



2018 Housing Inventory Count Survey

Housing Inventory Count Survey Instructions

2018 Housing Inventory Count Survey

All surveys must be submitted by 5PM on Monday, January 29, 2018.

History

Each year, the U.S. Department of Housing and Urban Development (HUD) requires each Continuum of Care (CoC) to count its housing inventory on the same night as the annually required Point-in-Time (PIT) count. This year, the counts will take place on the night of January 25, 2018.

The accuracy and response rate of this survey contributes to Chicago's overall competition for annual federal funding and Chicago's ability to acquire new resources to serve the homeless.

Instructions

This survey is required to be completed by all agencies that have beds and units dedicated to serving homeless persons (regardless of funding source), and for permanent housing projects, dedicated for person who were homeless at entry.

The following [Chicago Program Model](#) types must complete a HIC survey.

- **Permanent Supportive Housing (PSH)**
- **Permanent Housing with Short-term Supports (PHwSS)**
- **Rapid Rehousing (RRH)**
- **Safe Haven (SH)**
- **Interim Housing (IH)**
- **Emergency Shelter (ES)**
- **Youth -Intentional Permanent Supportive Housing (YI-PSH)**
- **Youth Transitional Housing - Scattered Site (Y-TH SS)**
- **Youth Transitional Housing - Project Based (Y-TH PB)**
- **Youth Transitional Housing - Interim Housing (Y-TH IH)**
- **Youth Low Threshold Overnight Shelter (Y-ES)**

Please complete a separate HIC survey for each applicable project within your agency, regardless of the funding source.

All HIC surveys must be completed by 5PM on Monday, January 29, 2018. Paper/PDF copies will not be accepted. All HIC surveys must be submitted via SurveyGizmo.

If you have questions regarding this survey, please contact Elizabeth Perez at cocprograms@allchicago.org or 312-379-0301 ext 20.

If you would like further information on HMIS, please contact hmis@allchicago.org.

Section I: Project Information

1) Agency Name*

2) Primary Contact Information*

First Name: _____

Last Name: _____

Title: _____

Email Address: _____

Phone Number: _____

Secondary Contact

Full Name: _____

Email: _____

3) Enter the Complete Address for this Project.

For Clustered, Multiple Sites, and Scattered Sites projects: Please enter complete address (including zip code) where the majority of beds & units are located OR agency's complete mailing address.

*

Site-based - Single Project Address (include zip code)::

_____*

Site-based - Clustered/Multiple Sites Address (include zip code)::

_____*

Tenant-based - Scattered Sites (include zip code)::

_____*

Domestic Violence - Address Confidential

4) You indicated this Project is a Multiple Sites or Scattered Sites. Please indicate all the zip codes in which units are located in the City of Chicago.

