

CODE _____ COUNTY _____ AGENCY _____ PROGRAM _____

NJ COUNTS 2026 POINT-IN-TIME SURVEY

*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.*

QUESTIONS DENOTED IN GREY ARE CONSIDERED MANDATORY AND SHOULD BE COLLECTED

Have you already participated in the 2026 PIT Survey? (CIRCLE ONE)

YES

NO

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

	SHELTER/HOUSING		ASSISTANCE OBTAINING ID
	SUBSTANCE ABUSE TREATMENT SERVICES		LEGAL SERVICES
	FINANCIAL ASSISTANCE FOR SECURITY DEPOSITS/HOUSING/ UTILITIES		EMPLOYMENT ASSISTANCE/EDUCATIONAL TRAINING
	MENTAL HEALTH CARE		VETERANS SERVICES
	GENERAL HEALTH CARE		FAMILY REUNIFICATION
	DOMESTIC VIOLENCE SERVICES		OTHER:
	EMERGENCY FOOD OR MEAL ASSISTANCE		

(2) What issues have you encountered when trying to get access to services? (CHECK ALL THAT APPLY)

	NO ID/DOCUMENTS
	PLACED ON THE WAITLIST
	LACK OF TRANSPOTATION
	LANGUAGE BARRIERS
	DID NOT QUALIFY FOR SPECIFIC SERVICES
	PREMATURELY DISCHARGED FROM PROGRAM/SERVICES
	ISSUES MOVING OR RELOCATING BETWEEN COUNTIES
	LIMITED SERVICES BECAUSE OF AGE
	NO PHYSICAL MAILING ADDRESS
	ISSUES WITH CLEANLINESS IN PROGRAM (MOLD, COCKROACHES, BED BUGS, ETC.)
	ISSUES WITH COUNTY WELFARE AGENCY
	OTHER:

(3) Where did you spend the night of Tuesday, January 27th? (CHECK ONLY ONE)

HOMELESS	
	ON THE STREET
	ABANDONED BUILDING
	SLEEPING IN CAR
	CAMPING OUTSIDE/ENCAMPMENT
	EMERGENCY SHELTER
	CODE BLUE WARMING CENTER
	DOMESTIC VIOLENCE SHELTER
	TRANSITIONAL HOUSING
	HOTEL / MOTEL PAID FOR BY AGENCY
	SAFE HAVEN
PERMANENT HOUSING / AT RISK	
	HOTEL / MOTEL YOU PAID FOR
	APARTMENT PAID FOR WITH TEMPORARY RENTAL ASSISTANCE FROM THE BOARD OF SOCIAL SERVICES
	PERMANENT HOUSING
	STAYING WITH FRIENDS OR FAMILY
	FARM LABOR HOUSING
INSTITUTION	
	PSYCHIATRIC OR MEDICAL HOSPITAL/FACILITY
	JAIL / PRISON / JUVENILE DETENTION CENTER
	LONG-TERM CARE FACILITY / NURSING HOME / REHAB
	FOSTER CARE HOME / FOSTER CARE GROUP HOME
	SUBSTANCE ABUSE TREATMENT FACILITY
	OTHER:

(4) In what town did you spend the night?

STATE	
COUNTY	
TOWN	
PROGRAM	
AGENCY	

(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:

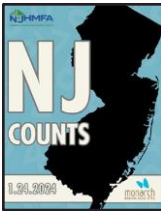
ON THE STREETS	
IN AN EMERGENCY SHELTER	
IN A SAFE HAVEN	

(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 1/27/26)

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

(8) Where was your last permanent address before becoming homeless?

COUNTRY	
STATE	
COUNTY	
CITY	



NJ COUNTS 2026 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** - MAN (BOY IF CHILD)
- **W** - WOMAN (GIRL IF CHILD)
- **T** - TRANSGENDER
- **CSI** - CULTURALLY-SPECIFIC IDENTITY
- **NB** - NON-BINARY
- **Q** - QUESTIONING

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

- **AI** - AMERICAN INDIAN/ALASKA NATIVE/INDIGENOUS
- **B** - BLACK/AFRICAN-AMERICAN/AFRICAN
- **PI** - PACIFIC ISLANDER/NATIVE HAWAIIAN
- **AS** - ASIAN/ASIAN AMERICAN
- **H** - HISPANIC/LATINA/E/O
- **WH** - WHITE
- **MENA** - MIDDLE EASTERN/NORTH AFRICAN

HOUSEHOLD INFORMATION

(9) Who was homeless with you on the night of January 27th?

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																

(10) 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		NO SOURCE OF INCOME		INDIAN HEALTH INSURANCE		RECEIVING NO GOVERNMENT BENEFITS
	WORK INCOME / WAGE		OTHER:		VA MEDICAL BENEFITS		
	WORKER'S COMPENSATION					WIC / SPECIAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN	

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

	LOSS OR REDUCTION OF BENEFITS		EVICTED 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:		