

SMAC Governing Board Meeting

01/16/2024

Governing Board Meeting Attendance: Jennifer Crotteau, Corey Samuels, Peter Goldstein, Sarah Broich, Molly Link, Jacob Wasmund, Bianca Nordwester, Jenny Mason, Suzie Misel, Bre Baker, Jane Lawrenz, Carla Schweich, Sue Baysden, Jill U, Jaime Wilkins, Robbin Lofton, Christine O'Brien, NouDa Thao, Mz Marla Dotson, Tiffaney Weinfurter, Kamaria Toulon, Dolores Castillo, Thom Romano, astermer?, talexander?, Julie Schulz, Claudia Appel, Kryz, Linda Hall, Zach Riley

- **SMAC PIT Training**

Offered in 2-parts – today and Friday from 12-1pm

Reviewed PIT Training PowerPoint (slides incl. with notes)

Explained the necessity of gathering consent and allowing opportunities for folks who are being surveyed to identify what they're comfortable sharing

Identified the necessity of outlining that this is for the purpose of the count, while not over promising the ability of surveyors to provide ongoing services. Working to identify opportunities for referrals to SMAC Access Points?

In 2024, all CoCs in Minnesota identified a desire to use the Short Survey Tool for the PIT Count

PIT Live:

Paper surveys may be used by some folks. If intending to use the paper survey option, please remember that these will eventually need to be inputted into PIT Live

The PIT Live website will be available as a practice site until 01/23/24, and then will be cleared/updated in advance of it becoming live for real surveys.

Opportunity to transition the PIT Live Survey to be an Observational Tool in instances where folks might not be willing to work through the full survey with you. Please follow the prompts incl. on the live site for this transition to happen relatively seamlessly.

When creating household surveys for the folks surveyed in the SMAC Region (Anoka, Carver, Dakota, Scott, and Washington Counties) who are physically located in one of these communities and intending to spend the night in one of these communities, please remember that 'SMC' will be used as the CoC Abbreviation for creating the Household ID.

The top-left portion of the slide features a series of thin, light-brown lines that intersect to form several overlapping, irregular polygons. These lines create a complex, abstract pattern that resembles a stylized map or a network of paths.

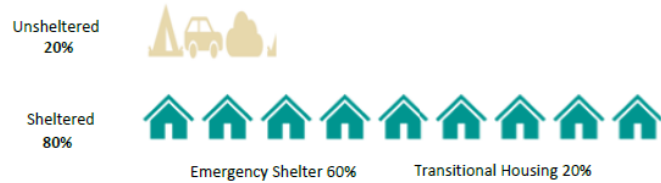
SMAC PIT SURVEYOR TRAINING

WHAT IS PIT

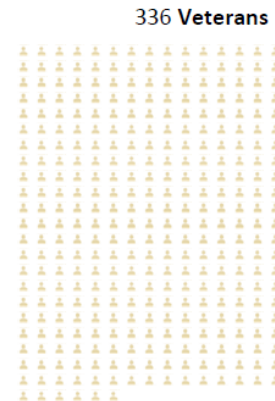
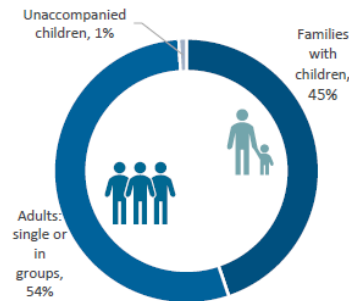
The PIT Count is Minnesota's annual count of all persons experiencing homelessness, in both sheltered and unsheltered situations. The PIT Count also happens nationwide every year and is required by HUD, the US Department of Housing and Urban Development.



Where?

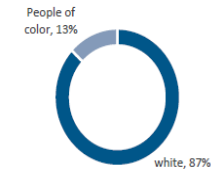


Who are they?