- | | | |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 60290 | <input type="checkbox"/> 60630 | <input type="checkbox"/> 60666 |
| <input type="checkbox"/> 60601 | <input type="checkbox"/> 60631 | <input type="checkbox"/> 60668 |
| <input type="checkbox"/> 60602 | <input type="checkbox"/> 60632 | <input type="checkbox"/> 60669 |
| <input type="checkbox"/> 60603 | <input type="checkbox"/> 60633 | <input type="checkbox"/> 60670 |
| <input type="checkbox"/> 60604 | <input type="checkbox"/> 60634 | <input type="checkbox"/> 60673 |
| <input type="checkbox"/> 60605 | <input type="checkbox"/> 60636 | <input type="checkbox"/> 60674 |
| <input type="checkbox"/> 60606 | <input type="checkbox"/> 60637 | <input type="checkbox"/> 60675 |
| <input type="checkbox"/> 60607 | <input type="checkbox"/> 60638 | <input type="checkbox"/> 60677 |
| <input type="checkbox"/> 60608 | <input type="checkbox"/> 60639 | <input type="checkbox"/> 60678 |
| <input type="checkbox"/> 60609 | <input type="checkbox"/> 60640 | <input type="checkbox"/> 60680 |
| <input type="checkbox"/> 60610 | <input type="checkbox"/> 60641 | <input type="checkbox"/> 60681 |
| <input type="checkbox"/> 60611 | <input type="checkbox"/> 60642 | <input type="checkbox"/> 60682 |
| <input type="checkbox"/> 60612 | <input type="checkbox"/> 60643 | <input type="checkbox"/> 60684 |
| <input type="checkbox"/> 60613 | <input type="checkbox"/> 60644 | <input type="checkbox"/> 60686 |
| <input type="checkbox"/> 60614 | <input type="checkbox"/> 60645 | <input type="checkbox"/> 60687 |
| <input type="checkbox"/> 60615 | <input type="checkbox"/> 60646 | <input type="checkbox"/> 60688 |
| <input type="checkbox"/> 60616 | <input type="checkbox"/> 60647 | <input type="checkbox"/> 60689 |
| <input type="checkbox"/> 60617 | <input type="checkbox"/> 60649 | <input type="checkbox"/> 60694 |
| <input type="checkbox"/> 60618 | <input type="checkbox"/> 60652 | <input type="checkbox"/> 60695 |
| <input type="checkbox"/> 60619 | <input type="checkbox"/> 60651 | <input type="checkbox"/> 60697 |
| <input type="checkbox"/> 60620 | <input type="checkbox"/> 60653 | <input type="checkbox"/> 60699 |
| <input type="checkbox"/> 60621 | <input type="checkbox"/> 60654 | <input type="checkbox"/> 60685 |
| <input type="checkbox"/> 60622 | <input type="checkbox"/> 60655 | <input type="checkbox"/> 60690 |
| <input type="checkbox"/> 60623 | <input type="checkbox"/> 60656 | <input type="checkbox"/> 60691 |
| <input type="checkbox"/> 60624 | <input type="checkbox"/> 60657 | <input type="checkbox"/> 60693 |
| <input type="checkbox"/> 60625 | <input type="checkbox"/> 60660 | <input type="checkbox"/> 60696 |
| <input type="checkbox"/> 60626 | <input type="checkbox"/> 60661 | <input type="checkbox"/> 60701 |
| <input type="checkbox"/> 60628 | <input type="checkbox"/> 60664 | |
| <input type="checkbox"/> 60629 | <input type="checkbox"/> 60659 | |

5) Does this Project receive any of the following HUD McKinney-Vento Funding?

*HUD CoC funded projects must enter most recent grant identification number. **

- HUD: ESG - Emergency Shelter
- HUD: ESG - Rapid Re-Housing
- HUD: CoC - Safe Haven: _____ *
- HUD: CoC - Transitional Housing: _____ *
- HUD: CoC - Permanent Supportive Housing: _____ *
- HUD: CoC - Rapid Re-Housing: _____ *
- N/A: Not Applicable this project does not receive any HUD McKinney Vento Funding

6) Please indicate if the Project receives any of the following funding sources.

Please select all funding sources for this project, even if it only funds partial beds.

*

- HHS RHY: Health and Human Services Runaway Homeless Youth
- HOPWA: HUD Housing Opportunities for Persons with AIDS
- HUD/VASH: HUD Veterans Affairs Supportive Housing
- PIH/Non-VASH: HUD Public and Indian Housing (PIH) Programs (non-VASH), including public housing and housing choice voucher inventory that is dedicated to homeless persons
- VA: Department of Veterans Affairs
- Other (such as Private, CBDG, CLIHTF, IDHS funding)
- N/A: This project does not receive any of the funding sources listed above

7) You indicated the Project receives HHS RHY funding.

Please select all the HHS RHY funding received. *

- BCP: Basic Center Program
- TLP: Transitional Living Program
- MGH: Maternity Group Homes for Pregnant and Parenting Youth
- Demonstration Project

Other HHS RHY Funding: _____ *

8) You indicated the Project receives HOPWA funding.

Please select the type of HOPWA funding received. *

- HOPWA: Hotel/Motel Vouchers
- HOPWA: Permanent Housing Placement (facility-based or TBRA)
- HOPWA: Short-Term Supportive Facility
- HOPWA: Transitional Housing (facility-based or TBRA)
- Other HOPWA Funding: _____ *

9) You indicated the Project receives VA funding.

Please select all the VA funding received.*

- SSVF: Supportive Services for Veteran Families Program
- GPD BH: Grant and Per Diem Program- Bridge Housing
- GPD LD: Grant and Per Diem Program- Low Demand
- GPD HTH: Grant and Per Diem Program- Hospital to Housing
- GPD CT: Grant and Per Diem Program- Clinical Treatment
- GPD SITH: Grant and Per Diem Program- Service Intensive Transitional Housing
- GPD TIP: Grant and Per Diem Program- Transition in Place
- CRS: Contract Residential Services
- HCHV/SH: Community Contract Safe Haven Program
- CWT/TR: Compensated Work Therapy-Transitional Residence
- Other VA Funding: _____ *

10) You indicated the Project receives Other Funding.

