

**Kitsap Point In Time Count / WINTER – Use Form Jan 30, 2025**  
**HOUSING PROGRAMS (EMERGENCY/TRANSITIONAL)**

▪ Is the household actively fleeing domestic violence? If yes, do not sign this form.

**Return forms by 2/4/25 to:**  
 Cory Derenburger  
 Housing & Homelessness Division, Kitsap County  
 345 6<sup>th</sup> Street, Suite 400, Bremerton WA 98337

**A. Location survey was given:** \_\_\_\_\_  
**City/Town survey given:** \_\_\_\_\_ **Name of Surveyor:** \_\_\_\_\_

**B. \*Location: Where did/will you sleep on the night of Thursday, Jan 25<sup>th</sup>?**

**Program Name:** \_\_\_\_\_

Emergency Shelter       Transitional Housing Program       Other

**C. \*Length of Time Without Stable Housing**

i. Has any adult or minor head of household been continuously without housing for a year or more?  
 Yes (skip to iv)     No. Approximately how long? \_\_\_\_\_

ii. Has any adult or minor head of household been without housing 4 or more times in the last 3 years?  
 Yes     No (skip to Section D)

iii. Do these times without housing, added together, amount to a year or more?       Yes     No

iv. Does any adult or minor head of household, who answered yes to any question above have a disability?       Yes     No

**D. \*Household (HH) Information**  
 (Please enter each HH member below. Use additional form if household has more than four members.) **Please check a HH type below.**

i.  Household without Children       Household with Adults & Children       Households with only Children (under 18)

ii. Last known permanent City, State \_\_\_\_\_ Zip \_\_\_\_\_

Relation to Head of Household (if applicable) Spouse/ Partner/ Child/Etc.	iii.		iv.	v. Population Data			vi. Disabilities						
	First Name	Last Name	Birth Date (or if DOB refused, year of birth, or est. age)	Gender <sup>1</sup>	Race and Ethnicity <sup>2</sup> (enter all that apply)	Fleeing Domestic Violence (Y/N)	Veteran (ever served active duty in the military) (Y/N)	Indicate Y or N for each Use X for Prefers not to answer					
								Physical Disability (Permanent)	Developmental Disability	Mental Health (Substantial & Long-Term)	Chronic Health Condition	Substance Use Disorder (Substantial & Long-Term)	NONE APPLY
<i>Self</i>													

<sup>1</sup> •Man (Boy, if child)(M), •Woman (Girl, if child)(W), •Transgender(T), •Non-Binary(N), •Questioning(Q), •Culturally Specific Identity (e.g. Two-Spirit)(C), •Different Identity(O) \_\_\_\_\_, •Doesn't Know(D), •Prefers not to answer(X)

<sup>2</sup> •White(W), •Black/African-American/African(B), •Asian/Asian-American(A), •American Indian/Alaska Native/Indigenous(I) TRIBE: \_\_\_\_\_, •Hispanic/Latina/e/o(H), •Native Hawaiian/Pacific Islander(P), •Middle Eastern/North African(M), •Doesn't Know(D), •Prefers not to answer (X)

**I agree to the inclusion of my household's information for purposes described in the release of information on the back of this form. (each adult or legally emancipated youth must sign):**

**E. Signature(s):** \_\_\_\_\_

Minimum required fields

Thank you for helping us improve services to persons with unstable housing  
**TURN OVER – MORE ON BACK**

F. Circumstances leading to your housing status (check all that apply)		<input type="checkbox"/> Prefers not to answer	<input type="checkbox"/> Doesn't Know
Housing & Economic	System & Legal	Health Issues	Family Conflict
<input type="checkbox"/> Job Loss/unemployment	<input type="checkbox"/> Discharged from hospital or other medical facility	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Lack of job training/ unable to work	<input type="checkbox"/> Discharged from criminal/juvenile justice system	<input type="checkbox"/> Physical health/disability	<input type="checkbox"/> Guardian mental health/substance abuse
<input type="checkbox"/> Eviction/Loss of housing	<input type="checkbox"/> Aged out of foster care	<input type="checkbox"/> Alcohol/substance abuse	<input type="checkbox"/> Family Rejection/Kicked out
<input type="checkbox"/> Lack of childcare	<input type="checkbox"/> Medical costs	<input type="checkbox"/> Illness	<input type="checkbox"/> Abuse/Neglect
<input type="checkbox"/> Housing affordability			