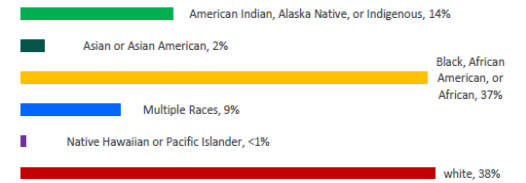
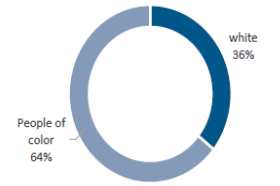


People of color are disproportionately affected.

Total State Population (2022 Census Estimate)

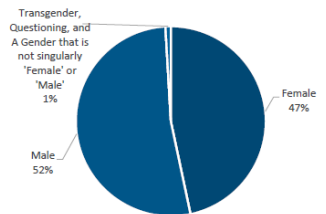
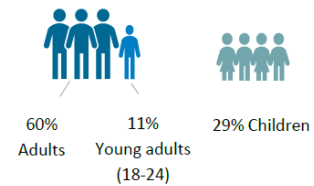


Homeless Population

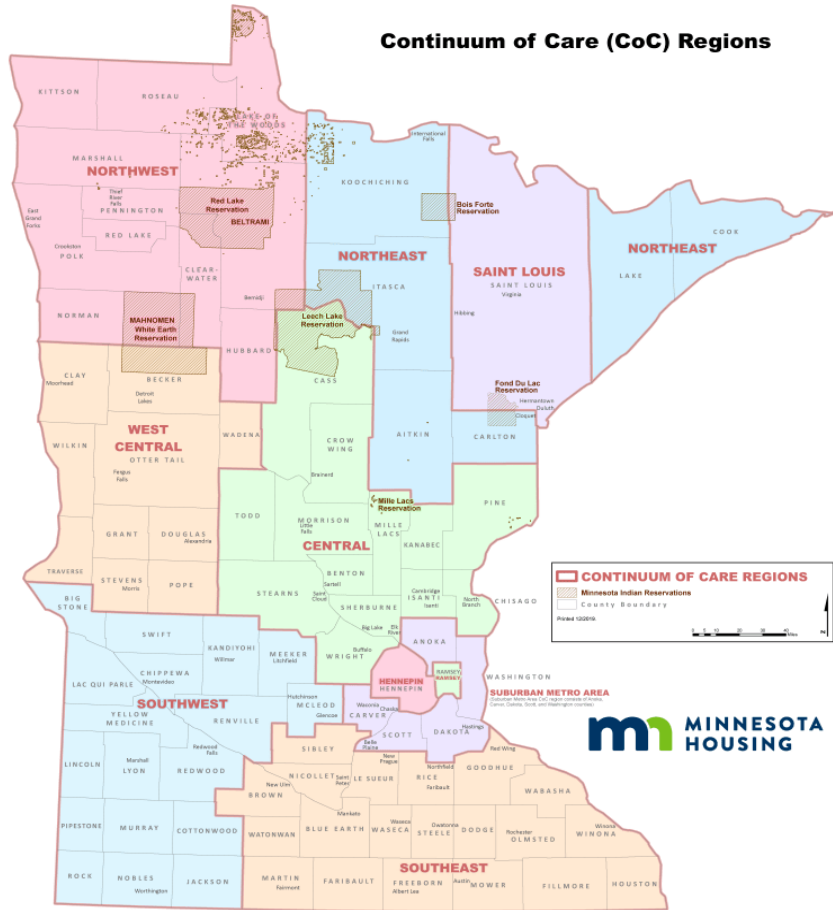


More than a quarter are **children**.

More than half are **male**.

