NorCal Continuum of Care™

NorCal CoC PIT Committee Meeting
July 15, 2025
11:00 am to 12:00 pm
Plumas Crisis Intervention & Resource Center
591 W. Main St.
Quincy, CA 95971

Zoom link:

Meeting ID: 545 432 3305

Passcode: g9gip5

https://us02web.zoom.us/j/5454323305?pwd=Qmo4bTU2VGgxdm8yQlJJbVFOMkFMQT09

Del Norte County Health and Human Services
880 Northcrest Drive
Crescent City, CA 95531

Lassen County Health and Social Services
1445 Paul Bunyan, Suite C
Susanville, CA 96130

Teach I.N.C
112 E 2nd Street
Alturas, CA 96101

Plumas County
PCIRC
591 W. Main Street
Quincy, CA 95971

Shasta County
962 Maraglia Street
Redding, CA 96001

Siskiyou Builders Exchange
2121 Fairlane Rd
Yreka, CA 96097

Siskiyou County
Social Services
818 S. Main St.
Yreka, CA 96097

Sierra County Behavioral Health
706 Mill Street
Loyalton, CA 96118

PIT Committee Members

Duane Kegg,
County of Siskiyou, Chair

Nicole Lamica,
County of Lassen,
Vice-Chair

Barbara Daughtrey,
County of Sierra

Rebecca Green,
County of Del Norte

Kristen Quade
County of Plumas

Carol Madison,
County of Modoc

Megan Preller,
County of Shasta

NorCal Continuum of Care™

To Address the Board: Members of the public may address the Board on any agenda item. Pursuant to the Brown Act (Govt. Code section 54950, et seq.) Board action or discussion cannot be taken on non-agenda matters but the board may briefly respond to statements or questions. You may submit your public comment via email to norcalcoc@co.shasta.ca.us that will be read into the record.

1. **Call to Order/Quorum Established/Introductions**

2. **Public Comments (limited to 3 mins. per comment)**

3. **Action Items**
   I. PIT Committee Members

4. **Discussion/Possible Action Items**

Item #	Description & Notes	Responsibility	Open/ Closed
I.	Distribution for review of 2026 Sheltered and Unsheltered PIT/HIC forms	PIT Administrator	Open
II.	Counting Us Program and User Discussion	PIT Administrator	Open
III.	Distribution of PIT Committee Agenda items for 2026 PIT Count	PIT Administrator	Open

5. **Discussion Items for Next Meeting**

6. **Adjournment**

Next Regular PIT Committee Meeting
August 19, 2025
11 am – 12 pm

NorCal Continuum of Care™

NorCal CoC PIT Committee Meeting Agenda Items
2026 PIT Count

Meeting ID: 545 432 3305
Passcode: g9gip5
https://us02web.zoom.us/j/5454323305?pwd=Qmo4bTU2VGgxdm8yQlJJbVFOMkFMQT09

July 15, 2025
- PIT Administrator initiates outreach to all NorCal CoC partner entities to confirm active programs for inclusion in the *Counting Us* app.
- PCIRC to coordinate with HMIS administrators to ensure data alignment across all active programs.
- Begin review of the Sheltered & Unsheltered PIT Survey + HIC Forms to ensure alignment with anticipated 2026 HUD guidance.

August 19, 2025
- Progress update on program/entity outreach and confirmation.
- Distribute training and marketing PIT Needs Survey to PIT Committee members.

September 16, 2025
- Review results and discuss training and marketing PIT Needs Survey.
- Finalize 2026 PIT and HIC survey tools for both sheltered count and housing inventory.

October 21, 2025
- Discuss and finalize participant incentive strategy including purchase, payments, and delivery (e.g., gift cards, hygiene kits, snacks, etc.).

November 18, 2025
- Distribute finalized 2026 PIT/HIC survey tools and training materials.
- Provide committee overview of *Counting Us* app functionality and marketing toolkit.

