

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



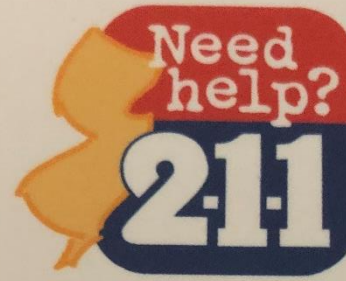
Need help?
211

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 or will be told that Coming Home will be calling them back, 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, added to shelter wait list, 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. (MCBSS facility is closed to the public. Client should apply online for welfare at www.mynjhelps.gov. If they already have welfare or SSI, they can call 732-317-0254).
- If not eligible for MCBSS, Coming Home will outreach to the client the next business day, will complete shelter pre-screening and/or refer for Diversion or other 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 – PAGE 1

The first page of the survey contains mandatory information for the completion of the survey. The questions in grey must be completed or the survey will not be accepted.

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

Pay attention to the instructions for each question at the top of each section.

You must either Check ALL that apply, OR Check ONLY ONE.


If you check more than 1, the survey will not be counted.

CODE	COUNTY	AGENCY	PROGRAM																								
NJ COUNTS 2023 POINT-IN-TIME SURVEY <small>When conducting the PIT survey, remember that you are asking for sensitive information. Be transparent. Let survey respondents know what you are doing and why. Explain that it is completely confidential. Have empathy and be kind.</small>																											
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PIT SURVEY – HEADER

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

For agencies and municipal/County programs, the Code and other fields will already be completed for you. You may just have to write in the name of your Program.

	CODE <input type="text"/>	COUNTY <input type="text"/>	AGENCY <input type="text"/>	PROGRAM <input type="text"/>		
NJ COUNTS 2023 POINT-IN-TIME SURVEY <i>When conducting the PIT survey, remember that you are asking for sensitive information. Be transparent. Let survey respondents know what you are doing and why. Explain that it is completely confidential. Have empathy and be kind.</i>				<small>QUESTIONS DENOTED IN GREY ARE CONSIDERED MANDATORY AND SHOULD BE COLLECTED</small> Have you already participated in the 2023 PIT Survey? (CIRCLE ONE) <table border="1"><tr><td>YES</td><td>NO</td></tr></table>	YES	NO
YES	NO					

You will also see guidance in the administration of the survey under the title.

On the right, you can ask if they have already participated in the survey. They may not be sure. Feel free to complete the survey either way. The system has a way of identifying and removing duplicates.

PIT SURVEY – Questions 1-9 (1st page)

The first page contains some 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.

PIT SURVEY – Question 1

Question 1 – What services do they need?
Check ALL that Apply

You can read all the choices since this question is “Check ALL” that apply.

Most would at least need Housing



When conducting the PIT survey, remember to be transparent. Let survey respondents know that the survey is completely confidential.

(1) Would you, or anyone in your household like to receive any of the following services? (CHECK ALL THAT APPLY) (3) 24

<input type="checkbox"/>	EMERGENCY SHELTER	<input type="checkbox"/>	HOUSING
<input type="checkbox"/>	SUBSTANCE ABUSE TREATMENT SERVICES	<input type="checkbox"/>	MENTAL HEALTH CARE
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<input type="checkbox"/>	FAMILY REUNIFICATION	<input type="checkbox"/>	VETERANS SERVICES
<input type="checkbox"/>	OTHER:		

(2) What issues have you encountered when trying to get

PIT SURVEY – Question 2

Question 2 – What barriers have they encountered when trying to get help?
Check ALL that Apply

You can read all the choices since this question is “Check ALL” that apply.

(2) What issues have you encountered when trying to get access to services? (CHECK ALL THAT APPLY)	
<input type="checkbox"/>	NO ID / DOCUMENTS
<input type="checkbox"/>	PLACED ON THE WAITLIST
<input type="checkbox"/>	LACK OF TRANSPORTATION
<input type="checkbox"/>	LANGUAGE BARRIERS
<input type="checkbox"/>	DID NOT QUALIFY FOR SPECIFIC SERVICES
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<input type="checkbox"/>	ISSUES MOVING OR RELOCATING BETWEEN COUNTIES
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<input type="checkbox"/>	ISSUES WITH COUNTY WELFARE AGENCY
<input type="checkbox"/>	OTHER:

PIT SURVEY – Question 3 - REQUIRED

Where did you spend the night of 1/24/23?

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 Family Shelter or Ozanam Men's Inn
- 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 (can only be Sanford Bates House or Garden State Homes)
- Transitional Housing for DV – we do not have this in Middlesex Cty
- 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

Survey respondents know what you are doing and why. Completely confidential. Have empathy and be kind.