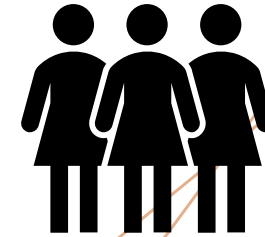


COC



SMAC

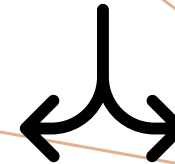
1,013 people experienced homelessness
797 Reported to HUD**



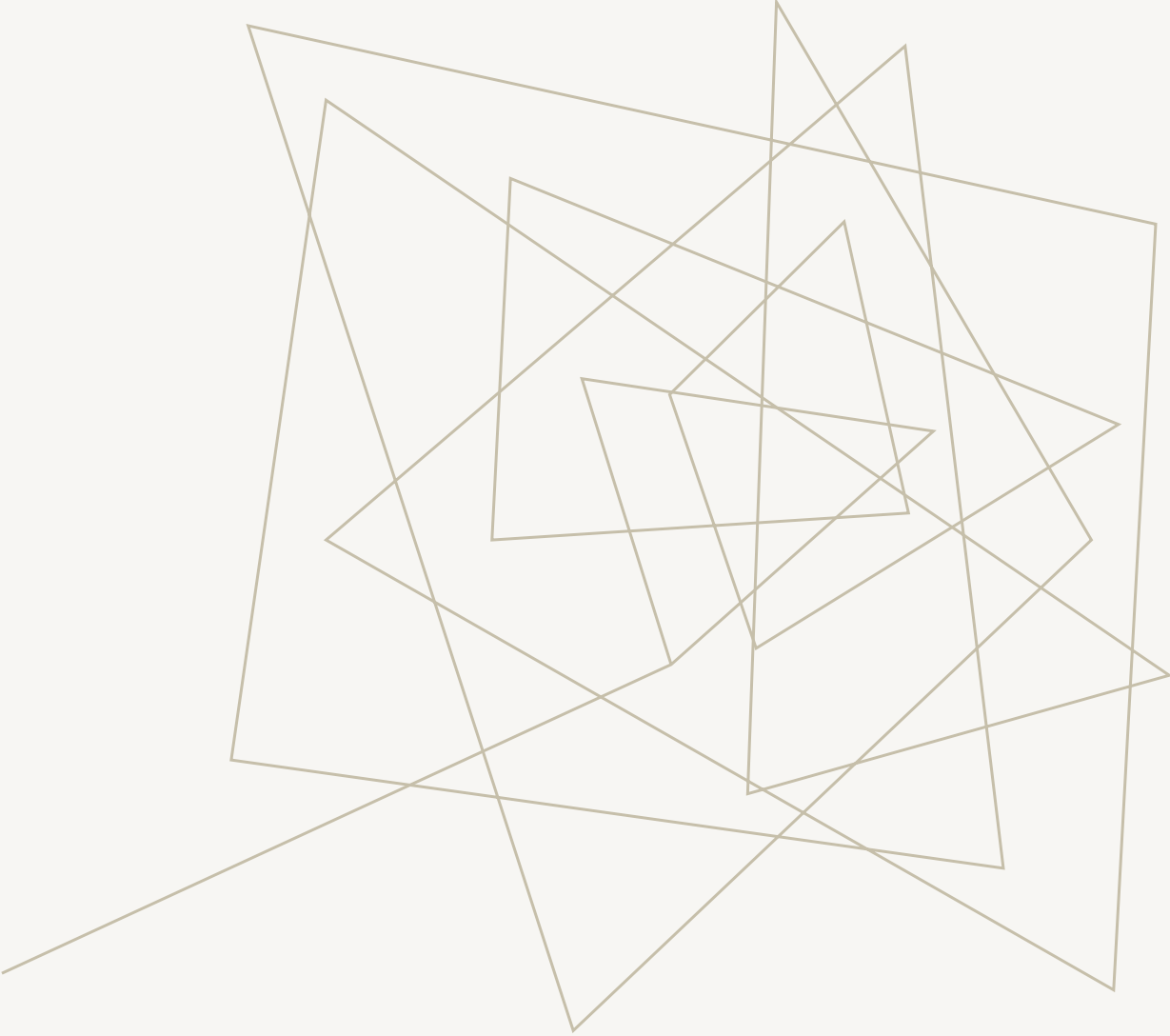
23% Unsheltered



77% Sheltered



60% Emergency Shelter
28% Doubled Up**
12% Transitional Housing



HOW DO I
CONDUCT A
SURVEY?

