

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 <i>First Last</i>		Head of household ☐ No ☐ Yes					
Name of city or suburb where person was homeless		Name of the head of household					
"Where are (were) you sleeping on the night of January 28, 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 <i>Mark all that apply</i>	☐ 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: <i>(Last stayed 90 days or more)</i>							
Do you have a disability related to... <i>Mark all that apply</i>	☐ 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

____	____	____
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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)