

## 2023 PIT Aggregate Tool Data Collection Form

This survey asks about people served by your Emergency Shelter (ES) (this includes motel vouchers and domestic violence agencies) and/or Transitional Housing (TH) programs (dedicated to persons who are homeless) on the Point-in-Time (PIT) Night of January 25, 2023. Only complete this form if your project does not participate in HMIS and you are not using PIT Short or Long surveys for individual clients. If your project participates in HMIS or if PIT surveys have been completed, DO NOT complete this form.

The following information and the instruction guide will help you complete this form correctly. Please read the following instructions and reach out to your CoC if you have any questions.

This form is organized by the following 3 household types:

### Adult (18+) and Children (<18) Households (aka: Families)

- This could be families with at least one parent and one child
- This could be groups with at least an adult and a minor who don't share a parent-child relationship

### Adults (18+) Only Households (aka: Singles)

- This could be one single adult
- This could be a group of single adults
- This could be a couple without children and both individuals are over 18

### Children (<18) Only Households

- This could be one single person under 18
- This could be a group of persons under 18
- This could be a couple without children and both individuals are under 18
- This could be a couple with children under 18 and both individuals are under 18

Each household type section contains questions about demographic information and the number of people served by your program for that household type. In addition, information about the following sub-population categories may be asked:

- Veterans
- Unaccompanied Youth
- Parenting Youth
- Chronic status
- Mental Health Disorder
- Substance Use Disorder
- HIV/AIDS
- Survivors of Domestic Violence

Some of the questions apply only to **adults**, only to **parents**, or only to **veterans** in the households, while some of the questions apply to **all household members**. Pay close attention to the question to determine who the question is asking about.

You only need to complete the questions for the household type(s) that your program serves. However, you must answer all questions for the household type before advancing in the form. If there are questions that don't apply to your program, please enter 0.

If your agency operates multiple ES and/or TH programs, please submit a form for each one. If you only have one ES or TH program, you just need to submit one form. If your ES and/or TH program(s) did not serve any client on the PIT night, answer "No" to "Did your program serve clients on the night of the Point in Time Count (PIT)?" and end the survey.

Proceed to begin the Aggregate Data Collection Form!

1. Agency/Shelter Program Name

2. What type of shelter program is this? (Choose one option Only)

- Emergency Shelter  
 Transitional Housing

3. Continuum of Care (CoC) of Operation

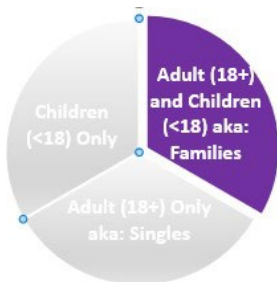
- |  |   |
|--|---|
| <input type="checkbox"/> Hennepin CoC (HCC)        | <input type="checkbox"/> Northwest CoC (NWC)                  |
| <input type="checkbox"/> Ramsey CoC (RCC)          | <input type="checkbox"/> West Central CoC (WCC)               |
| <input type="checkbox"/> Southeast CoC (SEC)       | <input type="checkbox"/> St. Louis CoC (SLC)                  |
| <input type="checkbox"/> Suburban Metro CoC (SMAC) | <input type="checkbox"/> Southwest (SWC)                      |
| <input type="checkbox"/> Northeast CoC (NEC)       | <input type="checkbox"/> Minnesota Tribal Collaborative (MTC) |
| <input type="checkbox"/> Central CoC (CNC)         |   |

4. Which county were clients served in?

5. Did your program serve clients on the night of the Point-in-Time Count (PIT)?

- Yes (Continue the form)  
 No (END the form)

Household Type I: Adult (18+) and Children (<18) Households (aka: Families)



The following questions will collect information about persons in adult (18+) and children (<18) households.