December 16, 2025
- Continue training and onboarding for PIT count volunteers and agency leads.
- Review use of survey tools, app procedures, and communication materials.

January 20, 2026
- Final review of PIT Count process, volunteer coordination, and day-of logistics.
- Open forum for last-minute questions, comments, or concerns.

NorCal Continuum of Care	Form #:	F-4001
	Form Name:	Sheltered Point In Time Survey
	Revision:	D
	Revision Date:	12/21/2024

Sheltered Point In Time Survey

Please complete all sections, leave none blank.

Volunteer Data	
Surveyor Name:	
Date:	
Time:	
Location / Program Address:	
County:	❑ Del Norte ❑ Lassen ❑ Modoc ❑ Plumas ❑ Shasta ❑ Sierra ❑ Siskiyou
Project Type: Counting Us Application: Matches the projects that have been entered into the "Projects" tab of the Command Section.	
Organization: Counting Us Application: Matches the projects that have been entered into the "Projects" tab of the Command Section.	
Project: Counting Us Application: Matches the projects that have been entered into the "Projects" tab of the Command Section.	

NorCal Continuum of Care	Form #:	F-4001
	Form Name:	Sheltered Point In Time Survey
	Revision:	D
	Revision Date:	12/21/2024

Introduction & Screener

"Hi, my name is _____, and I'm a volunteer with local outreach. We are doing a short survey to learn more about homelessness in our community so we can improve services. Your answers will be private and will not affect any help you are getting. You can skip any question you do not want to answer. It will take about 10 minutes—would you be willing to help?"

1. Where did you sleep on the night of January 21, 2025? (Select One)	**If any of these are checked Stop Survey:** ❑ Motel/hotel (paid w/own funds) ❑ House or apartment rented or owned ❑ Hospital ❑ Jail or prison ❑ In a place you are going to be evicted w/in 2 weeks ❑ With a friend or family in their home ❑ Treatment Program
	If any of these are checked Continue with Survey: ❑ Motel/hotel (paid with a voucher) ❑ Emergency Shelter ❑ Transitional Housing
	If any of these are checked complete *Unsheltered Survey*: ❑ Street or Sidewalk ❑ Vehicle/Boat ❑ Abandoned Building ❑ Bus or Train Station or Airport ❑ Under Bridge/Overpass ❑ Outdoor Encampment ❑ Park
2. Are you willing to participate in a brief survey?	❑ Yes ❑ No **(If No > End Survey)**
3. Have you already taken this survey this week?	❑ Yes **(If Yes > End Survey)** ❑ No

4. What is your name or initial?	Person 1	Person 2	Person 3	Person 4	Person 5
	First Name (or Initial): ____________ Last Name (or Initial): ____________ ❑ Person prefers not to answer	First Name (or Initial): ____________ Last Name (or Initial): ____________ ❑ Person prefers not to answer	First Name (or Initial): ____________ Last Name (or Initial): ____________ ❑ Person prefers not to answer	First Name (or Initial): ____________ Last Name (or Initial): ____________ ❑ Person prefers not to answer	First Name (or Initial): ____________ Last Name (or Initial): ____________ ❑ Person prefers not to answer