Please select the type of funding received.

- CBDG: Community Development Block Grant
- CLIHTF: Chicago Low Income Housing Trust Fund
- IDHS: Illinois Department of Human Services
- Private/Corporate Funding
- Other: _____ *

11) You did not indicate any funding source(s) for this Project, please select which type of funding is received.

- CoC
- HHS RHY
- HMV
- HOPWA
- HUD/VASH
- Private
- VA
- Other: _____*

Login - HIC Information

In order to facilitate the 2018 HIC submission, we have set up the survey to prepopulate with responses from the 2017 HIC. In order for this information to show, you must enter a Username and Password. We have created the [2017 HIC Submission Chart](#) which will show the Project Name and HMIS ID as submitted in 2017. The Username is exactly as it is listed in the [2017 HIC Submission Chart](#). The password is the HMIS ID associated with the Project.

Username: Project Name

Password: HMIS ID

In order for the Login to function properly, please copy the Project Name directly from the 2017 HIC Submission Chart and paste into the Username Box.

Section II: Project Type

Section II: Project Type

The following section is related to the Chicago Program Model and HUD type for this project.

12) Based on your 2017 HIC, the Chicago Program Model Type and HUD type is displayed below.

This question is only for your reference. Please complete any necessary updates in the following questions

	Chicago Program Model	HUD Type	Bed Type (Emergency Shelter Only)
2017	_____	- _____	_____

(Note: Information will prepopulate when you enter your username and password)

13) Is the Chicago Program Model, HUD Type and Bed Type as listed above correct for this Project?

*Please note the [Chicago Program Models Chart](#) was revised on 12/2014. We encourage you to review the [Chicago Program Models Chart](#) to ensure the correct type has been selected for this project. **

Yes

No

14) You indicated the Chicago Program Model Type, HUD type and/or Bed type was incorrect, please state which type was incorrect. *

Chicago Program Model Type

HUD Type

Bed Type (Emergency Shelter Only)

15) You indicated the Chicago Program Model Type for this project is incorrect. Please indicate the correct Chicago Program Model Type for this Project.

The [Chicago Program Models Chart](#) was revised on 12/2014, we encourage you to review the updated [Chicago Program Models Chart](#) to ensure you classify the project correctly.

*

- Interim Housing (IH)
- Emergency Shelter (ES)
- Youth Intentional Permanent Supportive Housing (YI - PSH)
- Youth Scattered Site Transitional Housing (YSS TH)
- Youth Project Based Transitional Housing (YPB TH)
- Youth Interim Housing (YIH)
- Low Threshold Youth Overnight Shelter
- Permanent Supportive Housing (PSH)
- Permanent Housing with Short-term Supports (PHwSS)
- Rapid Rehousing (RRH)
- Safe Haven (SH)
- Other Permanent Housing (OPH)

16) You indicated the HUD type was incorrect for this project. Please indicate the correct HUD type for this Project.

Transitional Housing (TH): A project designed to provide interim stability and support to successfully move to and maintain permanent housing within 24 months or such longer period as HUD determines necessary. The program participant must have a lease (or sublease) or occupancy agreement in place.

Emergency Shelter (ES): A project that provides temporary shelter (lodging) for the homeless in general or specific populations of the homeless for a period of 90 days or less.

Permanent Housing - Permanent Supportive Housing (PH-PSH): A project that provides long-term housing in which one member of the household has a disability and supportive services are designed to meet the needs of the program participants must be available to the household.

Permanent Housing - Rapid Rehousing (PH-RRH): A project that provides short term or medium-term assistance (up to 24 months). The lease for units must be between the landlord and the participant, the participant must be able to select the unit they lease.

Permanent Housing - Other Permanent Housing (PH-OPH): A project that provides long-term housing that is not otherwise considered permanent supportive housing or rapid re-housing.

Safe Haven (SH): A project that offers permanent housing and intense supportive services to serve hard to reach homeless persons with severe mental illness who come primarily from the streets and have been unable or unwilling to participate in housing or supportive services.

