

2022 Point in Time Middlesex County



(and) Accessing the Homeless Service System



Definitions

Who is “Homeless”?

It depends on who you ask!

Definition of Homelessness

- **HUD** – individual or family who is sleeping in place not meant for habitation, shelter, or homeless transitional housing;
- **McKinney-Vento Act (homeless youth)** – includes the above group, and also includes families who are “doubled up” due to loss of housing; living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations; or youth who are abandoned in hospitals. **Children and young adults in foster care are not considered homeless by any definition, if they are under the State’s care and custody*
- **FOR THE POINT IN TIME** – Homeless only includes those who meet the HUD definition, but you can complete the survey for any of your program participants who are experiencing a housing crisis

Accessing the Homeless System in Middlesex County



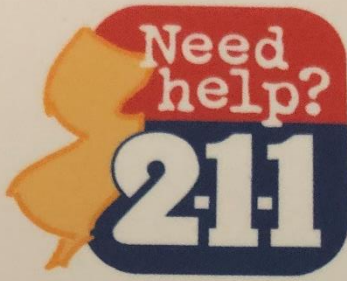
Need help?
211

Everyone needs
a safe place to sleep.

CALL OUR HOMELESS HOTLINE.
WE CAN HELP.

Dial 2-1-1 | Text 898-211 | Chat www.nj211.org
Free. Confidential. Always Open.

United Way  





Need help?
211

Todos necesitan un lugar
seguro para dormir.

**LLAME A NUESTRA LÍNEA DIRECTA
PARA PERSONAS SIN HOGARES.**
PODEMOS AYUDAR.

Marque 2-1-1 | Texto 898-211 | Chatea www.nj211.org
Gratis. Confidencial. Siempre abierto.

United Way  

Accessing the Homeless System in Middlesex County

Homeless Hotline – NJ 211

What happens when someone calls 211?

- DIVERSION First
- SHELTER CAPACITY IS LIMITED
- Referral to appropriate resource(s) – MCBSS, Coming Home, shelter waiting list, and other resources (soup kitchens, drop in center, etc)
- No immediate placement in shelter
- Follow up from Coming Home to complete assessment of needs and ensure proper referrals, including assigning to case management, referring for financial assistance, other resources

If client does not have a phone, all homeless service agencies will allow him/her to use their landline to make the call.

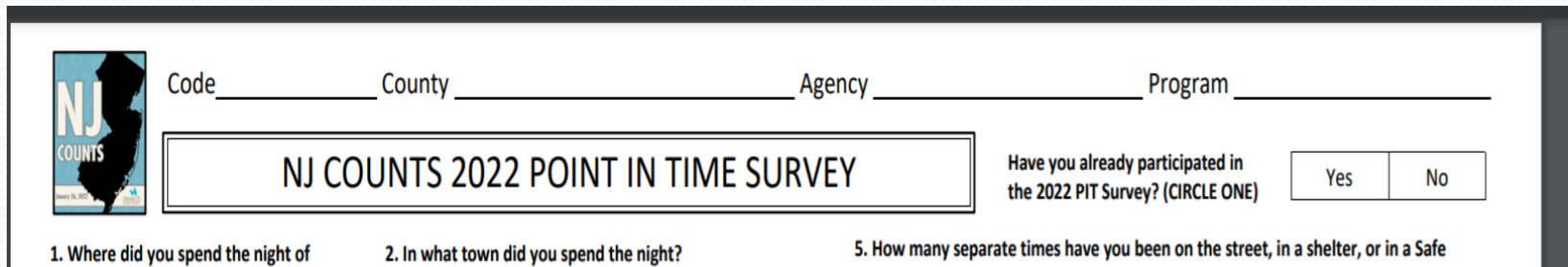
After Calling 211

- If potentially eligible for MCBSS (TANF or GA, i.e. welfare recipient, or SSI or or No Income), client will be advised to report to MCBSS as soon as possible to be screened. Client is told to call 211 back if found ineligible at MCBSS.
- If not eligible for MCBSS, Coming Home will outreach to the client the next business day, will complete shelter pre-screening, ensure client is on the list for shelter, and will offer case management. Coming Home also assesses for eligibility for other resources. If client needs shelter, they are offered case management while they are on the shelter waiting list to begin working on the situation.


PIT SURVEY – HEADER

At the top of the survey, header includes Code, County, etc.

For agencies who have already received the survey via email, the Code and other fields is already completed for you. You may just have to write in the name of your Program.



The header form for the NJ Counts 2022 Point in Time Survey. It includes a logo for NJ Counts on the left, followed by input fields for Code, County, Agency, and Program. Below these is a large box containing the survey title. To the right of the title box is a question about previous participation with Yes/No options. At the bottom, the first three survey questions are listed.