Basic Demographics

	Person 1	Person 2	Person 3	Person 4	Person 5
1. How old are you?	❑ Under 18 ❑ 18–24 ❑ 25–34 ❑ 35–44 ❑ 45–54 ❑ 55–64 ❑ 65+	❑ Under 18 ❑ 18–24 ❑ 25–34 ❑ 35–44 ❑ 45–54 ❑ 55–64 ❑ 65+	❑ Under 18 ❑ 18–24 ❑ 25–34 ❑ 35–44 ❑ 45–54 ❑ 55–64 ❑ 65+	❑ Under 18 ❑ 18–24 ❑ 25–34 ❑ 35–44 ❑ 45–54 ❑ 55–64 ❑ 65+	❑ Under 18 ❑ 18–24 ❑ 25–34 ❑ 35–44 ❑ 45–54 ❑ 55–64 ❑ 65+
2. What is your gender?	❑ Male ❑ Female ❑ Transgender Male to Female ❑ Transgender Female to Male ❑ Non-conforming ❑ Prefer not to say	❑ Male ❑ Female ❑ Transgender Male to Female ❑ Transgender Female to Male ❑ Non-conforming ❑ Prefer not to say	❑ Male ❑ Female ❑ Transgender Male to Female ❑ Transgender Female to Male ❑ Non-conforming ❑ Prefer not to say	❑ Male ❑ Female ❑ Transgender Male to Female ❑ Transgender Female to Male ❑ Non-conforming ❑ Prefer not to say	❑ Male ❑ Female ❑ Transgender Male to Female ❑ Transgender Female to Male ❑ Non-conforming ❑ Prefer not to say
3. Are you Hispanic or Latino?	❑ Yes ❑ No ❑ Prefer not to say	❑ Yes ❑ No ❑ Prefer not to say	❑ Yes ❑ No ❑ Prefer not to say	❑ Yes ❑ No ❑ Prefer not to say	❑ Yes ❑ No ❑ Prefer not to say
4. What is your race? (Select all that apply)	❑ White ❑ Black or African American ❑ Asian ❑ Native American or Alaska Native ❑ Native Hawaiian or Pacific Islander	❑ White ❑ Black or African American ❑ Asian ❑ Native American or Alaska Native ❑ Native Hawaiian or Pacific Islander	❑ White ❑ Black or African American ❑ Asian ❑ Native American or Alaska Native ❑ Native Hawaiian or Pacific Islander	❑ White ❑ Black or African American ❑ Asian ❑ Native American or Alaska Native ❑ Native Hawaiian or Pacific Islander	❑ White ❑ Black or African American ❑ Asian ❑ Native American or Alaska Native ❑ Native Hawaiian or Pacific Islander

	❑ Other: ________	❑ Other: ________	❑ Other: ________	❑ Other: ________	❑ Other: ________

Household Composition

	Person 1	Person 2	Person 3	Person 4	Person 5
1. Are you currently staying with a spouse, partner, or family members?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
2. If yes, how many people are you staying with (including yourself)?	❑ 1 (Alone) ❑ 2 ❑ 3 ❑ 4 ❑ 5+	❑ 1 (Alone) ❑ 2 ❑ 3 ❑ 4 ❑ 5+	❑ 1 (Alone) ❑ 2 ❑ 3 ❑ 4 ❑ 5+	❑ 1 (Alone) ❑ 2 ❑ 3 ❑ 4 ❑ 5+	❑ 1 (Alone) ❑ 2 ❑ 3 ❑ 4 ❑ 5+
3. Do you have children under 18 with you?	❑ Yes If Yes, how many children: _____ ❑ No	❑ Yes If Yes, how many children: _____ ❑ No	❑ Yes If Yes, how many children: _____ ❑ No	❑ Yes If Yes, how many children: _____ ❑ No	❑ Yes If Yes, how many children: _____ ❑ No

Homelessness History

	Person 1	Person 2	Person 3	Person 4	Person 5
1. How long have you been homeless this time?	❑ Less than 1 month ❑ 1–3 months ❑ 4–6 months ❑ 7–12 months ❑ More than 12 months	❑ Less than 1 month ❑ 1–3 months ❑ 4–6 months ❑ 7–12 months ❑ More than 12 months	❑ Less than 1 month ❑ 1–3 months ❑ 4–6 months ❑ 7–12 months ❑ More than 12 months	❑ Less than 1 month ❑ 1–3 months ❑ 4–6 months ❑ 7–12 months ❑ More than 12 months	❑ Less than 1 month ❑ 1–3 months ❑ 4–6 months ❑ 7–12 months ❑ More than 12 months