*

- Transitional Housing (TH)
- Emergency Shelter (ES)
- Permanent Housing - Permanent Supportive Housing (PH-PSH)
- Permanent Housing - Rapid Rehousing (PH - RRH)
- Permanent Housing - Other Permanent Housing (PH-OPH)
- Safe Haven (SH)

17) You indicated the program is considered a PH-OPH.

Please indicate which type of PH-OPH best fits your program.

OPH: Housing with Services - provides long-term housing and supportive services for homeless persons, but do not limit eligibility to persons with a disability.

OPH: Housing Only - provides long-term housing for homeless persons, but do not make supportive services available as part of the project.

- OPH: Housing with Services
- OPH: Housing Only

18) You indicated the Bed Type (for Emergency Shelters Only) was incorrect, please indicate the correct type of beds offered by the Emergency Shelter.

Facility Based: Beds (including cots or mats) located in a residential homeless assistance facility dedicated for use by persons who are homeless.

Voucher: Beds located in a hotel or motel and made available by the homeless assistance project through vouchers or other forms of payment

*Other: Beds located in a church or other facility not dedicated for use by persons who are homeless. **

- Facility Based
- Voucher
- Other (please indicate what types of beds):

_____*

Section III: Target Population

Section III: Target Population

The following section is designed to identify projects who have target populations and subpopulations. In order for projects to select the target and subpopulation, they must meet the following requirements:

- 1. The project intends to serve that specific population**
- 2. At least three fourths (75%) of the clients served by the project fit the target group descriptor.**

Only one descriptor can be selected for the Target and Subpopulation per project. If this project doesn't target a specific population, please select N/A.

Target Population

- SM: Single Males 18 years old and over**
- SF: Single Females 18 years old and over**
- SMF: Single Males and Females 18 years old and over**
- CO: Couples Only, No Children**
- HC: Households with Children**
- SMHC: Single Males 18 years old and over and Households with Children**
- SFHC: Single Females 18 years old and over and Households with Children**
- SMF+HC: Single Males and Females 18 years old and over plus Households with Children**
- YM: Youth Males under 25 years old**
- YF: Youth Females under 25 years old**
- YMF: Youth Males and Females under 25 years old**
- N/A: Not Applicable - Project does not have a target population**

Subpopulation

- DV: Domestic violence victims**
- HIV: Persons with HIV/AIDS**
- N/A: Not Applicable - Project does not have a subpopulation**

Based on the 2017 HIC, the Project selected the following as the Target Population and Subpopulation.

This question is only for your reference. Please complete any necessary updates in the following questions

	Target Population	Subpopulation
2017	_____	_____

(Note: Information will prepopulate when you enter your username and password)

19) Is the Target Population and Subpopulation listed above correct for the Project? *

- Yes
- No

20) You indicated, the Target Population/Subpopulation was incorrect. Please indicate which population was incorrect.

- Target Population
- Subpopulation

21) You indicated the Target population was incorrect. Please state the correct Target Population for this Project. *

- SM: Single Males 18 years old and over
- SF: Single Females 18 years old and over
- SMF: Single Males and Females 18 years old and over
- CO: Couples Only, No Children
- HC: Households with Children
- SMHC: Single Males 18 years old and over and Households with Children
- SFHC: Single Females 18 years old and over and Households with Children
- SMF+HC: Single Males and Females 18 years old and over plus Households with Children
- YM: Youth Males under 25 years old
- YF: Youth Females under 25 years old

- YMF: Youth Males and Females under 25 years old
- N/A: Not applicable this project does not have a target population

22) You indicated the Subpopulation was incorrect. Please state the correct Subpopulation for this Project. *

- DV: Domestic violence victims
- HIV: Persons with HIV/AIDS
- N/A: Not applicable this project does not have a subpopulation

23) You indicated a change in Target Population and/or Subpopulation for this Project. Please provide an explanation for this change during the 2017 year. *

Section IV: HIC Beds

The following numbers reflect the Total Beds , Bed & Units Availability and Overflow Beds (if applicable) within this Project. This number includes current and new beds.

Total Beds: The total number of beds available for persons/families experiencing homelessness.

Please note Bed & Units Availability & Overflow Beds sections are only applicable to Emergency Shelters. This number includes Year-Round Beds, Seasonal Beds and Overflow Beds.

