

**OBSERVATION Form for Unsheltered Count (2023) - KY BoS CoC**

**IMPORTANT! This method of data collection can only be used on the night of Wednesday, January 25<sup>th</sup> until dawn on Thursday, January 26<sup>th</sup>!**

Version 1, Published 1/9/23

**Interviewer MUST complete this info before submitting form to person entering the responses online:**

1. Interviewer Name: \_\_\_\_\_ 2. Interviewer's Phone: \_\_\_\_\_
3. Street Address where observation conducted (List nearest address—try to include number (e.g. 213) in addition to street name): \_\_\_\_\_
4. City/Town where observation conducted: \_\_\_\_\_
5. County where observation conducted: \_\_\_\_\_
6. Date of Observation: \_\_\_\_\_ 7. Time of Observation: \_\_\_\_\_ 8. A.M. or P.M. \_\_\_\_\_

8. Total number of people staying together as household:  
(USE SEPARATE OBSERVATION FORMS FOR EACH HOUSEHOLD)

TOTAL \_\_\_\_\_

**COMPLETE THE FOLLOWING INFORMATION FOR EACH PERSON IN THE HOUSEHOLD.**

	Person 1	Person 2	Person 3
9. Relationship to Person 1	<b>SELF</b>	<input type="checkbox"/> Child <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Other Relative <input type="checkbox"/> Unrelated	<input type="checkbox"/> Child <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Other Relative <input type="checkbox"/> Unrelated
10. What is this person's <u>age</u> ?	_____	_____	_____
11. What is this person's <u>gender</u> ?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> A gender not singularly female or male <input type="checkbox"/> Transgender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> A gender not singularly female or male <input type="checkbox"/> Transgender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> A gender not singularly female or male <input type="checkbox"/> Transgender

<p><b>12. What is this person's <u>race</u>?</b></p>	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White
<p><b>13. What is the person's <u>ethnicity</u>?</b></p>	<input type="checkbox"/> Hispanic/Latin(a)(o)(x) <input type="checkbox"/> Non-Hispanic/Non-Latin(a)(o)(x)	<input type="checkbox"/> Hispanic/Latin(a)(o)(x) <input type="checkbox"/> Non-Hispanic/Non-Latin(a)(o)(x)	<input type="checkbox"/> Hispanic/Latin(a)(o)(x) <input type="checkbox"/> Non-Hispanic/Non-Latin(a)(o)(x)
<p><b>14. <u>Other</u> information or identifying characteristics and location. (REQUIRED) If this info is not included, this observation will not be counted.</b> Please include:</p> <ul style="list-style-type: none"> <li>• Location info</li> <li>• Clothing (hats, accessories, any military or other emblems)</li> <li>• Other physical characteristics or conditions like tattoos, scars, braces, casts, etc.</li> <li>• Belongings such as tent (include color), shopping cart, backpack, wheelchair, pets, etc.</li> </ul>			
<p><b>15. Why did you use the observation method instead of interviewing the person directly? Be as specific as possible. Observation should be used as an absolute last resort only if person is sleeping, refuses to answer questions, or it is truly unsafe to approach the individual.</b></p>			