2. How many times have you been homeless in the past 3 years?	❑ This is the first time ❑ 2–3 times ❑ 4 or more times	❑ This is the first time ❑ 2–3 times ❑ 4 or more times	❑ This is the first time ❑ 2–3 times ❑ 4 or more times	❑ This is the first time ❑ 2–3 times ❑ 4 or more times	❑ This is the first time ❑ 2–3 times ❑ 4 or more times

Chronic Homelessness

	Person 1	Person 2	Person 3	Person 4	Person 5
1. Have you been continuously homeless for a year or more?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
2. Have you experienced at least four episodes of homelessness in the past three years that total to a year or more?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No

Veteran Status

	Person 1	Person 2	Person 3	Person 4	Person 5
1. Have you ever served in the U.S. Armed Forces? **Surveyor Note:** Qualification means served on active duty in the Army, Navy, Marine Corps, Air Force, Coast Guard, or the National Guard or Reserves.	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No

Health Conditions

	Person 1	Person 2	Person 3	Person 4	Person 5
1. Do you have any of the following conditions that limit your ability to work or live independently? (Select all that apply)	❑ Physical disability ❑ Mental health condition ❑ Substance use disorder	❑ Physical disability ❑ Mental health condition ❑ Substance use disorder	❑ Physical disability ❑ Mental health condition ❑ Substance use disorder	❑ Physical disability ❑ Mental health condition ❑ Substance use disorder	❑ Physical disability ❑ Mental health condition ❑ Substance use disorder

	❑ Developmental disability ❑ HIV/AIDS ❑ None of the above ❑ Prefer not to answer	❑ Developmental disability ❑ HIV/AIDS ❑ None of the above ❑ Prefer not to answer	❑ Developmental disability ❑ HIV/AIDS ❑ None of the above ❑ Prefer not to answer	❑ Developmental disability ❑ HIV/AIDS ❑ None of the above ❑ Prefer not to answer	❑ Developmental disability ❑ HIV/AIDS ❑ None of the above ❑ Prefer not to answer

Youth and Family Specific

	Person 1	Person 2	Person 3	Person 4	Person 5
1. Are you a youth under 25 years old who is unaccompanied (without a parent or guardian)?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
2. Are you a parent or guardian with children under the age of 18?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No

General

	Person 1	Person 2	Person 3	Person 4	Person 5
1. What was the main reason for your homelessness at this time? Check all that apply.	❑ Job loss ❑ Eviction ❑ Family conflict/domestic violence ❑ Substance use ❑ Mental health issues ❑ Natural Disaster ❑ Lack of affordable housing ❑ Other: ________	❑ Job loss ❑ Eviction ❑ Family conflict/domestic violence ❑ Substance use ❑ Mental health issues ❑ Natural Disaster ❑ Lack of affordable housing ❑ Other: ________	❑ Job loss ❑ Eviction ❑ Family conflict/domestic violence ❑ Substance use ❑ Mental health issues ❑ Natural Disaster ❑ Lack of affordable housing ❑ Other: ________	❑ Job loss ❑ Eviction ❑ Family conflict/domestic violence ❑ Substance use ❑ Mental health issues ❑ Natural Disaster ❑ Lack of affordable housing ❑ Other: ________	❑ Job loss ❑ Eviction ❑ Family conflict/domestic violence ❑ Substance use ❑ Mental health issues ❑ Natural Disaster ❑ Lack of affordable housing ❑ Other: ________
2. Where did you live before becoming homeless	❑ Same city/town/county ❑ Different city/town/county in California	❑ Same city/town/county ❑ Different city/town/county in California	❑ Same city/town/county ❑ Different city/town/county in California	❑ Same city/town/county ❑ Different city/town/county in California	❑ Same city/town/county ❑ Different city/town/county in California

	❑ Out of state	❑ Out of state	❑ Out of state	❑ Out of state	❑ Out of state

Closing Statement

"Thank you very much for your time today."