 Code _____ County _____ Agency _____ Program _____

NJ COUNTS 2022 POINT IN TIME SURVEY

Have you already participated in the 2022 PIT Survey? (CIRCLE ONE) ☐ Yes ☐ No

1. Where did you spend the night of 2. In what town did you spend the night? 5. How many separate times have you been on the street, in a shelter, or in a Safe

Only one survey would be completed for each household/family.

PIT SURVEY – Questions 1-6 (1st page)

The first page contains the primary information needed to complete the survey.

Use the Quick Reference Guide and Abbreviations sheet to complete the survey.

Follow the directions for each question. Some questions say Check One Only, and others say Check All that Apply. For questions that say Check One Only, do not provide all of the answer choices. See what they say and where it fits best.

Do not just read questions to families. Engage in a conversation. Offer resources (if nothing else, you can refer to 211).

Families residing in the Ozanam Family shelter or Domestic Violence shelter already will have the survey completed.

Questions 1-3 are related to each other.

PIT SURVEY – Question 1


Where did you spend the night of 1/25/22?

CHECK ONE ONLY

More than one answer invalidates the survey.

Answer choices:

- On the street... - basically any place that is not meant for a person to sleep
- Emergency shelter – Ozanam or FISH
- Code Blue Warming Center – sponsored by municipality, a pop up, overnight warming center, but not an official shelter
- Transitional Housing – a program, not just a temporary place to stay
- Hotel paid by an agency (or institution, such as a house of worship) – DIFFERENT than a hotel stay paid by the individual or a friend or family member
- **IF SOMEONE IS SQUATTING IN HOTEL, not paying for themselves, use Hotel Paid by Agency.**
- Safe Haven – there is no Safe Haven in Middlesex Cty

 Code _____ Cc

NJ COUN

1. Where did you spend the night of Tuesday, January 25th? (CHECK ONE ONLY)

Homeless	
<input type="checkbox"/>	On the street, under a bridge, abandoned building, public building, car, travelling on a bus, or camping out
<input type="checkbox"/>	Emergency Shelter
<input type="checkbox"/>	Code Blue Warming Center
<input type="checkbox"/>	Youth Shelter
<input type="checkbox"/>	Domestic Violence Shelter
<input type="checkbox"/>	Transitional Housing
<input type="checkbox"/>	Transitional Housing for Victims of Domestic Violence
<input type="checkbox"/>	Hotel/Motel paid for by Agency
<input type="checkbox"/>	Safe Haven
Permanent Housing/At Risk	
<input type="checkbox"/>	Hotel/Motel You Paid For
<input type="checkbox"/>	Apartment paid for with Temporary Rental Assistance from the Board of Social Services
<input type="checkbox"/>	Permanent Housing
<input type="checkbox"/>	Stayed with Friends or Family

2. _____ St
Cc
Tc
Pr
Ag
3. _____ yc
4. _____ m
m

PIT SURVEY – Question 2

Question 2 – pertains to Question 1 –
In what town did you spend the night
(on the night of 1/25/22) –

What town was the location identified
as the answer to Question 1?

If the location was a specific program,
such as a shelter or transitional housing
program, write in the name of the
program and/or agency

COUNTY		MIDDLESEX		AGENCY	
J COUNTS 2021 POINT IN TIME SURVEY					
f	2. In what town did you spend the night?				5. f
ONLY)	State: _____				Har
	County: _____				
ilding,	Town: _____				
ipping	Program Name: _____				Ej
	Agency Name: _____				
	3. How long have you been in				Ej
	Years				

PIT SURVEY – Question 3 & 4

Question 3 – also pertains to Question 1

How long have they been at the location identified in Q. 1?

Ques. 4 – In the last 12 months (so back to Jan. 2021), how many months total have they been on the streets or in shelter (or hotel paid by an agency/institution)?

The total in this column cannot add up to more than 12 months.

3. How long have you been in your current living situation?

	Years
	Months
	Days

4. During the past 12 months, how many months have you been?

On the Streets	
In Emergency Shelter	
In a Safe Haven	

Epi

Epi

Epi

Epi

Hou

6. Who was homeless

PIT SURVEY – Question 5

Question 5 – looks at their history of homelessness over the last 3 years

Homeless episode – an episode is defined as a consecutive period of time that someone has been on the streets or in shelter.

Couch-surfing, transitional housing, or any other time spent in another location does not count. Any time spent in a “non homeless location” of 7 days or more creates a gap between episodes

Hint – don’t ask how long or how many times they’ve been homeless. Ask how much time they’ve spent on the streets or in shelter/hotel paid by agency

... the 2021 PIT Survey? (CIRCLE ONE) ...