- This could be families with at least one parent and one child
- This could be groups with at least an adult and a minor who don't share a parent-child relationship

Note: This household type includes parenting youth/youth parent families where the parent is 18-24

1. Did your program serve clients for this household type on the night of the Point-in-Time Count (PIT)?

- Yes (Continue to the next question)  
 No (Skip to the next Household type)

2. How many people were served for this household type in each of the following age categories?

- |  |  |
|--|--|
| <input type="text"/> # of persons under age 18 | <input type="text"/> # of persons 45-54        |
| <input type="text"/> # of persons 18-24        | <input type="text"/> # of persons 55-64        |
| <input type="text"/> # of persons 25-34        | <input type="text"/> # of persons 65 and older |
| <input type="text"/> # of persons 35-44        |  |

3. How many total people were served? (This should be the sum of the counts from the previous question)

# of persons

**4. How many total households were served?**

# of households

**5. How many people were chronically homeless?**

# of persons

**6. How many households were chronically homeless?**

# of households

**7. Gender – Of the total number of people served for this household type, how many were...**

# of Female

# of Transgender

# of Male

# of Questioning

# of A gender other than singularly 'Female' or 'Male' (e.g. non-binary, genderfluid, agender, culturally specific gender)

**8. Ethnicity – Of the total number of people served for this household type, how many were...**

# of Non-Hispanic/Latin(o)(a)(x)

# of Hispanic/Latin(o)(a)(x)

**9. Race – Of the total number of people served for this household type, how many were...**

# of White

# of American Indian, Alaska Native, or Indigenous

# of Asian or Asian American

# of Native Hawaiian or Pacific Islander

# of Black, African American or African

# of Multiple Races

**10. Of the Adults (18+) served for this household type, how many...**

# Had a serious mental illness

# Were a survivor of domestic violence

# Had a substance abuse disorder

# Had HIV/AIDS

**11. Of the Adult and Children households served, did your program serve any veteran households?**

Yes (Continue to the next question)

No (Skip to the parenting youth section for this household type)

**12. How many total adult (18+) veterans?**

# of persons

**13. How many veteran households were served? (Note: Veteran households are households where at least one member identifies as a veteran)**

# of households

**14. How many total people are in veteran households?**

# of persons

15. How many chronically homeless veteran households?

# of households

16. How many chronically homeless people are in veteran households?

# of persons

17. Gender – Of the total number of veterans served for this household type, how many *veterans* were...

# of Female

# of Transgender

# of Male

# of Questioning

# of A gender other than singularly 'Female' or 'Male' (e.g. non-binary, genderfluid, agender, culturally specific gender)

18. Ethnicity – Of the total number of veterans served for this household type, how many *veterans* were...

# of Non-Hispanic/Latin(o)(a)(x)

# of Hispanic/Latin(o)(a)(x)

19. Race – Of the total number of veterans served for this household type, how many *veterans* were...

# of White

# of American Indian, Alaska Native, or Indigenous

# of Asian or Asian American

# of Native Hawaiian or Pacific Islander

# of Black, African American or African

# of Multiple Races

20. Of the Adult and Children households served on the night of the Point-in-Time Count (PIT), did your program serve any households with parenting youth/youth parents (Age 18-24)?

Yes (Continue to the next question)

No (Skip to the next household type)

21. How many total people are in parenting youth (18-24) households?

# of persons

22. How many total people (18-24) identify as the parent or guardian (Parenting youth/Youth Parent) of one or more children in the household?

# of persons

23. How many total households have parents 18-24?

# of households

24. How many total children (under 18) are with a parent or guardian aged 18-24?

# of persons

25. How many chronically homeless parenting youth households with parents aged 18-24?

# of households

26. How many chronically homeless people are in parenting youth households with parents aged 18-24?

# of persons

**27. Gender – Of the total number of youth parents (Age 18-24) served for this household type, how many youth parents were...**

# of Female

# of Transgender

# of Male

# of Questioning

# of A gender other than singularly 'Female' or 'Male' (e.g. non-binary, genderfluid, agender, culturally specific gender)

**28. Ethnicity – Of the total number of youth parents (18-24) served for this household type, how many youth parents were...**