Provide the respondent with any additional references to programs or services available that may assist the respondent with their specific situation.

NorCal Continuum of Care	Form #:	F-4001
	Form Name:	Unsheltered Point In Time Survey
	Revision:	D
	Revision Date:	12/21/2024

Unsheltered Point In Time Survey

Please complete all sections, leave none blank.

Volunteer Data	
Surveyor Name:	
Date:	
Time:	
Location (Cross streets, encampment, or other specific location):	
County:	❑ Del Norte ❑ Lassen ❑ Modoc ❑ Plumas ❑ Shasta ❑ Sierra ❑ Siskiyou

Introduction & Screener

"Hi, my name is _____, and I'm a volunteer with local outreach. We are doing a short survey to learn more about homelessness in our community so we can improve services. Your answers will be private and will not affect any help you are getting. You can skip any question you do not want to answer. It will take about 10 minutes—would you be willing to help?"

1. Where did you sleep on the night of January 21, 2025? (Select One)

If any of these are checked Stop Survey:

- ❑ Motel/hotel (paid w/own funds)
- ❑ House or apartment rented or owned
- ❑ Hospital
- ❑ Jail or prison
- ❑ In a place you are going to be evicted w/in 2 weeks
- ❑ With a friend or family in their home
- ❑ Treatment Program

If any of these are checked Continue with Survey:

- ❑ Street or Sidewalk
- ❑ Vehicle/Boat
- ❑ Abandoned Building
- ❑ Bus or Train Station or Airport
- ❑ Under Bridge/Overpass
- ❑ Outdoor Encampment
- ❑ Park

	If any of these are checked complete *Sheltered Survey*: ❑ Motel/hotel (paid with a voucher) ❑ Emergency Shelter ❑ Transitional Housing				
2. Are you willing to participate in a brief survey?	❑ Yes ❑ No **(If No > End Survey)** ❑ If No - Please complete Observation Tool.				
3. Have you already taken this survey this week?	❑ Yes **(If Yes > End Survey)** ❑ No				
4. What is your name or initial?	**Person 1** First Name (or Initial): ________________ Last Name (or Initial): ________________ ❑ Person prefers not to answer	**Person 2** First Name (or Initial): ________________ Last Name (or Initial): ________________ ❑ Person prefers not to answer	**Person 3** First Name (or Initial): ________________ Last Name (or Initial): ________________ ❑ Person prefers not to answer	**Person 4** First Name (or Initial): ________________ Last Name (or Initial): ________________ ❑ Person prefers not to answer	**Person 5** First Name (or Initial): ________________ Last Name (or Initial): ________________ ❑ Person prefers not to answer

Basic Demographics

	Person 1	**Person 2**	**Person 3**	**Person 4**	**Person 5**
1. How old are you?	❑ Under 18 ❑ 18–24 ❑ 25–34 ❑ 35–44 ❑ 45–54 ❑ 55–64 ❑ 65+	❑ Under 18 ❑ 18–24 ❑ 25–34 ❑ 35–44 ❑ 45–54 ❑ 55–64 ❑ 65+	❑ Under 18 ❑ 18–24 ❑ 25–34 ❑ 35–44 ❑ 45–54 ❑ 55–64 ❑ 65+	❑ Under 18 ❑ 18–24 ❑ 25–34 ❑ 35–44 ❑ 45–54 ❑ 55–64 ❑ 65+	❑ Under 18 ❑ 18–24 ❑ 25–34 ❑ 35–44 ❑ 45–54 ❑ 55–64 ❑ 65+
2. What is your gender?	❑ Male ❑ Female ❑ Transgender Male to Female ❑ Transgender Female to Male ❑ Non-conforming ❑ Prefer not to say	❑ Male ❑ Female ❑ Transgender Male to Female ❑ Transgender Female to Male ❑ Non-conforming ❑ Prefer not to say	❑ Male ❑ Female ❑ Transgender Male to Female ❑ Transgender Female to Male ❑ Non-conforming ❑ Prefer not to say	❑ Male ❑ Female ❑ Transgender Male to Female ❑ Transgender Female to Male ❑ Non-conforming ❑ Prefer not to say	❑ Male ❑ Female ❑ Transgender Male to Female ❑ Transgender Female to Male ❑ Non-conforming ❑ Prefer not to say