Qualifying Questions +
Consent



Identifying &
Household Info



Basic Demographics -
First Respondent



Housing History - First
Respondent



Provide Resource
materials (if
applicable) + Thank
You



Additional Household
Members Information
(adults only)



Additional History -
First Respondent



Sensitive Questions -
First Respondent



How do I introduce Myself ?

What if people don't want to take the survey?

Do people have to answer all the questions ?

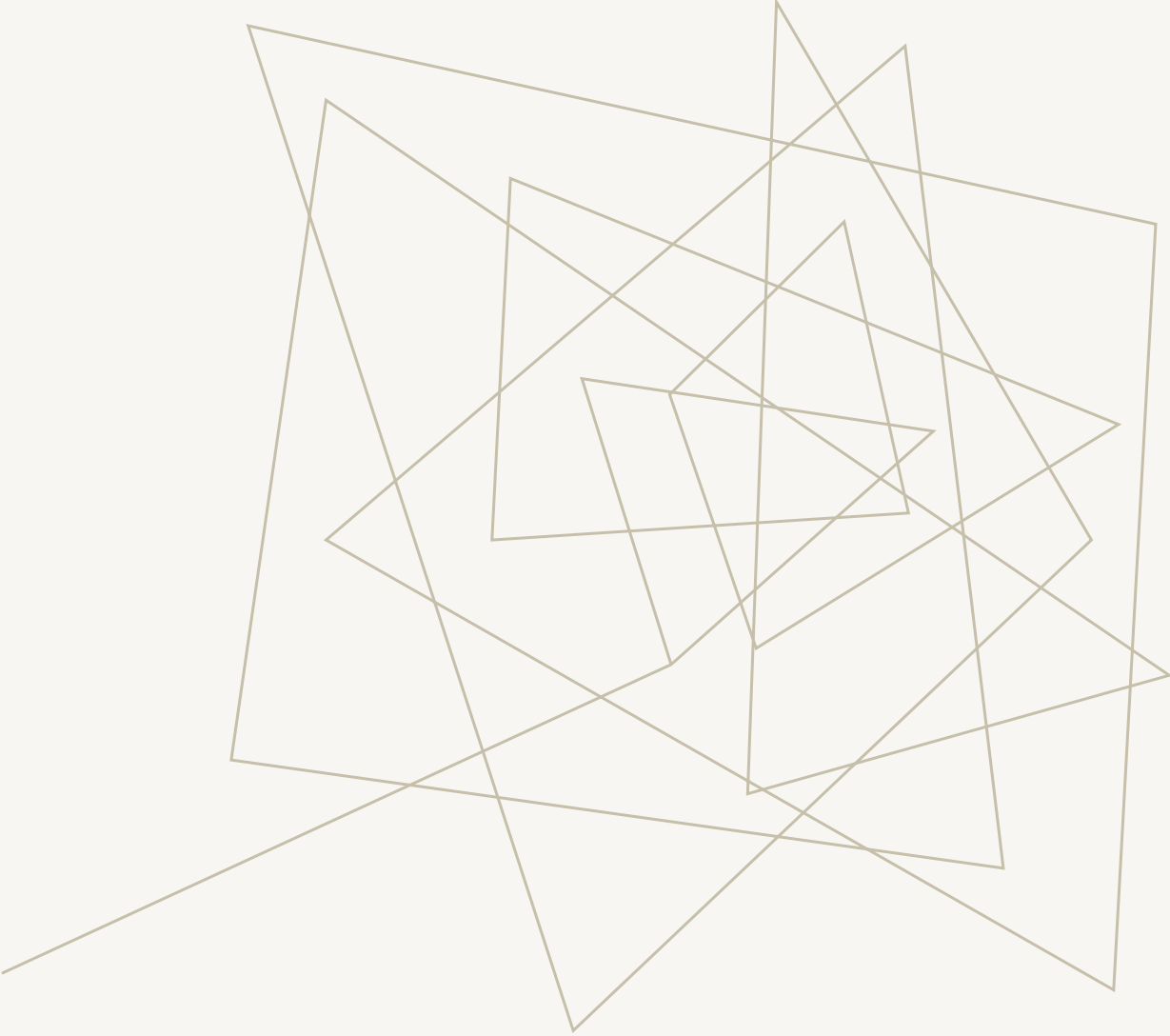
Should I be offering services ?

