

Missouri Balance of State Continuum of Care Unsheltered Point in Time Count Form

Purpose: To document the total number of unsheltered homeless in the designated county.

Instructions: Complete this form for each unsheltered homeless individual or family unit identified on this date:
July 15, 2008
Questions? Call Heather Bradley-Geary at 816.759.7201 or email to hgeary@mhdc.com

Name of Agency: _____ Contact Person: _____

Location: _____ Telephone #: (____) _____ - _____
(City) (County)

1. Is this person: A single individual Part of a family unit -- Number of Adults _____
Number of Children _____

2. What are the first three letters of the individual or head of household's last name (leave blank if this is not known): _____

3. How old is the individual or head of household (leave blank if this is not known): _____ years

4. What is the gender of the individual or head of household: Male Female

5. Where was this unsheltered homeless individual or family living on July 15, 2008?
 Car Street Abandoned Building Park Campground Doubled-Up
 Other (explain): _____

6. How many days has this individual or family been homeless? _____ days
Is this the first time homeless? No Yes Unknown
If no, how many times homeless during past year? _____
How many times homeless during last three years? _____

7. What factors contributed to being homeless (check all that apply)?
 Unemployment Under-employment/Low Wages Divorce Natural Disaster
 Domestic Violence Eviction/Foreclosure Illness Unknown
 Other (explain): _____

8. What services did you provide this individual or family (check all that apply)?
 No services Counseling Job Training Transportation
 Food Medical Attention Clothing
 Other (explain): _____

9. Does the individual or HoH have or appear to have a:
 Physical disability Alcohol/Substance Abuse Mental illness None Unknown
 Other (explain): _____

(Please note if family members other than HoH have any of the above)

10. Has the individual, head of household, or anyone else in the family ever served in the Military? Yes No Unknown
If yes, is there more than one veteran in this family? Yes No If yes, how many? _____

Comments/Unique Identifiers? _____