# of Non-Hispanic/Latin(o)(a)(x)

# of Hispanic/Latin(o)(a)(x)

**29. Race – Of the total number of youth parents (18-24) served for this household type, how many youth parents were...**

# of White

# of American Indian, Alaska Native, or Indigenous

# of Asian or Asian American

# of Native Hawaiian or Pacific Islander

# of Black, African American or African

# of Multiple Race

**[This is the End of the Section for Household Type I: Adult (18+) and Children (<18) households. Continue onto the next Household Type]**

**Household Type II: Adult (18+) Only Households (aka: Singles)**



The following section will collect information about persons (18+) in Adult (18+) Only Households

- This could be one single adult
- This could be a group of single adults
- This could be a couple without children and both individuals are over 18

Note: This household type includes unaccompanied youth households

**1. Did your program serve clients for this household type on the night of the Point-in-Time Count (PIT)?**

Yes (Continue to the next question)

No (Skip to the next Household type)

**2. How many people were served for this household type in each of the following age categories?**

# of persons 18-24

# of persons 35-44

# of persons 25-34

# of persons 45-54

# of persons 55-64

# of persons 65 and older

3. **How many total people were served? (This should be the sum of the counts from the previous question)**

# of persons

4. **How many total households were served?**

# of households

5. **How many people were chronically homeless?**

# of persons

6. **How many households were chronically homeless?**

# of households

7. **Gender – Of the total number of people served for this household type, how many were...**

# of Female

# of Transgender

# of Male

# of Questioning

# of A gender other than singularly 'Female' or 'Male' (e.g. non-binary, genderfluid, agender, culturally specific gender)

8. **Ethnicity – Of the total people served for this household type, how many were...**

# of Non-Hispanic/Latin(o)(a)(x)

# of Hispanic/Latin(o)(a)(x)

9. **Race – Of the total number of people served for this household type, how many were...**

# of White

# of American Indian, Alaska Native, or Indigenous

# of Asian or Asian American

# of Native Hawaiian or Pacific Islander

# of Black, African American or African

# of Multiple Races

10. **Of the Adults (18+) served for this household type, how many...**

# Had a serious mental illness

# Were a survivor of domestic violence

# Had a substance abuse disorder

# Had HIV/AIDS

11. **Of the Adult Only households served, did your program serve any unaccompanied youth (18-24) households?**

Yes (Continue to the next question)

No (Skip to veteran section for this household type)

12. **How many total people 18-24 in unaccompanied youth households?**

# of persons

13. **How many total households with only youth 18-24?**

# of households

**14. How many chronically homeless households with only youth 18-24?**

# of households

**15. How many chronically homeless people are in the households with only youth 18-24?**

# of persons

**16. Gender – Of the total number of unaccompanied youth 18-24 served for this household type, how many youth were...**

# of Female

# of Transgender

# of Male

# of Questioning

# of A gender other than singularly 'Female' or 'Male' (e.g. non-binary, genderfluid, agender, culturally specific gender)

**17. Ethnicity – Of the total number of unaccompanied youth 18-24 served for this household type, how many youth were...**

# of Non-Hispanic/Latin(o)(a)(x)

# of Hispanic/Latin(o)(a)(x)

**18. Race – Of the total number of unaccompanied youth 18-24 served for this household type, how many youth were...**

# of White

# of American Indian, Alaska Native, or Indigenous

# of Asian or Asian American

# of Native Hawaiian or Pacific Islander

# of Black, African American or African

# of Multiple Races

**19. Of the Adult Only households served, did your program serve any veteran households?**

Yes (Continue to the next question)

No (Skip to the next household type)

**20. How many total adults (18+) are veterans? (Note: Veteran households are households where at least one member identifies as a veteran)**

# of persons

**21. How many veteran households were served?**

# of households

**22. How many total people are in veteran households?**

# of persons

**23. How many chronically homeless veteran households?**

# of households

**24. How many chronically homeless people are in veteran households?**

# of persons

**25. Gender – Of the total number of veterans served for this household type, how many veterans were...**

# of Female

# of Transgender

# of Male

# of Questioning

# of A gender other than singularly 'Female' or 'Male' (e.g. non-binary, genderfluid, agender, culturally specific gender)