How do I know who to interview ?

Are there things I should be careful about Saying?

Should I have Safety concerns?





**SURVEY
(THE LONG FORM
SURVEY HAS BEEN
DISCONTINUED)**

2024 EDITION

Two thin, light orange lines intersect on the left side of the slide. One line is nearly horizontal, sloping slightly downwards from left to right. The other line is steeper, sloping downwards from top-left to bottom-right.

PIT LIVE!

The online PIT tool can be found at PIT [LIVE 2024](#), until the night of PIT it is set up as a test site! I highly encourage you to practice!! Using the Online tool is preferred.

County Where survey is taking place

Be as specific as Possible

This is new Section this year! It will help us get some specific Data

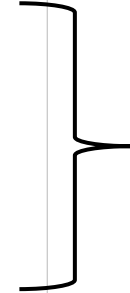
2024 MN Point-in-Time Count - January 24, 2024 (SHORT FORM)



| SURVEYOR QUESTIONS | | |
|--|--|---------------------------------|
| Surveyor name: | Surveyor phone #: | Surveyor email: |
| Continuum of Care: | County: | Agency/team: |
| School district: [School-based surveys only] | | |
| Is this the first survey you are filling out for this family/household? <input type="checkbox"/> Yes <input type="checkbox"/> No - I am adding additional family members | | |
| Specific location of survey: | | |
| Household ID: [See instructions. Complete after survey] | | |
| [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 asks questions about you and others in your household. It asks about where you stay now and 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? <input type="checkbox"/> Yes <input type="checkbox"/> No [END THE SURVEY. Complete the observation form if able] | | |
| Did another volunteer already ask you where you are staying tonight/where you stayed last night? <input type="checkbox"/> Yes [END THE SURVEY] <input type="checkbox"/> No | | |
| Where did you/will you sleep on Wednesday night (January 24th, 2024)? | | |
| UNSHeltered: <input type="checkbox"/> Abandoned building/house without utilities <input type="checkbox"/> Bridge/overpass/railroad <input type="checkbox"/> Bus/light rail/train <input type="checkbox"/> Doorway/skyway <input type="checkbox"/> Park <input type="checkbox"/> Private property (storage, barn, fish house) <input type="checkbox"/> Street or sidewalk <input type="checkbox"/> Vehicle (car, truck, van, camper) <input type="checkbox"/> Woods/caves/open space <input type="checkbox"/> Restaurant/laundromat <input type="checkbox"/> Up all night walking <input type="checkbox"/> Other (Unsheltered) | | |
| SHeltered: <input type="checkbox"/> Emergency shelter (shelter name _____) <input type="checkbox"/> Motel/hotel (voucher stay agency providing _____) <input type="checkbox"/> Transitional housing (agency providing _____) | | |
| Doubled-Up: <input type="checkbox"/> Couch-hopping/Temporarily staying with family or friends | | |
| Other: <input type="checkbox"/> Hospital, jail, or treatment program* <small>*If Hospital, jail or treatment program is selected, end the survey. All other responses should continue the survey.</small> | | |
| In which county did you/will you stay on Wednesday night (January 24th, 2024)? | | |
| In which city did you/will you stay on Wednesday night (January 24th, 2024)? | | |
| 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? [Write down the age] | Will anyone/did anyone stay with you tonight/that night? | |
| | <input type="checkbox"/> Yes [Go to the next question] | |
| | <input type="checkbox"/> 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] Click or tap here to enter text. | | |
| [If the household does not include any adults 25+ then ask:] Including yourself, how many are the parent or legal guardian of a child in your household? | | |
| # of Parents Age 18-24 | | # of Parents Age 17 and younger |