Receive (3) Where did you spend the night of Tuesday, January 24th? (CHECK ONLY ONE)

	HOMELESS
	ON THE STREET, UNDER A BRIDGE, ABANDONED BUILDING, PUBLIC BUILDING, CAR, TRAVELING ON A BUS, OR CAMPING OUT
	EMERGENCY SHELTER
	CODE BLUE WARMING CENTER
	YOUTH SHELTER
	DOMESTIC VIOLENCE SHELTER
	TRANSITIONAL HOUSING
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	MEDICAL HOSPITAL
	SUBSTANCE ABUSE TREATMENT FACILITY
	OTHER:

PIT SURVEY – Question 4 - REQUIRED

Question 4 – pertains to Question 3 –
In what town did you spend the night
(on the night of 1/24/23) –

What town was the location identified
as the answer to Question 3?

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

(4) In what town did you spend the night?	
STATE	
COUNTY	
TOWN	
PROGRAM	
AGENCY	

PIT SURVEY – Question 5 & 6 - REQUIRED

Question 5 – also pertains to Question 3

How long have they been at the location identified in Q. 3?

Ques. 6 – In the last 12 months (so back to Jan. 2022), 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.

(5) How long have you been in your current living situation?					
	YEARS		MONTHS		DAYS
(6) During the past 12 months, how many months have you been:					
ON THE STREETS					
IN AN EMERGENCY SHELTER					
IN A SAFE HAVEN					

If the individual has not ever been in one of these locations in the last year, put 0 (zero) in each box for #6

PIT SURVEY – Question 7 - REQUIRED

Question 7 – 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

(7) How many separate times have you been on the street, in a shelter, or in a Safe Haven within the past 3 years? (pre 1/24/20)

MONTHS PER HOMELESS EPISODE			
EPISODE 1		EPISODE 6	
EPISODE 2		EPISODE 7	
EPISODE 3		EPISODE 8	
EPISODE 4		EPISODE 9	
EPISODE 5		EPISODE 10	

If the individual has not ever been in one of these locations in the last year, put 0 (zero) in Episode 1 box for #7

PIT SURVEY – Question 8

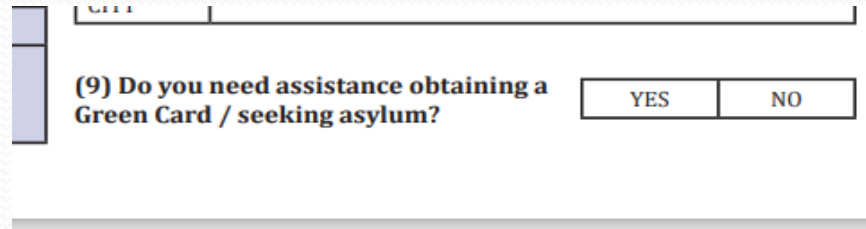
Last Permanent Address – often is not the same town in which the person stayed on the night of 1/24/23

EPISODE 5	EPISODE 10
(8) Where was your last permanent address before becoming homeless?	
COUNTRY	
STATE	
COUNTY	
CITY	

PIT SURVEY – Question 9

Question pertaining to the need for immigration/asylum assistance –
Remind them that the survey is anonymous and confidential. The results can not be tied back to them directly.

If they would like assistance, you can take their information if they wish to be able follow up with them with appropriate referrals.



The screenshot shows a survey question interface. On the left, there is a vertical purple bar. To its right, the question text is displayed: "(9) Do you need assistance obtaining a Green Card / seeking asylum?". To the right of the question text are two rectangular buttons labeled "YES" and "NO". Above the question text, there is a horizontal line with a small "1" in a box on the left, likely indicating a question number or a progress indicator.

PIT SURVEY – PAGE 2

The second page of the survey also contains mandatory information for the completion of the survey. The questions in grey must be completed or the survey will not be accepted.

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

Pay attention to the Codes available at the top to complete the demographic section. These are also on the Abbreviation document.


The grey Household Info section must be completed in full.