3. Are you Hispanic or Latino?	❑ Yes ❑ No ❑ Prefer not to say	❑ Yes ❑ No ❑ Prefer not to say	❑ Yes ❑ No ❑ Prefer not to say	❑ Yes ❑ No ❑ Prefer not to say	❑ Yes ❑ No ❑ Prefer not to say
4. What is your race? (Select all that apply)	❑ White ❑ Black or African American ❑ Asian ❑ Native American or Alaska Native ❑ Native Hawaiian or Pacific Islander ❑ Other: ________	❑ White ❑ Black or African American ❑ Asian ❑ Native American or Alaska Native ❑ Native Hawaiian or Pacific Islander ❑ Other: ________	❑ White ❑ Black or African American ❑ Asian ❑ Native American or Alaska Native ❑ Native Hawaiian or Pacific Islander ❑ Other: ________	❑ White ❑ Black or African American ❑ Asian ❑ Native American or Alaska Native ❑ Native Hawaiian or Pacific Islander ❑ Other: ________	❑ White ❑ Black or African American ❑ Asian ❑ Native American or Alaska Native ❑ Native Hawaiian or Pacific Islander ❑ Other: ________

Household Composition

	Person 1	Person 2	Person 3	Person 4	Person 5
1. Are you currently staying with a spouse, partner, or family members?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
2. If yes, how many people are you staying with (including yourself)?	❑ 1 (Alone) ❑ 2 ❑ 3 ❑ 4 ❑ 5+	❑ 1 (Alone) ❑ 2 ❑ 3 ❑ 4 ❑ 5+	❑ 1 (Alone) ❑ 2 ❑ 3 ❑ 4 ❑ 5+	❑ 1 (Alone) ❑ 2 ❑ 3 ❑ 4 ❑ 5+	❑ 1 (Alone) ❑ 2 ❑ 3 ❑ 4 ❑ 5+
3. Do you have children under 18 with you?	❑ Yes If Yes, how many children: _____ ❑ No	❑ Yes If Yes, how many children: _____ ❑ No	❑ Yes If Yes, how many children: _____ ❑ No	❑ Yes If Yes, how many children: _____ ❑ No	❑ Yes If Yes, how many children: _____ ❑ No

Homelessness History

	Person 1	Person 2	Person 3	Person 4	Person 5
1. How long have you been homeless this time?	❑ Less than 1 month ❑ 1–3 months ❑ 4–6 months ❑ 7–12 months ❑ More than 12 months	❑ Less than 1 month ❑ 1–3 months ❑ 4–6 months ❑ 7–12 months ❑ More than 12 months	❑ Less than 1 month ❑ 1–3 months ❑ 4–6 months ❑ 7–12 months ❑ More than 12 months	❑ Less than 1 month ❑ 1–3 months ❑ 4–6 months ❑ 7–12 months ❑ More than 12 months	❑ Less than 1 month ❑ 1–3 months ❑ 4–6 months ❑ 7–12 months ❑ More than 12 months

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2. How many times have you been homeless in the past 3 years?	❑ This is the first time ❑ 2–3 times ❑ 4 or more times	❑ This is the first time ❑ 2–3 times ❑ 4 or more times	❑ This is the first time ❑ 2–3 times ❑ 4 or more times	❑ This is the first time ❑ 2–3 times ❑ 4 or more times	❑ This is the first time ❑ 2–3 times ❑ 4 or more times

Chronic Homelessness

	Person 1	Person 2	Person 3	Person 4	Person 5
1. Have you been continuously homeless for a year or more?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
2. Have you experienced at least four episodes of homelessness in the past three years that total to a year or more?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No

