

PLEASE PRINT NEATLY

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

Survey Type: <input type="radio"/> Observational <input type="radio"/> Interview		With Household <input type="radio"/> No <input type="radio"/> Yes		TOTAL number of people in household #		
Name or identifier of person <i>First Last</i>		Head of household <input type="radio"/> No <input type="radio"/> Yes				
Name of county where person was homeless		Name of the head of household				
"Where are (were) you sleeping on the night of January 28, 2026 ?"	<input type="radio"/> Abandoned Property	<input type="radio"/> Local Shelter	<input type="radio"/> Institutional Setting / Jail	<input type="radio"/> My House / Apartment	<input type="radio"/> Hotel / Motel	<input type="radio"/> Friend / Family (doubled up)
	<input type="radio"/> Vehicle/Car	<input type="radio"/> On the streets, homeless camp, or other location not meant for habitation		<input type="radio"/> Other:		
Age	<input type="radio"/> Under 18	<input type="radio"/> 18 - 24	<input type="radio"/> 25 - 34	<input type="radio"/> 35 - 44	<input type="radio"/> 45-54	<input type="radio"/> 55-64 <input type="radio"/> 65 and older
Sex	<input type="radio"/> Male		<input type="radio"/> Female		<input type="radio"/> Person doesn't know/prefers not to answer	
Race & Ethnicity <i>Mark all that apply</i>	<input type="radio"/> American Indian, Alaska Native, or Indigenous	<input type="radio"/> Asian or Asian American	<input type="radio"/> Black, African American, or African	<input type="radio"/> Hispanic / Latina/o	<input type="radio"/> Middle Eastern or North African	<input type="radio"/> Native Hawaiian or Pacific Islander
	<input type="radio"/> White					
How long have you been living on the streets or in emergency shelters?				<input type="radio"/> Less than a year	<input type="radio"/> A year or more	
Number of times homeless (on the streets or in emergency shelters) in the past 3 years?				<input type="radio"/> 1 (this time)	<input type="radio"/> 2-3	<input type="radio"/> 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				<input type="radio"/> Fewer than 12	<input type="radio"/> 12 or more	
Zip Code of Last Permanent Address: <i>(Last stayed 90 days or more)</i>						
Do you have a disability related to... <i>Mark all that apply</i>	<input type="radio"/> No Disability	<input type="radio"/> Mental Health		<input type="radio"/> Drug Use Disorder		<input type="radio"/> Physical
	<input type="radio"/> Developmental	<input type="radio"/> Chronic Health Condition		<input type="radio"/> Alcohol Use Disorder		<input type="radio"/> HIV/AIDS
If yes, is this a long-term disability that impairs your ability to hold a job or live independently?	<input type="radio"/> Yes	<input type="radio"/> 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?		<input type="radio"/> No	<input type="radio"/> 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?		<input type="radio"/> No	<input type="radio"/> 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

____	____	____
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Branch of Service

☐ Army

☐ Air Force

☐ Coast Guard

☐ Marine
Corps

☐ Navy

☐ Space
Force

National Guard/Reserve

☐ No

☐ Yes

Full Date of Birth

____	/	____	/	____
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Contact information such as
phone or email

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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 questions.
- 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 won't 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)