**26. Ethnicity – Of the total number of veterans served for this household type, how many veterans were...**

# of Non-Hispanic/Latin(o)(a)(x)

# of Hispanic/Latin(o)(a)(x)

**27. Race – Of the total number of veterans served for this household type, how many veterans were...**

# of White

# of American Indian, Alaska Native, or Indigenous

# of Asian or Asian American

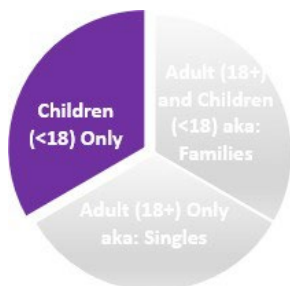
# of Native Hawaiian or Pacific Islander

# of Black, African American or African

# of Multiple Races

**[This is the End of the Section for Household Type II: Adult (18+) Only households. Continue onto the next Household Type.]**

**Household Type III: Children (<18) Only Households**



The following section will collect information about persons in **Children (<18) Only Households**

- This could be one single person under 18
- This could be a group of persons under 18
- This could be a couple without children and both individuals are under 18
- This could be a couple with children under 18 and both individuals are under 18

Note: This household type includes parenting youth/youth parent families where the parent is under 18

**1. Did your program serve clients for this household type on the night of the Point-in-Time Count (PIT)?**

Yes (Continue to the next question)

No (END the form)

**2. How many total people were served? (This should be the sum of the counts from the previous question)**

# of persons

**3. How many total households were served?**

# of households



**4. How many people were chronically homeless?**

# of persons

**5. How many households were chronically homeless?**

# of households

**6. Gender – Of the total number of people served for this household type, how many were...**

# of Female

# of Transgender

# of Male

# of Questioning

# of A gender other than singularly 'Female' or 'Male' (e.g. non-binary, genderfluid, agender, culturally specific gender)

**7. Ethnicity – Of the total number of people served for this household type, how many were...**

# of Non-Hispanic/Latin(o)(a)(x)

# of Hispanic/Latin(o)(a)(x)

**8. Race – Of the total number of people served for this household type, how many were...**

# of White

# of American Indian, Alaska Native, or Indigenous

# of Asian or Asian American

# of Native Hawaiian or Pacific Islander

# of Black, African American or African

# of Multiple Races

**9. Of the Children Only (<18) households served on the night of the Point-in-Time Count (PIT), did your program serve any households with parenting youth/youth parents (under 18)?**

Yes (Continue to the next question)

No (END the form)

**10. How many total people are in parenting youth (under 18) households?**

# of persons

**11. How many total people identify as the parent or guardian (Parenting youth/Youth Parent) of one or more children in the household?**

# of persons

**12. How many total households have parents under 18?**

# of households

**13. How many total children (under 18) are with a parent or guardian under 18?**

# of persons

**14. How many chronically homeless parenting youth households with parent(s) under 18?**

# of households

**15. How many chronically homeless people are in parenting youth households with parent(s) under 18?**

# of persons

**16. Gender – Of the total number of youth parents (under 18) served for this household type, how many *youth parents* were...**

# of Female

# of Transgender

# of Male

# of Questioning

# of A gender other than singularly 'Female' or 'Male' (e.g. non-binary, genderfluid, agender, culturally specific gender)

**17. Ethnicity – Of the total number of youth parents (under 18) served for this household type, how many *youth parents* were...**

# of Non-Hispanic/Latin(o)(a)(x)

# of Hispanic/Latin(o)(a)(x)

**18. Race – Of the total number of youth parents (under 18) served for this household type, how many *youth parents* were...**

# of White

# of American Indian, Alaska Native, or Indigenous

# of Asian or Asian American

# of Native Hawaiian or Pacific Islander

# of Black, African American or African

# of Multiple Races

**[This is the END of the Aggregate Data Collection Form. Thank you for participating in the 2023 Point-in-Time Count!]**