Veteran Status

	Person 1	Person 2	Person 3	Person 4	Person 5
1. Have you ever served in the U.S. Armed Forces? **Surveyor Note:** Qualification means served on active duty in the Army, Navy, Marine Corps, Air Force, Coast Guard, or the National Guard or Reserves.	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No

Health Conditions

	Person 1	Person 2	Person 3	Person 4	Person 5
1. Do you have any of the following conditions that limit your ability to work or live independently? (Select all that apply)	❑ Physical disability ❑ Mental health condition ❑ Substance use disorder ❑ Developmental disability ❑ HIV/AIDS ❑ None of the above ❑ Prefer not to answer	❑ Physical disability ❑ Mental health condition ❑ Substance use disorder ❑ Developmental disability ❑ HIV/AIDS ❑ None of the above ❑ Prefer not to answer	❑ Physical disability ❑ Mental health condition ❑ Substance use disorder ❑ Developmental disability ❑ HIV/AIDS ❑ None of the above ❑ Prefer not to answer	❑ Physical disability ❑ Mental health condition ❑ Substance use disorder ❑ Developmental disability ❑ HIV/AIDS ❑ None of the above ❑ Prefer not to answer	❑ Physical disability ❑ Mental health condition ❑ Substance use disorder ❑ Developmental disability ❑ HIV/AIDS ❑ None of the above ❑ Prefer not to answer

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Youth and Family Specific

	Person 1	Person 2	Person 3	Person 4	Person 5
1. Are you a youth under 25 years old who is unaccompanied (without a parent or guardian)?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
2. Are you a parent or guardian with children under the age of 18?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No

General

	Person 1	Person 2	Person 3	Person 4	Person 5
1. What was the main reason for your homelessness? Check all that apply.	❑ Job loss ❑ Eviction ❑ Family conflict/domestic violence ❑ Substance use ❑ Mental health issues ❑ Natural Disaster ❑ Lack of affordable housing ❑ Other: ________	❑ Job loss ❑ Eviction ❑ Family conflict/domestic violence ❑ Substance use ❑ Mental health issues ❑ Natural Disaster ❑ Lack of affordable housing ❑ Other: ________	❑ Job loss ❑ Eviction ❑ Family conflict/domestic violence ❑ Substance use ❑ Mental health issues ❑ Natural Disaster ❑ Lack of affordable housing ❑ Other: ________	❑ Job loss ❑ Eviction ❑ Family conflict/domestic violence ❑ Substance use ❑ Mental health issues ❑ Natural Disaster ❑ Lack of affordable housing ❑ Other: ________	❑ Job loss ❑ Eviction ❑ Family conflict/domestic violence ❑ Substance use ❑ Mental health issues ❑ Natural Disaster ❑ Lack of affordable housing ❑ Other: ________
2. Where did you live before becoming homeless	❑ Same city/town/county ❑ Different city/town/county in California ❑ Out of state	❑ Same city/town/county ❑ Different city/town/county in California ❑ Out of state	❑ Same city/town/county ❑ Different city/town/county in California ❑ Out of state	❑ Same city/town/county ❑ Different city/town/county in California ❑ Out of state	❑ Same city/town/county ❑ Different city/town/county in California ❑ Out of state

Closing Statement

"Thank you very much for your time today."

Provide the respondent with any additional references to programs or services available that may assist the respondent with their specific situation.

NorCal Continuum of Care

2025 Housing Inventory Count (HIC)

County

Fill out this form if the primary intent of the project is to:

1. Serve homeless persons; ***AND***
2. Verify homelessness as part of its eligibility determination; ***AND***
3. Clients who are in the project are predominately homeless (or for permanent housing were homeless at entry).

Please count all beds that are dedicated to serve homeless persons and permanent housing projects dedicated for those who were homeless at entry.