5. How many separate times have you been on the street, in a shelter, or in a Safe Haven within the past 3 years? (since January 26, 2018)

Enter number of months per homeless episode			
Episode 1		Episode 6	
Episode 2		Episode 7	
Episode 3		Episode 8	
Episode 4		Episode 9	
Episode 5		Episode 10	

Household Information
as homeless with you on the night of January 26 th ?
Household Characteristics

PIT SURVEY – Question 6

Demographics and characteristics of family members – list all family members

Household Information																		
6. Who was homeless with you on the night of January 26 th ?																		
Demographic Information									Household Characteristics (Check all that apply to each person)									
	Relationship to Head of Household	First Initial	Middle Initial	First 2 Letters of Last Name	Age	Gender	Sexual Orientation	Ethnicity	Self-Identified Race <i>Examples:</i> AI, Cherokee; AS, Chinese; B, Jamaican; PI, Samoan; WH, Irish	Disabling Condition						Sub-population		None Apply
										Mental Health Issues	Substance Abuse	Physical Disability	Developmental Disability	Chronic Health Condition	HIV/AIDS	Fleeing Domestic Violence	Served in Armed Forces/ Veteran	
1	Self																	
2																		
3																		
4																		
5																		
6																		
7																		
8																		

PIT SURVEY – Question 6

First column – Relationship to Head of Household

USE THE ABBREVIATION GUIDE for this entire question.

Parent/Adult is the Head of Household – Self

All other family members listed are listed as how they are related to the person identified as the Head of Household.

Notes – **Spouse** is any “partner” relationship.

Child – it’s about the relationship, not the age of the individual

Household Information									
6. Who was homeless with you on the night of [DATE]									
Demographic Information									
	Relationship to Head of Household	First Initial	Middle Initial	First 2 Letters of Last Name	Age	Gender	Sexual Orientation	Ethnicity	Self-Identified Race <i>Examples:</i> AI, Cherokee; AS, Chinese; B, Jamaican; PI, Samoan; WH, Irish
1	Self								
2									
3									
4									
5									

PIT SURVEY – Question 6

Use each person’s initials to identify each person.

You MUST use the 1st **2 letters** of the person’s last name, not just one letter. This helps with deduplication.

MUST include Age and Gender for the Head of Household or the survey is invalid. If you can’t get the exact age, you can use the best guess.

Gender, Sexual Orientation, Ethnicity and Race – use the Abbreviations guide. MUST include Gender, Race and Ethnicity.

Ethnicity – either Hispanic or Not Hispanic

Relationship to head of household	First Initial	Middle Initial	First 2 Letters of Last Name	Age	Gender	Sexual Orientation	Ethnicity	Self-Identified Race <i>Examples: AI, Cherokee; AS, Chinese; B, Jamaican; PI, Samoan; WH, Irish</i>

Self Identified Race – if the person provides more specific details, write it in, but otherwise, use the abbreviations provided.

PIT SURVEY – Question 6

The columns to the right of each individual refer to disabilities and other characteristics of each individual.

Use the Quick Reference Guide for definitions. Check ALL that apply.

Also check off if they are Fleeing from Domestic Violence and/or if they have ever served in the US military

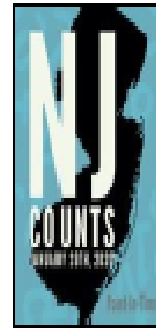
IMPORTANT – if None Apply, check off that box on the far right column. If it is left blank, it will be assumed that the question was not asked.

ation									
ie night of January 26 th ?									
ace	Household Characteristics (Check all that apply to each person)								
	Disabling Condition						Sub-population		None Apply
	Mental Health Issues	Substance Abuse	Physical Disability	Developmental Disability	Chronic Health Condition	HIV/AIDS	Fleeing Domestic Violence	Served in Armed Forces/ Veteran	

PIT SURVEY – Question 7

First question on the 2nd page.

Last Permanent Address – often is not the same town in which the person stayed on the night of 1/25/22



7. Where was your last permanent address before becoming homeless?

Country: _____

State: _____

County: _____

Town: _____

8. What was your residence prior to your current living

PIT SURVEY – Question 8

Question 8 – CHECK ONE ONLY

What was residence prior to current living situation?

Where was the person staying BEFORE the location identified in Question 1. The answer to this question should NOT be the same as the answer to Question 1.

Don't read all the choices. See how their answer best fits in the list provided.

