	2
COUNT JANUARY 25TH, 2	S

NJ COUNTS 2021 POINT IN TIME SURVEY

2. In what town did you spend the night?

Code_____ County <u>Middlesex</u>

Have you already participated in the 2021 PIT Survey? (CIRCLE ONE)

5. How many separate times have you been on the street, in a shelter, or in a Safe

Program

Yes

No

1. Where did you spend the night of Tuesday, January 26th? (CHECK ONE ONLY)

Tuesday, January 26 th ? (CHECK ONE ONLY)		Stat	:e:								Haven within the past 3 ye	ars? (sind	e Janua	ry 26, 20	18)				
Homeless		Cou	inty:																
On the street, under a bridge, abandoned building, public building,		Том	/n:								Enter	number	of mont	hs per ho	meless	episod	e		
car, travelling on a bus, or camping out			gram Name:							_	Episode 1			Episode	: 6				
Emergency Shelter	1 '	Age	ncy Name:								Friende 2			Fining da	. 7				
Code Blue Warming Center			ow long have yo					Years	S		Episode 2			Episode	. /				
Youth Shelter	1	you	r current living s	ituat	ion?			Mon			Episode 3			Episode	: 8				
Domestic Violence Shelter	1							Days								_			
Transitional Housing			ouring the past 12 hths, how many	2	C	On the S	Streets				Episode 4			Episode	: 9				
Transitional Housing for Victims of Domestic Violence			nths have you be	en?	_	n Emer n a Safe			r		Episode 5			Episode	2 10				
Hotel/Motel paid for by Agency	r										Household Information								
Safe Haven								6.	Who w	as hon	neless with you on the night	of Januar	y 26 th ?						
Permanent Housing/At Risk	1														hold Cha				
Hotel/Motel You Paid For						Der	nograj	ohic In	format	ion				eck all th		/ to ea			-
Apartment paid for with Temporary Rental Assistance from the Board of Social Services					al	s of			_ c		Self-Identified Race <u>Examples</u> :	lth					Fleeing Domestic an Violence do	pulation Lan	ylqc
Permanent Housing			Relationship to Head of	Initia	e Initi	etter Name	Age	Gender	xual itatio	Ethnicity	AI, Cherokee; AS, Chinese;	ntal Hea Issues	Ce Ak	pmer	c Hea dition	HIV/AIDS	Dome	in Arr Vete	None Apply
Staying with Friends or Family			Household	First Initial	Middle Initial	First 2 Letters of Last Name	A	Gei	Sexual Orientation	Ethr	B, Jamaican;	Mental Health Issues	Substance Abuse	Developmental Disability	Chronic Health Condition	HIV,	eing Viol	Served in Armed Forces/ Veteran	No
Farm Labor Housing					~	Fir					PI, Samoan; WH, Irish	2	Sul	ă	D		Fle	Se Fo	
Institution		1	Self															l l	
Psychiatric Hospital		2																	
Jail, Prison, or Juvenile Detention Center		3										_							
Long-Term Care Facility or Nursing Home		4																	
Foster Care Home/Foster Care Group Home		5																	
Medical Hospital		6																	
Substance abuse Treatment Facility		7																	
Other:		8																	

Agency ____



7. Where was your last permanent address

before becoming homeless?

Country: ______
State: _____

County:

Town:

8. What was your residence prior to your current living situation? (CHECK ONE ONLY)

Place Not Meant for Human Habitation (On the Street, Bus, Car, Airport, Abandoned Building)
Emergency Shelter or Emergency Hotel Voucher
Transitional Housing for Homeless Persons
Safe Haven
Hotel/Motel Paid for Without Voucher
Apartment paid for with temporary Rental Assistance from the Board of Social Services
Permanent Housing
Permanent Supportive Housing Program
Staying with Friends or Family
Psychiatric Hospital or Treatment Facility
Jail, Prison, or Juvenile Detention Facility
Long-Term Care Facility or Nursing Home
Foster Care Home or Foster Care Group Home
Medical Hospital (emergency room, acute care)
Substance Abuse Treatment Facility/Detox
Rooming House
Other:

9. What is your total monthly household income?

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

Sources of Income	Non-Cash Benefits				
SSI	Food stamps/SNAP				
SSDI	Medicaid				
TANF	Medicare				
	State Children's				
General/Public	Health				
Assistance/Welfare	Insurance/Family				
	Care				
Unomployment	State Health				
Unemployment	Insurance for Adults				
Private Disability	Indian Health				
Insurance	Insurance				
Work Income/Wage	VA Medical Benefits				
Worker's	WIC/Special Nutrition				
Compensation	Program for Women,				
Alimony	Infants, and Children				
Child Support	TANF-Funded				
	Services (Child Care,				
Veteran's Pension	Transportation or				
	Other)				
Social Security	Section 8/Public				
Temporary State	Housing/Ongoing				
Disability	Rental Assistance				
Other:	Other:				
No Source of Income	Receiving No				
No source of income	Government Benefits				

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

Eviction or at Risk of
Eviction
Mental Illness
Wentar Inness
Injury
Household
breakup/death in
household
Released from Prison/Jail
Asked to Leave Shared
Residence
Drug/Alcohol Abuse
Natural Disaster
Impact of coronavirus
(COVID-19)
Other:
other.

12. Are you homeless as a result of the coronavirus (COVID-19)? (CIRCLE ONE)

Yes

No

13. How has the coronavirus impacted you and your current living situation? (CHECK ALL THAT APPLY)

Contracted coronavirus/member of household contracted coronavirus
Mental Illness/Anxiety/Fear
Medical condition/vulnerability placing household at higher risk
Member of household is an essential worker placing household at higher risk
Loss of shared housing due to coronavirus
Loss or reduction of income due to impact of coronavirus on employer/business
Loss or reduction of income due to impact of coronavirus
Increase in income due to government benefits (including unemployment insurance and stimulus check)
Increase in income/hours due to increased need as essential worker
Challenges accessing shelter due to limited capacity/access as result of coronavirus
Challenges accessing shelter due to medical vulnerability, fear, or previous diagnosis of coronavirus
Early release from prison/jail
Other:

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

Emergency Shelter	Housing
Substance Abuse Treatment Services	Mental Health Care
Financial Assistance for Security Deposits	Financial Assistance for Utilities
Financial Assistance for Housing	Emergency Food or Meal Assistance
Domestic Violence Services	Legal Services
Assistance Obtaining ID	Educational Training
Employment Assistance	Veterans Services
Family Reunification	Other:

Thank you for participating in the 2021 Point-In-Time survey!