NJ COUNTS 2023 POINT-IN-TIME SURVEY																			
RELATIONSHIP TO HEAD OF HOUSEHOLD				GENDER				RACE / ETHNICITY											
PLEASE LIST EVERY MEMBER OF HOUSEHOLD BY THEIR RELATIONSHIP TO THE RESPONDENT USING ONE OF THE FOLLOWING ANSWERS:				PLEASE LIST THE PREFERRED IDENTIFICATION BELOW:				PLEASE WRITE IN ALL OPTIONS THAT THE RESPONDENT IDENTIFIES HIMSELF/HIMSELF OR ANY HOUSEHOLD MEMBER AS:											
• SELF	• CHILD	• SIBLING	• FRIEND	• M - MALE	• NB - NON-BINARY	• F - FEMALE	• Q - QUESTIONING	• AI - AMERICAN INDIAN / ALASKA NATIVE / INDIGENOUS	• PI - PACIFIC ISLANDER / NATIVE HAWAIIAN	• H - HISPANIC/LATINO	• WM - WHITE	• B - BLACK / AFRICAN-AMERICAN / AFRICAN	• AS - ASIAN / ASIAN AMERICAN						
• PARENT	• SPOUSE	• RELATIVE	• UNKNOWN	• T - TRANSGENDER	• O - OTHER														
HOUSEHOLD INFORMATION																			
(10) Who was homeless with you on the night of January 24th?																			
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	RACE / ETHNICITY	MENTAL HEALTH ISSUES	SUBSTANCE ABUSE	PHYSICAL DISABILITY	DEVELOPMENTAL DISABILITY	CHRONIC HEALTH CONDITION	HW / AIDS	FLEEING DOMESTIC VIOLENCE	SERVED IN ARMED FORCES / VETERAN	NONE APPLY			
1	SELF																		
2																			
3																			
4																			
5																			
6																			
7																			
8																			
(11) Which of the following do you, or anyone in your household receive? (CHECK ALL THAT APPLY)																			
SOURCES OF INCOME				NON-CASH BENEFITS															
SSI	ALIMONY	MEDICAID		TANF-FUNDED SERVICES (Child Care, Transportation or Other)															
SSDI	CHILD SUPPORT	MEDICARE																	
TANF	VETERAN'S PENSION	FOOD STAMPS / SNAP		SECTION B / PUBLIC HOUSING / ONGOING RENTAL ASSISTANCE															
GENERAL/PUBLIC ASSISTANCE/WELFARE	TEMPORARY STATE DISABILITY	STATE CHILDREN'S HEALTH INSURANCE / FAMILY CARE																	
UNEMPLOYMENT	SOCIAL SECURITY	STATE HEALTH INSURANCE FOR ADULTS		OTHER:															
PRIVATE DISABILITY INSURANCE	OTHER:	INDIAN HEALTH INSURANCE																	
WORK INCOME / WAGE		VA MEDICAL BENEFITS		OTHER:															
WORKER'S COMPENSATION	NO SOURCE OF INCOME	WIC / SPECIAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN																	
				RECEIVING NO GOVERNMENT BENEFITS															
(12) What was the primary factor that contributed to or caused your current living situation? (CHECK ALL THAT APPLY)																			
LOSS OR REDUCTION OF BENEFITS								EVICTION OR AT RISK OF EVICTION											
LOSS OR REDUCTION OF JOB INCOME								MENTAL ILLNESS											
PHYSICAL ILLNESS								INJURY AND/OR TRAUMA											
RENT INCREASE / INSUFFICIENT INCOME								HOUSEHOLD BREAKUP / DEATH IN HOUSEHOLD											
FORECLOSURE OF RENTED OR OWNED PROPERTY								RELEASED FROM PRISON / JAIL											
SUBSTANDARD HOUSING (INCLUDING ISSUES WITH MOLD, COCKROACHES, BED BUGS, ETC.)								ASKED TO LEAVE SHARED RESIDENCE											
RELOCATION								DRUG / ALCOHOL ABUSE											
DOMESTIC VIOLENCE								NATURAL DISASTER											
RELEASED FROM HOSPITAL								IMPACT OF CORONAVIRUS (COVID-19)											
RELEASED FROM PSYCHIATRIC FACILITY								SEXUAL ORIENTATION											
OTHER:																			

Thank you for participating in the 2023 Point-in-Time survey!

PIT SURVEY – Question 10

Demographics and characteristics of family members – list all family members



NJ COUNTS 2023 POINT-IN-TIME SURVEY

RELATIONSHIP TO HEAD OF HOUSEHOLD
PLEASE LIST EVERY MEMBER OF HOUSEHOLD BY THEIR RELATIONSHIP TO THE RESPONDENT USING ONE OF THE FOLLOWING ANSWERS.

• SELF • CHILD • SIBLING • FRIEND
• PARENT • SPOUSE • RELATIVE • UNKNOWN

GENDER
PLEASE LIST THE PREFERRED IDENTIFICATION BELOW:

• M - MALE • NB - NON-BINARY
• F - FEMALE • Q - QUESTIONING
• T - TRANSGENDER • O - OTHER

RACE / ETHNICITY
PLEASE WRITE IN ALL OPTIONS THAT THE RESPONDENT IDENTIFIES HIMSELF/HERSELF OR ANY HOUSEHOLD MEMBER AS

• AI - AMERICAN INDIAN / ALASKA NATIVE / INDIGENOUS • PI - PACIFIC ISLANDER / NATIVE HAWAIIAN • H - HISPANIC/LATINO
• B - BLACK / AFRICAN-AMERICAN / AFRICAN • AS - ASIAN / ASIAN AMERICAN • WH - WHITE