This question is only for your reference. Please complete any necessary updates in the following questions

	Total Beds	Bed & Unit Availability (Emergency Shelters Only)	Overflow Beds (Emergency Shelters Only)
2017	_____	_____ - _____	_____

(Note: Information will prepopulate when you enter your username and password)

24) Are the numbers listed above correct for 2018? *

- Yes
- No

25) You indicated, the Total Bed, Bed & Unit Availability and/or Overflow Beds number has changed in 2018. Please indicate which has changed. *

- Total Beds
- Bed & Unit Availability (ES Only)
- Overflow Beds (ES Only)

26) You indicated the Total Beds number has changed, please state the updated Total Beds number for this Project.

*If new beds were added from February 1, 2017 to January 25, 2018, please be sure to also complete the Section V: New/Under Development Beds with information regarding to that specific subset of beds. **

27) You indicated the Total Beds have changed. Please provide an explanation for the increase/decrease. *

28) You indicated the Bed & Unit Availability number and/or Overflow Beds number has changed, please state the updated number for each option.

As a reminder, this is only for Emergency Shelter Projects and cannot exceed your Total Bed Number.

Year-Round Beds/Units: Year-round beds and units are available on a year-round basis.

Seasonal Beds: Seasonal beds are not available year-round, but instead are available on a planned basis, with a set start and end dates, during an anticipated period of higher demand. Please identify only the total number of seasonal beds available for occupancy on the night of January 25th.

Overflow Beds: Overflow beds are available on an ad hoc or temporary basis during the year in response to demand that exceeds planned (year-round or seasonal) bed capacity. If there is no fixed number of overflow beds, please report the number of overflow beds that were occupied on the night of count.

*

Year-round Beds: _____

Seasonal Beds: _____

Overflow Beds: _____

Section V: New/Under Development Beds

Section V: New/Under Development Beds

The following section asks about New and Under Development Beds.

If your project increased in bed/unit capacity from February 1, 2017 to January 31, 2018; the inventory will be considered as "New".

Current Beds/Units: Based on the 2017 HIC submission, your current beds are any that are available for occupancy prior to January 31, 2017.

New Beds/Units: Any Beds and Units that became available for occupancy from February 1, 2017 to January 31, 2018.

Under Development Beds: Any Beds and Units that are fully funded but not available for occupancy as of January 31, 2018. These beds are expected to be available for occupancy by January 2019.

Based on the 2017 HIC submission, this Project's Current Beds is listed below.

Please note this question is only for reference and must not be updated

2017 Current Beds: _____

(Note: Information will prepopulate when you enter your username and password)

29) Did your Project have any New Beds and/or Units between February 1, 2017 and January 31, 2018?*

- Yes - The Project increased in New Beds/Units
- No - The Project did not increase

30) You indicated the project increased in New Beds and/or Units. Please indicate the total number of New Beds/Units (a subset of your total funded beds).*

Number of New Beds: _____

Number of New Units: _____

31) Does this project expect to have any Beds and/or Units to come online from February 1, 2017 to January 31, 2018? *

- Yes - Beds and Units are fully funded but not available for occupancy at this time but will be available before January 31, 2017.
- No - There are no Beds/Unit expected to be available at this time.

32) You indicated this project is expected to increase in Beds/Units from February 2017 to January 31, 2018. Please indicate the expected number of Beds and Units.*

Anticipated Beds: _____

Anticipated Units: _____

Section VI: Bed Occupancy

Section VI: Bed Occupancy

The following section allows for All Chicago to understand the bed occupancy for this Project. Utilizing the Total Number of Beds, please complete the following questions based on the occupancy of your Project on the night of January 25, 2018.

*Occupied **Beds**: The number of Beds that were occupied by a person on the night of the count. For ES, SH, PHwSS and TH, this number **must match** your Point-in-Time numbers.*

*Unoccupied **Beds**: The number of Beds that were unoccupied/vacant and available for occupancy on the night of the count.*

*Small Children Doubled Up (**ES & TH Only**): If this project had small children doubled up in one bed, please count only 1 bed as occupied. If your project is not a HUD Type ES or TH, please count each child in 1 bed.*

Cribs: If a crib was utilized for an infant, please do not count as a bed and count in the crib header. Please count only the number of cribs occupied on the night of January 25th.

Please indicate "0" for Households that do not apply to this project.

33) Based on the Total Bed Numbers, please indicate which beds were Occupied and Unoccupied on the night of January 25, 2018 based on the household type. Please remember your total MUST add up to the Total Beds Number indicated previously.

