2025 MN Point-in-Time Count – January 22, 2025

Institute for Community Alliances

SURVEYOR INFORMATION					
Surveyor name:		Phone:		Email:	
Continuum of Care:		County:		Agency/team:	
Specific location of survey:					
School district: **[School-based surveys only]**					

[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?	☐ Yes ☐ 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?	☐ Yes **[END THE SURVEY]** ☐ No

Where did you/will you sleep on Wednesday night (January 22nd, 2025)?

UNSHELTERED:
- ☐ Abandoned building/house without utilities
- ☐ Bridge/overpass/railroad
- ☐ Bus/light rail/train
- ☐ Doorway/skyway
- ☐ Park
- ☐ Private property (storage, barn, fish house)
- ☐ Street or sidewalk
- ☐ Vehicle (car, truck, van, camper)
- ☐ Woods/caves/open space
- ☐ Restaurant/laundromat
- ☐ Up all night walking
- ☐ Other (Unsheltered)

SHELTERED: Include name of agency
- ☐ Emergency shelter - _____
- ☐ Motel/hotel with voucher -_____
- ☐ Transitional housing - _____

Doubled-Up:
- ☐ Couch-hopping/Temporarily staying with family or friends

Other:
- ☐ Hospital, jail, or treatment program **[IF SELECTED, END SURVEY]**

[All other selections, continue survey]

In which **county** did you/will you stay on Wednesday night (January 22nd, 2025)?	
In which **city** did you/will you stay on Wednesday night (January 22nd, 2025)?	

What are the first three letters of your **first** name? And **last** name?	First: ____ ____ ____ Last: ____ ____ ____	**Household ID [Surveyor input here]:**	_____- _____- _____

How old are you?		Will anyone/did anyone stay with you tonight/that night?	☐ Yes **[Go to the next question]** ☐ 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.]**	
[If everyone is age 24 or younger, then ask:] Including yourself, how many are the parent or legal guardian of a child in your household?	____ # of Parents Age 18-24 currently ____ # of Parents Age 17 and younger currently

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Demographics	
How do you identify your gender? **Select all that apply.**	How do you identify your race/ethnicity? **Select all that apply**.
☐ Woman (Girl, if child) ☐ Man (Boy, if child) ☐ Culturally specific gender ☐ Transgender ☐ Non-Binary ☐ Questioning ☐ Different Identity ☐ Don't Know/Prefers not to answer	☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African ☐ Hispanic/Latina/e/o ☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Don't Know/Prefers not to answer
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 ☐ Lower Sioux Indian Community in the State of Minnesota ☐ Mdewakanton Sioux Indians ☐ Minnesota Chippewa Tribe - Bois Forte ☐ Minnesota Chippewa Tribe - Fond du Lac ☐ Minnesota Chippewa Tribe - Grand Portage ☐ Minnesota Chippewa Tribe - Leech Lake ☐ Minnesota Chippewa Tribe - Mille Lacs Band ☐ Minnesota Chippewa Tribe - White Earth ☐ Prairie Island Indian Community in the State of Minesota ☐ Red Lake Band of Chippewa Indians ☐ Shakopee Mdewakanton Sioux Community of Minnesota ☐ Upper Sioux Community ☐ Other

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?	☐ Yes ☐ No ☐ Don't know/prefers not to answer
Is this the first time you've been homeless – *like in a shelter or staying outside?*	☐ Yes **[SKIP to Veteran section]** ☐ No ☐ Don't know/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*?	☐ Yes ☐ No **[SKIP to Veteran section]** ☐ Don't know/prefers not to answer
If yes, do these times, *added together*, amount to a year or more?	☐ Yes ☐ No ☐ Don't know/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, Space Force, and Coast Guard?	☐ Yes ☐ No ☐ Don't know/prefers not to answer
Have you joined the Homeless Veterans Registry?	☐ Yes ☐ No ☐ Don't know/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.	

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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?* **[Pause. Proceed with questions if consent is granted.]**	
Are you, or have you been, a victim/survivor of domestic violence? **[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?	☐ Yes ☐ No ☐ Don't know/prefers not to answer
Are you currently fleeing a domestic violence situation?	☐ Yes ☐ No ☐ Don't know /prefers not to answer
Now I'm going to ask about your health. Do any of the following apply to you? **[Select 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.

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

[If there are additional household members, CONTINUE BELOW]

Additional Family Members (All ages)			
	Household Member 2:	**Household Member 3:**	**Household Member 4:**
Household ID [must match first page of survey]:	_____- _____- _____		
Will you/did you also stay in a shelter or outside Wednesday night (January 22nd, 2025)? **[or in same location as first respondent if staying with family or friends]**	☐Yes ☐No **[END SURVEY]**	☐Yes ☐No **[END SURVEY]**	☐Yes ☐No **[END SURVEY]**
Can I ask you a few additional questions?	☐Yes ☐No **[END SURVEY]**	☐Yes ☐No **[END SURVEY]**	☐Yes ☐No **[END SURVEY]**
What are the first three letters of your first and last names?	First: ____ ____ ____ Last: ____ ____ ____	First: ____ ____ ____ Last: ____ ____ ____	First: ____ ____ ____ Last: ____ ____ ____
How old are you?			
How do you identify your gender? **Select all that apply.**	☐ Woman (Girl, if child) ☐ Man (Boy, if child) ☐ Culturally specific gender ☐ Transgender ☐ Non-Binary ☐ Questioning ☐ Different Identity ☐ DK/prefers not to answer	☐ Woman (Girl, if child) ☐ Man (Boy, if child) ☐ Culturally specific gender ☐ Transgender ☐ Non-Binary ☐ Questioning ☐ Different Identity ☐ DK/prefers not to answer	☐ Woman (Girl, if child) ☐ Man (Boy, if child) ☐ Culturally specific gender ☐ Transgender ☐ Non-Binary ☐ Questioning ☐ Different Identity ☐ DK/prefers not to answer