Name of Organization			
HMIS Organization ID #		**HMIS Project ID #**	
DV Project (Y / N)		**If Yes, do you use a compatible database? (Y / N)**	
Name of Project			
Address of Project			
Person Completing form and Phone Number			

PIT Homeless Count of People in these Beds Night of January 21, 2025.	

Project Type (complete one form for each project type)	☐	Emergency Shelter *(PIT Sheltered Survey needed)*
	☐	Seasonal Beds (such as extreme weather shelters)
	☐	Transitional Housing *(PIT Sheltered Survey needed)*
	☐	Permanent Supportive Housing
	☐	Permanent Housing *(PIT Sheltered Survey not needed)*
	☐	Rapid Re-housing
	☐	Other Permanent Housing (Housing with services but no disability required for entry or housing only)

NorCal Continuum of Care

Funding: Check One

☐	McKinney-Vento	☐	HUD: ESG - Emergency Shelter
☐	HUD: ESG - Rapid Re-Housing	☐	HUD: ESG - CARES Act (CV)
☐	HUD: ESG - Rapid Unsheltered Survivor Housing (RUSH)	☐	HUD: CoC - Safe Haven
☐	HUD: CoC - Transitional Housing (TH)	☐	HUD: Coc - Permanent Supportive Housing (PSH)
☐	HUD: Coc - Rapid Re-Housing (RRH)	☐	HUD: CoC - Single Room Occupancy (SRO)
☐	HUD: CoC - Joint Component TH/RRH	☐	HUD: Shelter Plus Care Program
☐	HUD: Section 8 Moderate Rehabilitation SRO	☐	HUD: Supportive Housing Program
☐	HUD: Youth Homeless Demonstration Program (YHDP)	☐	HUD: YHDP Renewals
☐	HUD: Unsheltered Special NOFO	☐	HUD: Rural Special NOFO
☐	HUD: HUD/VASH	☐	VA: Supportive Services for Veteran Families
☐	VA: Grant Per Diem - Bridge Housing	☐	VA: Grant Per Diem - Low Demand
☐	VA: Grant Per Diem - Hospital to Housing	☐	VA: Grant Per Diem - Clinical Treatment
☐	VA: Grant Per Diem - Service Intensive Transitional Housing	☐	VA: Grant Per Diem - Transition in Place
☐	VA: Contract Residential Services Program	☐	VA: Community Contract Safe Haven Program
☐	HHS: RHY - Basic Center Program	☐	HHS: RHY - Maternity Group Home for Pregnant and Parenting Youth
☐	HHS: RHY - Transitional Living Program	☐	HHS: RHY - Basic Demonstration Project
☐	HUD: HOPWA - Hotel/Motel Vouchers	☐	HUD: HOPWA - Permanent Housing
☐	HUD: HOPWA - Short-Term Supportive Facility	☐	HUD: HOPWA - Transitional Housing
☐	HUD: HOPWA - CARES Act (CV)	☐	HUD: Public and Indian Housing Programs
☐	HUD: PIH - Emergency Housing Voucher	☐	HUD: HOME
☐	HUD: HOME (ARP)	☐	Local or Other Funding Source

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Current Inventory						
Households w/ Children		**Households w/out Children**		**Households w/ only Children (under 18)**	**ADA Compliant**	
# of Beds	# of Units	# of Beds	# of Units	# of Beds	# of Beds	# of Units
# of Dedicated Veteran Beds	# of Dedicated Youth Beds	# of Dedicated Veteran Beds	# of Dedicated Youth Beds	# of Dedicated Youth Beds		

Number of Overflow Beds:	

Number of Seasonal Beds:	*Start Date*	*End Date*

Project Capacity and Utilization Data (Bed Count)			
Chronically Homeless Youth		Chronically Homeless Veteran	
Any Other Youth		Youth Veterans	
Any Other Chronically Homeless		Any Other Veteran	
		Non-Dedicated Beds	