Households without Children: Beds serving households with adults only. This includes households composed of unaccompanied adults (including unaccompanied youth age 18-24) and multiple adults (including households with multiple youth ages 18-24).

Households with at least one adult and one child: Beds serving households with (at least) one adult (including youth ages 18-24) and one child.

Households with only Children: Beds serving households composed exclusively of persons under age 18, including one-child households, multi-child households or other household configurations composed only of children.

*

	Occupied Beds	Vacant/ Unoccupied Beds	Cribs
Households without Children	—	—	—
Households with at least one adult and one Child	—	—	—
Households with only Children	—	—	—
Total (Sum of the Columns Above)	—	—	—

34) Please enter the total number of people in this project on the night of January 25th. This must match the total number of occupied beds as indicated in previous question.

For projects that participate in the PIT Sheltered Count: this number must match the DFSS Point-in-Time Count tally sheets. All Chicago staff will complete a cross check to ensure responses match. You will be contacted if discrepancies arise.

*For all other Project Types: this number must match the Occupied Total Bed numbers in previous question. **

35) Was this project at full capacity on the night of January 25th?*

- Yes
- No

36) You indicated this project was not at full capacity, did you have any unoccupied/vacant beds available on the night of January 25th that could have been occupied by different households types? *

- Yes - I had unoccupied beds available that could have been occupied by different households types
- No - I had unoccupied beds that could be occupied only by a certain household type

37) You indicated you had unoccupied/vacant beds that could have been occupied by only a certain household type. Please enter the number of unoccupied beds and household type.

Households without Children: Beds serving households with adults only. This includes households composed of unaccompanied adults (including unaccompanied youth age 18-24) and multiple adults (including households with multiple youth ages 18-24).

Households with at least one adult and one child: Beds serving households with (at least) one adult (including youth ages 18-24) and one child.

Households with only Children: Beds serving households composed exclusively of persons under age 18, including one-child households, multi-child households or other household configurations composed only of children.

*

Number of Beds Available: _____

Household Type: _____

38) You indicated there were beds vacant for different types of households. Please indicate the number of beds vacant for different household types and the type of households.

Households without Children: Beds serving households with adults only. This includes households composed of unaccompanied adults (including unaccompanied youth age 18-24) and multiple adults (including households with multiple youth ages 18-24).

Households with at least one adult and one child: Beds serving households with (at least) one adult (including youth ages 18-24) and one child.

Households with only Children: Beds serving households composed exclusively of persons under age 18, including one-child households, multi-child households or other household configurations composed only of children.

*

Number of Beds Vacant: _____

Household Types: _____

39) Did this project have small children doubled up in one bed on the night of the count?*

- Yes, I had Small Children Doubled Up
- No, I did not have any Small Children Doubled Up

40) You indicated there were small children doubled up in this project. Please indicate the number of occupied crib(s) and/or number of small children doubled up.

Small Children Double Up: If project placed 4 children in 2 beds, please indicate a total of 4 children in the Small Children Double Up and 2 in the Number of Bed(s) section.

Small Children Double Up: _____

Number of Bed(s): _____

Section VII: HMIS Participation

Based on the 2017 HIC, this Project reported the following in regards to the level of HMIS Bed Participation.

This question is only for your reference. Please complete any necessary updates in the following questions*

	HMIS Participation	HMIS Participating Bed Number
2017	_____	_____

(Note: Information will prepopulate when you enter your username and password)

41) Has this Project's level of Bed Participation changed from 2017?*

- Yes - This Project's HMIS Participating Beds has changed
- No - This Project's HMIS Participating Beds have not changed from 2017

42) You indicated the level of HMIS Bed Participation has changed. Please select the appropriate HMIS Bed Participation for this Project. *

- Yes - All Beds Participate in HMIS
- Yes - Some Beds Participate in HMIS
- No - This project is a Domestic Violence Project
- No - This Project does not Participate in HMIS

43) You indicated only some of the beds participate in HMIS, please indicate the sub set number of beds that participate.

*For example, if 30 funded beds but only 10 participate in HMIS, please indicate 10 below.**

44) You indicated only some of your beds participate in HMIS.

Please explain the reason for partial participation.

If your program is interested in learning more about HMIS, please contact the HMIS team at hmis@allchicago.org. *

45) You indicated your project does not participate in HMIS.