	Household Member 2:	Household Member 3:	Household Member 4:
How do you identify your race/ethnicity? **Select all that apply.**	☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African ☐ Hispanic/Latina/e/o ☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White ☐ DK/prefers not to answer	☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African ☐ Hispanic/Latina/e/o ☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White ☐ DK/prefers not to answer	☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African ☐ Hispanic/Latina/e/o ☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White ☐ DK/prefers not to answer
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 ☐ Lower Sioux Indian Community in the State of Minnesota ☐ Mdewakanton Sioux Indians ☐ Minnesota Chippewa Tribe – Bois Forte ☐ Minnesota Chippewa Tribe – Fond du Lac ☐ Minnesota Chippewa Tribe – Grand Portage ☐ Minnesota Chippewa Tribe – Leech Lake ☐ Minnesota Chippewa Tribe – Mille Lacs Band ☐ Minnesota Chippewa Tribe – White Earth ☐ Prairie Island Indian Community in the State of Minnesota ☐ Red Lake Band of Chippewa Indians ☐ Shakopee Mdewakanton Sioux Community of Minnesota ☐ Upper Sioux Community ☐ Other	☐ Not an enrolled member of any tribe ☐ Lower Sioux Indian Community in the State of Minnesota ☐ Mdewakanton Sioux Indians ☐ Minnesota Chippewa Tribe – Bois Forte ☐ Minnesota Chippewa Tribe – Fond du Lac ☐ Minnesota Chippewa Tribe – Grand Portage ☐ Minnesota Chippewa Tribe – Leech Lake ☐ Minnesota Chippewa Tribe – Mille Lacs Band ☐ Minnesota Chippewa Tribe – White Earth ☐ Prairie Island Indian Community in the State of Minnesota ☐ Red Lake Band of Chippewa Indians ☐ Shakopee Mdewakanton Sioux Community of Minnesota ☐ Upper Sioux Community ☐ Other	☐ Not an enrolled member of any tribe ☐ Lower Sioux Indian Community in the State of Minnesota ☐ Mdewakanton Sioux Indians ☐ Minnesota Chippewa Tribe – Bois Forte ☐ Minnesota Chippewa Tribe – Fond du Lac ☐ Minnesota Chippewa Tribe – Grand Portage ☐ Minnesota Chippewa Tribe – Leech Lake ☐ Minnesota Chippewa Tribe – Mille Lacs Band ☐ Minnesota Chippewa Tribe – White Earth ☐ Prairie Island Indian Community in the State of Minnesota ☐ Red Lake Band of Chippewa Indians ☐ Shakopee Mdewakanton Sioux Community of Minnesota ☐ Upper Sioux Community ☐ Other

If all additional family members were under 18, STOP SURVEY HERE. If any are 18+, continue.

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?	☐ Yes ☐ No ☐ DK/prefers not to answer	☐ Yes ☐ No ☐ DK/prefers not to answer	☐ Yes ☐ No ☐ DK/prefers not to answer
Is this the first time you've been *homeless – like in a shelter or staying outside?*	☐ Yes **[SKIP to Veteran section]** ☐ No	☐ Yes **[SKIP to Veteran section]** ☐ No	☐ Yes **[SKIP to Veteran section]** ☐ No
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*?	☐ Yes ☐ No **[SKIP to Veteran section]**	☐ Yes ☐ No **[SKIP to Veteran section]**	☐ Yes ☐ No **[SKIP to Veteran section]**
[If yes] Do these times, added together, amount to a year or more?	☐ Yes ☐ No ☐ DK/prefers not to answer	☐ Yes ☐ No ☐ DK/prefers not to answer	☐ Yes ☐ No ☐ 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, Space Force and Coast Guard?	☐ Yes ☐ No ☐ DK/prefers not to answer	☐Yes ☐No ☐ DK/prefers not to answer	☐Yes ☐No ☐ 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? **[Pause. Proceed with questions if consent granted.]**			
	Household Member 2:	**Household Member 3:**	**Household Member 4:**
Are you, or have you been, a victim/survivor of domestic violence?	☐ Yes ☐ No ☐ DK/prefers not to answer	☐ Yes ☐ No ☐ DK/prefers not to answer	☐ Yes ☐ No ☐ DK/prefers not to answer
Are you currently fleeing a domestic violence situation?	☐ Yes ☐ No ☐ DK/prefers not to answer	☐ Yes ☐ No ☐ DK/prefers not to answer	☐ Yes ☐ No ☐ DK/prefers not to answer
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	☐ 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	☐ 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.

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