HOUSEHOLD INFORMATION																
(10) Who was homeless with you on the night of January 24th?																
DEMOGRAPHIC INFORMATION								HOUSEHOLD CHARACTERISTICS (CHECK ALL THAT APPLY TO EACH PERSON)								
								DISABLING CONDITION						SUB-POPULATION		NONE APPLY
	RELATIONSHIP TO HEAD OF HOUSEHOLD	FIRST INITIAL	MIDDLE INITIAL	FIRST 2 LETTERS OF LAST NAME	AGE	GENDER	RACE / ETHNICITY	MENTAL HEALTH ISSUES	SUBSTANCE ABUSE	PHYSICAL DISABILITY	DEVELOP- MENTAL 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 10

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



NJ COUNTS 2023 PIT

RELATIONSHIP TO HEAD OF HOUSEHOLD
PLEASE LIST EVERY MEMBER OF HOUSEHOLD BY THEIR RELATIONSHIP TO THE RESPONDENT
USING ONE OF THE FOLLOWING ANSWERS.

- SELF
- CHILD
- SIBLING
- FRIEND
- PARENT
- SPOUSE
- RELATIVE
- UNKNOWN

GENDER
PLEASE LIST THE PREFERRED IDENTIFICATION BELOW

- M - MALE
- F - FEMALE
- T - TRANSGENDER
- NB - NON-BINARY
- Q - QUESTIONING
- O - OTHER

HOUSEHOLD IN

(10) Who was homeless with you

DEMOGRAPHIC INFORMATION

	RELATIONSHIP TO HEAD OF HOUSEHOLD	FIRST INITIAL	MIDDLE INITIAL	FIRST 2 LETTERS OF LAST NAME	AGE	GENDER	RACE / ETHNICITY
1	SELF						
2							
3							
4							
5							
6							
7							
8							

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

PIT SURVEY – Question 10


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

Ethnicity – either Hispanic or Not Hispanic



NJ COUNTS 2023 PIT

RELATIONSHIP TO HEAD OF HOUSEHOLD
PLEASE LIST EVERY MEMBER OF HOUSEHOLD BY THEIR RELATIONSHIP TO THE RESPONDENT
USING ONE OF THE FOLLOWING ANSWERS.

- SELF
- CHILD
- SIBLING
- FRIEND
- PARENT
- SPOUSE
- RELATIVE
- UNKNOWN

GENDER
PLEASE LIST THE PREFERRED IDENTIFICATION BELOW

- M - MALE
- F - FEMALE
- T - TRANSGENDER
- NB - NON-BINARY
- Q - QUESTIONING
- O - OTHER

HOUSEHOLD INFORMATION

(10) Who was homeless with you

DEMOGRAPHIC INFORMATION

	RELATIONSHIP TO HEAD OF HOUSEHOLD	FIRST INITIAL	MIDDLE INITIAL	FIRST 2 LETTERS OF LAST NAME	AGE	GENDER	RACE / ETHNICITY
1	SELF						
2							
3							
4							
5							
6							
7							
8							

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

PIT SURVEY – Question 10

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.

[illegible]

PIT SURVEY – Question 11

Question 11 – 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.

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

SOURCES OF INCOME		NON-CASH BENEFITS	
SSI	ALIMONY	MEDICAID	TANF-FUNDED SERVICES (Child Care, Transportation or Other)
SSDI	CHILD SUPPORT	MEDICARE	
TANF	VETERAN'S PENSION	FOOD STAMPS / SNAP	
GENERAL/PUBLIC ASSISTANCE/WELFARE	TEMPORARY STATE DISABILITY	STATE CHILDREN'S HEALTH INSURANCE / FAMILY CARE	SECTION 8 / PUBLIC HOUSING / ONGOING RENTAL ASSISTANCE
UNEMPLOYMENT	SOCIAL SECURITY	STATE HEALTH INSURANCE FOR ADULTS	
PRIVATE DISABILITY INSURANCE	OTHER:	INDIAN HEALTH INSURANCE	OTHER:
WORK INCOME / WAGE	NO SOURCE OF INCOME	VA MEDICAL BENEFITS	
WORKER'S COMPENSATION		WIC / SPECIAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN	RECEIVING NO GOVERNMENT BENEFITS

Use the Quick Reference guide for definitions of each item. *Put Survivor's Benefits under Social Security, if applicable.*

PIT SURVEY – Question 12

Question 12 – CHECK ALL THAT APPLY

Be sure that the primary cause is selected.

Try to avoid the use of Other or Eviction solely.

(12) 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"/>	EVICTED 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 AND/OR TRAUMA
<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 (INCLUDING ISSUES WITH MOLD, COCKROACHES, BED BUGS, ETC.)	<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"/>	SEXUAL ORIENTATION
<input type="checkbox"/>	OTHER:		

Thank you for participating in the 2023 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, 2/2/23. 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!