Household ID is a combination of the CoC abbreviation where the survey is completed (SMAC) and the first 3 letters of the first and last name of the FIRST PERSON SURVEYED in this household. It should be the same for all household members
Take the Quiz!

This is a new Section this year! It is also reflected in PIT Live



This section has been updated to be more inclusive!

| Demographics | | | |
|--|--------------------------|--|--------------------------|
| How do you identify your gender? Include all that apply. | | How do you identify your race/ethnicity? Include all that apply. | |
| Woman (Girl, if child) | <input type="checkbox"/> | American Indian, Alaska Native, or Indigenous | <input type="checkbox"/> |
| Man (Boy, if child) | <input type="checkbox"/> | Asian or Asian American | <input type="checkbox"/> |
| Culturally specific gender | <input type="checkbox"/> | Black, African American, or African | <input type="checkbox"/> |
| Transgender | <input type="checkbox"/> | Hispanic/Latina/e/o | <input type="checkbox"/> |
| Non-Binary | <input type="checkbox"/> | Middle Eastern or North African | <input type="checkbox"/> |
| Questioning | <input type="checkbox"/> | Native Hawaiian or Pacific Islander | <input type="checkbox"/> |
| Different Identity | <input type="checkbox"/> | White | <input type="checkbox"/> |
| Don't Know/Prefers not to answer | <input type="checkbox"/> | Don't Know/Prefers not to answer | <input type="checkbox"/> |

| | | | | |
|--|--|--------------------------|---|--------------------------|
| If Native American, of which tribe are you an enrolled member? [SKIP if not American Indian, Alaska Native, or Indigenous] | Not an enrolled member of any tribe | <input type="checkbox"/> | Mdewakanton Sioux Indians | <input type="checkbox"/> |
| | Minnesota Chippewa Tribe - Bois Forte | <input type="checkbox"/> | Minnesota Chippewa Tribe - Fond du Lac | <input type="checkbox"/> |
| | Minnesota Chippewa Tribe - Grand Portage | <input type="checkbox"/> | Minnesota Chippewa Tribe - Leech Lake | <input type="checkbox"/> |
| | Minnesota Chippewa Tribe - Mille Lacs Band | <input type="checkbox"/> | Minnesota Chippewa Tribe - White Earth | <input type="checkbox"/> |
| | Lower Sioux Indian Community in the State of Minnesota | <input type="checkbox"/> | Prairie Island Indian Community in the State of Minnesota | <input type="checkbox"/> |
| | Red Lake Band of Chippewa Indians | <input type="checkbox"/> | Upper Sioux Community | <input type="checkbox"/> |
| | Shakopee Mdewakanton Sioux Community of Minnesota | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| | | | | |
| | | | | |
| | | | | |

| 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 shelter or staying outside – for a year or more? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK/prefers not to answer |
| Is this the first time you've been homeless – like in a shelter or staying outside? | <input type="checkbox"/> Yes [SKIP to Veteran section] | <input type="checkbox"/> No | <input type="checkbox"/> DK/prefers not to answer |
| Think back over the last three years. During that time, have you been homeless 4 or more times – like in a shelter or staying outside? | <input type="checkbox"/> Yes | <input type="checkbox"/> No [SKIP to Veteran section] | <input type="checkbox"/> DK/prefers not to answer |
| If yes, do these times, added together, amount to a year or more? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK/prefers not to answer |

| Veteran Status (Adults 18+ Only; Skip if Respondent is under 18) | |
|--|--|
| Did you serve in the United States Armed Forces, which includes the Army, Navy, Air Force, Marine Corps, Coast Guard, or Space Force? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer |
| Have you joined the Homeless Veterans Registry? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer |
| [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 veteran's registry or provide the number to connect you to the resources they offer. | |

These are difficult questions to ask a stranger, and can be uncomfortable for both you and respondent. Acknowledge that they are difficult

2024 MN Point-in-Time Count - January 24, 2024



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, if permission is given.]

