



2023 Unsheltered Observation

Location: _____	City/County: _____
Interviewer: _____	Date: _____ Time: _____ AM/PM

1. Please indicate why you are using the observation tool:

- Unable to enter a site
- Unable to conduct an interview survey (person declined to answer questions or other communication barrier)
Please specify: _____
- Person is sleeping

2. Total people observed: _____

(USE SEPARATE OBSERVATION FORMS FOR EACH SEPARATE GROUP)

a. Adults: _____ b. Children: _____ c. Not sure if Adult/Child: _____

COMPLETE THE FOLLOWING INFORMATION FOR PERSON/GROUP.

	Person 1	Person 2	Person 3
3. Location where observed <i>Example: northwest corner of 1st Avenue and Main Street</i>			
4. Is this person <u>homeless</u>? How certain are you that the person meets HUD's criteria of staying in a place not meant for human habitation (e.g., tent, vehicle, park bench, etc.)?	<input type="checkbox"/> Definitely <input type="checkbox"/> Possibly <input type="checkbox"/> Not sure	<input type="checkbox"/> Definitely <input type="checkbox"/> Possibly <input type="checkbox"/> Not sure	<input type="checkbox"/> Definitely <input type="checkbox"/> Possibly <input type="checkbox"/> Not sure
a. Please explain:			
5. What is this person's <u>age</u>?	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> Not sure	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> Not sure	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> Not sure
6. What is this person's <u>sex</u>?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not sure	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not sure	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not sure

	Person 1	Person 2	Person 3
<p>7. What is this person's race? <i>[SELECT ALL THAT APPLY]</i></p>	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Please specify → _____ <input type="checkbox"/> Not sure	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Please specify → _____ <input type="checkbox"/> Not sure	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Please specify → _____ <input type="checkbox"/> Not sure
<p>8. What is this person's ethnicity?</p>	<input type="checkbox"/> Hispanic/ Latin(a)(o)(x) <input type="checkbox"/> Non-Hispanic / Non-Latin(a)(o)(x) <input type="checkbox"/> Not sure	<input type="checkbox"/> Hispanic/ Latin(a)(o)(x) <input type="checkbox"/> non-Hispanic / non-Latin(a)(o)(x) <input type="checkbox"/> Not sure	<input type="checkbox"/> Hispanic/ Latin(a)(o)(x) <input type="checkbox"/> non-Hispanic / non-Latin(a)(o)(x) <input type="checkbox"/> Not sure
<p>9. <u>Other information</u> or identifying characteristics</p> <p>If possible, please include:</p> <ul style="list-style-type: none"> • Clothing (hats, accessories, any military or other emblems) • Other physical characteristics or conditions like tattoos, scars, braces, casts, etc. • Animals in group • If person is in vehicle, what is the make, model, license plate #, color, major dents/flaws, etc. 			

