTAL FORM
THIS ENTIRE DOCUMENT WILL BE SHARED WITH THE VETERANS ADMINISTRATION

Social Security Number	___ ___ ___	___ ___ ___	___ ___ ___ ___			
Branch of Service	○ Army	○ Air Force	○ Coast Guard	○ Marine Corps	○ Navy	○ Space Force
National Guard/Reserve	○ No	○ Yes				
Full Date of Birth	__ __ / __ __ / __ __ __ __					
Contact information such as phone or email						

INFORMED CONSENT STATEMENT

READ TO EACH RESPONDANT

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 quesitons.
- If you do the survey you can stop, you can change your mind, or you can skip questions, with no bad consequences.
- Doing the survey or not doing the survey wont change what benefits you qualify for.
- We will keep your participation in this survey completely confidential.
- The agency responsible for the Point in Time count will make reports from the surveys decisions, and does not include names

- If you agree to participate, I will read the question to you and I will record your answers. It will take approximately 10 minutes to complete.

IF YOU COMPLETE THE VETERANS SUPPLEMENTAL FORM THIS ENTIRE DOCUMENT WILL BE SHARED WITH THE VETERANS ADMINISTRATION

IF YOU ARE WILLING TO PARTICIPATE, PLEASE SIGN BELOW. THANK YOU FOR YOUR HELP.

Signature of Respondant _____ Date _____

I READ THE ABOVE CONSENT STATEMENT TO THE RESPONDENT AND TO THE BEST OF MY KNOWLEDGE IT WAS UNDERSTOOD, AND THE RESPONDENT HAS AGREED TO PARTICIPATE.

Printed Surveyor Name _____ Surveying Agency (Optional) _____