Are you, or have you been, a victim/survivor of domestic violence? Yes No DK/prefers not to answer
 [clarify if needed] Has anyone you stayed with 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 DK/prefers not to answer

Now I'm going to ask about your health. Do any of the following apply to you?
 [Check all that apply. Skip question if none apply.]

- AIDS or HIV-related illness
- Chronic health condition (such as diabetes, cancer, or heart disease)
- Developmental Disability
- Drug or alcohol use disorder
- 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]

Remember that the Household ID will be the same as the 1st respondent!

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 24th, 2024)? [or in same location as first respondent if staying with family or friends] | <input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY] | <input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY] | <input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY] |
| Can I ask you a few additional questions? | <input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY] | <input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY] | <input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY] |
| What are the first three letters of your first and last names? | First: <input type="text"/> Last: <input type="text"/> | First: <input type="text"/> Last: <input type="text"/> | First: <input type="text"/> Last: <input type="text"/> |
| How old are you? (Write down the age) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| How do you identify your gender? Select <u>all</u> that apply. | <input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Man (Boy, if child) <input type="checkbox"/> Culturally specific gender <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity <input type="checkbox"/> DK/prefers not to answer | <input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Man (Boy, if child) <input type="checkbox"/> Culturally specific gender <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity <input type="checkbox"/> DK/prefers not to answer | <input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Man (Boy, if child) <input type="checkbox"/> Culturally specific gender <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity <input type="checkbox"/> DK/prefers not to answer |

2024 MN Point-in-Time Count – January 24, 2024



| | | | |
|---|---|---|---|
| <p>How do you identify your race/ethnicity? Select <u>all</u> that apply.</p> | <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> DK/prefers not to answer | <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> DK/prefers not to answer | <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> DK/prefers not to answer |
| <p>If Native American, of which tribe are you an enrolled member? [SKIP if not American Indian, Alaska Native, or Indigenous]</p> | <input type="checkbox"/> Not an enrolled member of any tribe <input type="checkbox"/> Lower Sioux Indian Community in the State of Minnesota <input type="checkbox"/> Mdewakanton Sioux Indians <input type="checkbox"/> Minnesota Chippewa Tribe - Bois Forte <input type="checkbox"/> Minnesota Chippewa Tribe - Fond du Lac <input type="checkbox"/> Minnesota Chippewa Tribe - Grand Portage <input type="checkbox"/> Minnesota Chippewa Tribe - Leech Lake <input type="checkbox"/> Minnesota Chippewa Tribe - Mille Lacs Band <input type="checkbox"/> Minnesota Chippewa Tribe - White Earth <input type="checkbox"/> Prairie Island Indian Community in the State of Minnesota <input type="checkbox"/> Red Lake Band of Chippewa Indians <input type="checkbox"/> Shakopee Mdewakanton Sioux Community of Minnesota <input type="checkbox"/> Upper Sioux Community <input type="checkbox"/> Other | <input type="checkbox"/> Not an enrolled member of any tribe <input type="checkbox"/> Lower Sioux Indian Community in the State of Minnesota <input type="checkbox"/> Mdewakanton Sioux Indians <input type="checkbox"/> Minnesota Chippewa Tribe - Bois Forte <input type="checkbox"/> Minnesota Chippewa Tribe - Fond du Lac <input type="checkbox"/> Minnesota Chippewa Tribe - Grand Portage <input type="checkbox"/> Minnesota Chippewa Tribe - Leech Lake <input type="checkbox"/> Minnesota Chippewa Tribe - Mille Lacs Band <input type="checkbox"/> Minnesota Chippewa Tribe - White Earth <input type="checkbox"/> Prairie Island Indian Community in the State of Minnesota <input type="checkbox"/> Red Lake Band of Chippewa Indians <input type="checkbox"/> Shakopee Mdewakanton Sioux Community of Minnesota <input type="checkbox"/> Upper Sioux Community <input type="checkbox"/> Other | <input type="checkbox"/> Not an enrolled member of any tribe <input type="checkbox"/> Lower Sioux Indian Community in the State of Minnesota <input type="checkbox"/> Mdewakanton Sioux Indians <input type="checkbox"/> Minnesota Chippewa Tribe - Bois Forte <input type="checkbox"/> Minnesota Chippewa Tribe - Fond du Lac <input type="checkbox"/> Minnesota Chippewa Tribe - Grand Portage <input type="checkbox"/> Minnesota Chippewa Tribe - Leech Lake <input type="checkbox"/> Minnesota Chippewa Tribe - Mille Lacs Band <input type="checkbox"/> Minnesota Chippewa Tribe - White Earth <input type="checkbox"/> Prairie Island Indian Community in the State of Minnesota <input type="checkbox"/> Red Lake Band of Chippewa Indians <input type="checkbox"/> Shakopee Mdewakanton Sioux Community of Minnesota <input type="checkbox"/> Upper Sioux Community <input type="checkbox"/> 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.]