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

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

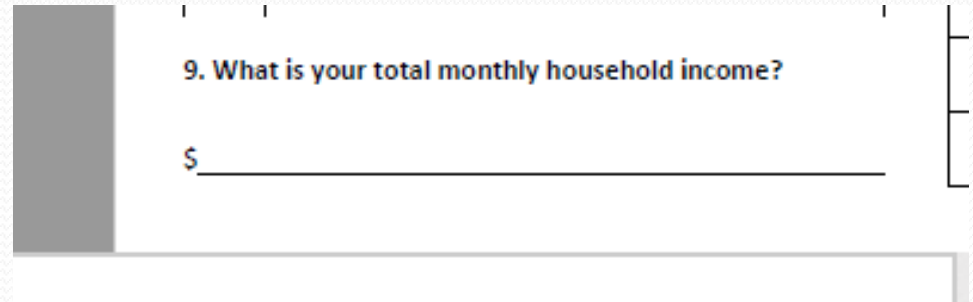
PIT SURVEY – Question 9

Question 9 – Total Monthly Household Income

Do NOT include any income earned by a minor child who is employed.

DO include any types of income combined as a total.

Some families may not want to share this information. Remind them the survey is anonymous and all information collected helps us to plan to create affordable housing in Middlesex County.

A screenshot of a survey interface. On the left is a grey vertical bar. To its right is a white rectangular box containing the text "9. What is your total monthly household income?" in blue. Below this text is a dollar sign "\$" followed by a horizontal line for an answer. To the right of the white box is a vertical line with three horizontal tick marks.

Food stamps amount does not count here as income

PIT SURVEY – Question 10

Question 10 – CHECK ALL THAT APPLY

List all sources of income and non-cash benefits. Read the list to them so they can say yes or no to each item.

Do not leave blank. If they do not have any cash income or non-cash benefits, check off the choice at the bottom of each column, indicating that they do not receive anything in that column.

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

11. What was the primary factor that contributed to...

PIT SURVEY – Question 11

Question 11 – CHECK ALL THAT APPLY

Be sure that the primary cause is selected.

Try to avoid the use of Other or Eviction solely.

11. What was the primary factor that contributed to or caused your current living situation?

(CHECK ALL THAT APPLY)

<input type="checkbox"/>	Loss or Reduction of Benefits	<input type="checkbox"/>	Eviction or at Risk of Eviction
<input type="checkbox"/>	Loss or Reduction of Job Income	<input type="checkbox"/>	Mental Illness
<input type="checkbox"/>	Physical Illness	<input type="checkbox"/>	Injury
<input type="checkbox"/>	Rent Increase/Insufficient Income	<input type="checkbox"/>	Household breakup/death in household
<input type="checkbox"/>	Foreclosure of Rented or Owned Property	<input type="checkbox"/>	Released from Prison/Jail
<input type="checkbox"/>	Substandard Housing	<input type="checkbox"/>	Asked to Leave Shared Residence
<input type="checkbox"/>	Relocation	<input type="checkbox"/>	Drug/Alcohol Abuse
<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	Released from Hospital	<input type="checkbox"/>	Impact of coronavirus (COVID-19)
<input type="checkbox"/>	Released from Psychiatric Facility	<input type="checkbox"/>	Other:

PIT SURVEY – Question 12 & 13

Question 12 – is their homelessness or housing crisis a result of COVID-19

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

Yes

No

Question 13 – how has COVID-19 impacted your current living situation – CHECK ALL THAT APPLY

coronavirus (COVID-19)? (CHECK ONE)

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

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

14. Would you, or anyone in your household like to receive any of the

PIT SURVEY – Question 14

Question 14 – What services do they need?
Check ALL that Apply

Most would at least need Housing

	Other:
--	--------

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

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

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

PIT SURVEY – Submission

Once completed, all data needs to be entered into the SurveyMonkey link. The link will be sent out as soon as its available.

Whether or not you choose to enter the data into the link, all paper surveys **MUST** be returned to Bobbin Paskell no later than Thursday, 2/3/22. You must indicate on the envelope/survey if the data was already entered online.

Scan and email (bobbin.paskell@co.middlesex.nj.us) or Fax (732-626-6200) – if you choose this option, you need to label each survey, front and back, so the pages can be collated properly when printed, i.e. Survey 1, page 1; Survey 1, page 2.

Drop off – Coming Home, 75 Bayard St, 2nd Floor, New Brunswick

Conclusion

Questions, comments, feedback?

Bobbin.Paskell@co.middlesex.nj.us

THANK YOU FOR YOUR HARD WORK
AND DEDICATION TO THE HOMELESS
IN MIDDLESEX COUNTY!