G. Source(s) of Household Income and Benefits (check all that apply)		<input type="checkbox"/> Prefers not to answer	<input type="checkbox"/> Doesn't Know
Public Assistance/Benefits		Employment	Other
<input type="checkbox"/> TANF	<input type="checkbox"/> VA	<input type="checkbox"/> Part time	<input type="checkbox"/> None
<input type="checkbox"/> SSI/SSDI	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Full time	<input type="checkbox"/> Panhandling
<input type="checkbox"/> Temporary Disability/ABD/HEN	<input type="checkbox"/> Medicare/Medicaid/WA Apple Health	<input type="checkbox"/> Farm/seasonal	<input type="checkbox"/> Relative/friends
		<input type="checkbox"/> Under the table/informal	

\* Denotes data that HUD requires for the PIT Count. All answers from the individuals surveyed are voluntary.

## Kitsap Client Release of Information and Informed Consent Form

Washington State Homeless Management Information System (HMIS) and Kitsap HMIS Collaborative Agencies

This agency participates in the Washington State Homeless Management Information System (HMIS) by collecting information, over time, about the characteristics and service needs of people facing homelessness. **RCW 43.185C.180 and RCW 43.185C.030**

- To provide the most effective services in moving people from homelessness to permanent housing, we need an accurate count of all people experiencing homelessness in Washington State. In order to insure that clients are not counted twice, we need to collect four pieces of personal information. Specifically, we need: **name, birth date, race/ethnicity**. You may also choose to provide your social security number. However, signing this form does not require you to do so. Your information will be stored in our database for 7 years after the last date of service. If you have questions about collection of data or your rights regarding your personally identifying information, contact the HMIS System Administrator at: (360) 725-3028
- We use strict security policies designed to protect your privacy. Our computer system is highly secure and uses up-to-date protection features such as data encryption, passwords, and two-factor authentication required for each system user. There is a small risk of a security breach, and someone might obtain and use your information inappropriately. If you ever suspect the data in HMIS has been misused, immediately contact the HMIS System Administrator at: (360) 725-3028
- The data you provide may be combined with data from the Washington State Department of Social and Health Services (DSHS) and Education Research and Data Center for the purpose of further analysis. Your name and other identifying information will not be included in any reports or publications. Only a limited number of staff members, who have signed confidentiality agreements, will be able to see this information. Your information will not be used to determine eligibility for DSHS programs. Washington State HMIS system administrators have full access to all information in HMIS. This includes the Department of Commerce staff, designated HMIS system administrators, and the software vendor.
- By signing this form, you acknowledge and allow Department of Commerce staff to obtain additional records of information from other state agencies with which there is a data sharing agreement (DSA) on file between Commerce and the other agency. Our DSA guides data transfer and storage security protocols. If DSAs are in place, Commerce is authorized by you to obtain, add to HMIS, and use for evaluation purposes any other data you have provided to other Washington state agencies.
- Your decision to participate in the HMIS will not affect the quality or quantity of services you are eligible to receive from this agency, and will not be used to deny outreach, assistance, shelter or housing. However, if you do choose to participate, services in the region may improve if we have accurate information about homeless individuals and the services they need. Furthermore, some funders MAY require that you consent to provide your personally identifying information in HMIS in order for you to receive services from that funding source.

I understand the above statements and consent to the inclusion of personally identifying information in HMIS about me and any dependents listed below, and authorize information collected to be shared with partner agencies, both state agencies and organizations that participate in the Kitsap HMIS Collaborative. I understand that my personally identifying information will not be made public and will only be used with strict confidentiality. I also understand that I may withdraw my consent at any time by filing a 'Client Revocation of Consent' form with this agency. I understand that I may obtain a copy of my signed consent form from this Agency (including forms signed electronically).

**IMPORTANT: Do not enter personally identifying information into HMIS for clients who are: 1) in DV agencies or; 2) currently fleeing or in danger from a domestic violence, dating violence, sexual assault or stalking situation; 3) are being served in a program that requires disclosure of HIV/AIDS status (i.e.; HOPWA); or 4) under 13 with no parent or guardian available to consent to enter the minor's information in HMIS. If this applies to you, STOP – and do not sign this form. ➤ PLEASE SIGN ON OTHER SIDE OF FORM.**