2024 MN Point-in-Time Count – January 24, 2024



| 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 shelter or staying outside only.] | | | |
| | Household Member 2: | Household Member 3: | Household Member 4: |
| Have you been continuously homeless – like in a shelter or staying outside – for a year or more? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer |
| Is this the first time you've been homeless – like in a shelter or staying outside? | <input type="checkbox"/> Yes [SKIP to Veteran section] <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer | <input type="checkbox"/> Yes [SKIP to Veteran section] <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer | <input type="checkbox"/> Yes [SKIP to Veteran section] <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer |
| Think back over the last three years. During that time, have you been homeless 4 or more times - like in a shelter or staying outside? | <input type="checkbox"/> Yes <input type="checkbox"/> No [SKIP to Veteran section] <input type="checkbox"/> DK/Prefers not to answer | <input type="checkbox"/> Yes <input type="checkbox"/> No [SKIP to Veteran section] <input type="checkbox"/> DK/Prefers not to answer | <input type="checkbox"/> Yes <input type="checkbox"/> No [SKIP to Veteran section] <input type="checkbox"/> DK/Prefers not to answer |
| [If yes] Do these times, added together, amount to a year or more? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer |
| 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, which includes the Army, Navy, Air Force, Marine Corps, Coast Guard and Space Force? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer |

| 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. How would you like to proceed? [Give respondent a moment to decide, then proceed with questions, if permission is given.] | | | |
| | Household Member 2: | Household Member 3: | Household Member 4: |
| Are you, or have you been, a victim/survivor of domestic violence? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer |
| Are you currently fleeing a domestic violence situation? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/prefers not to answer |
| Do any of the following apply to you? [Check all that apply. Skip question if none apply.] | 1. AIDS or HIV-related illness <input type="checkbox"/> 2. Chronic health condition (such as diabetes, cancer, or heart disease) <input type="checkbox"/> 3. Developmental Disability <input type="checkbox"/> 4. Drug or alcohol use disorder <input type="checkbox"/> 5. Physical disability or mobility impairment <input type="checkbox"/> 6. PTSD (Post Traumatic Stress Disorder) <input type="checkbox"/> 7. Psychiatric or emotional conditions such as depression or schizophrenia <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

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.

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



QUESTIONS ?

ICA MN Training Materials [Point-in-Time Count Materials](#)
— [Minnesota's HMIS \(hmismn.org\)](#)



THANK YOU