Please indicate the reason for non-participation in HMIS. If your program is interested in learning more about HMIS, please indicate this so we may reach out to you to discuss further.*

Section VIII: Specialized Beds

Section VIII: Specialized Beds

The following section is designed for those Projects that have dedicated beds to house any of the following populations.

- **Chronic Homeless (PSH Only)**
- **Veterans**
- **Youth**

Please refer to the following definitions when completing this section.

Chronic Homeless Dedicated Bed: For PSH Only: A dedicated bed must be filled by a chronically homeless person and their families who qualifies for the project unless there are no chronically homeless located within Chicago. This number may equal or be a subset of the Total beds available within this Project..

Veteran Dedicated Bed: A dedicated bed must be filled by a homeless veteran and their families who qualifies for the project unless there are no homeless veterans located within Chicago. This number may equal or be a subset of the Total beds available within this Project..

Youth Dedicated Bed: A dedicated bed must be filled by a unaccompanied homeless youth, including parenting youth and unaccompanied youth, who qualifies for the project unless there are no homeless youth located within Chicago. This number may equal or be a subset of the Total beds available within this Project.

Based on the 2017 HIC, the following Dedicated Beds were reported for this Project.

This question is only for your reference. Please complete any necessary updates in the following questions

	Chronically Homeless Beds (PSH Projects only)	Veteran Beds	Youth Beds	Youth Beds: Age Range
2017	_____	_____	_____	_____

(Note: Information will prepopulate when you enter your username and password)

46) Based on the 2017 HIC Dedicated Beds, are these numbers accurate for this Project in 2018?*

- Yes - the numbers listed above are correct
- No - the numbers listed above are incorrect

47) You indicated the number of Dedicated Beds are incorrect. Please select the from the list below which update is needed. *

- I need to increase the number of Chronic Homeless Dedicated Beds
- I need to increase the number of Veterans Dedicated Beds
- I need to increase the number of Youth Dedicated Beds
- I need to decrease the number of Chronic Homeless Dedicated Beds
- I need to decrease the number of Veterans Dedicated Beds
- I need to decrease the number of Youth Dedicated Beds
- I do not have any Chronic Homeless, Veterans or Youth Dedicated Beds

48) You indicated you need to decrease the number of dedicated beds for Chronic Homeless. Please indicate the new number of CH dedicated beds. *

Chronic Homeless Dedicated Beds: _____

49) You indicated you need to decrease the number of dedicated beds for Veterans. Please indicate the new number of Veterans Dedicated Bed. *

Veteran Dedicated Beds: _____

50) You indicated you need to decrease the number of dedicated beds for Youth. Please indicate the new number of Youth Dedicated Bed and Age Range. *

Youth Dedicated Beds: _____

Youth Dedicated: Age Range: _____

51) You indicated you need to decrease the number dedicated beds for Chronic Homeless, Veterans and/or Youth. Please indicate the reason for decreasing the number of Dedicated Beds. *

52) You indicated an increase in the number of Chronic Homeless Dedicated Beds. Please provide the updated number of Chronic Homeless Dedicated Beds. *

53) Please indicate the correct number of Dedicated Beds for Chronic Homeless based on Household Type.

*The total amount listed below must equal your total number of Chronic Homeless Dedicated Bed(s). It may be less or equal to the Total Beds for this Project. For Households with at least One Adult and One Child, please count all members of the families as a Chronic Homeless dedicated bed. **

_____ Households without Children

_____ Households with at least One Adult and One Child

_____ Households with Only Children

54) You indicated an increase in the number of Veterans Dedicated Beds. Please provide the updated number of Veterans Dedicated Beds. *

55) Please indicate the correct number of Dedicated Beds for Veterans based on Household Type.

*The total amount must equal your total number of Veteran Dedicated Bed(s). It may be less or equal to the Total Beds for this Project. For Households with at least One Adult and One Child, please count all members of the families as a Veteran dedicated bed. **

_____Households without Children

_____Households with at least One Adult and One Child

_____Households with Only Children

56) You indicated an increase in the number of Youth Dedicated Beds. Please provide the updated number of Youth Dedicated Beds. *

57) Please indicate the correct number of Dedicated Beds for Youth based on Household Type.

*The total amount must equal your total number of Youth Dedicated Bed(s). It may be less or equal to the Total Beds for this Project. For Households with at least One Adult and One Child, please count all members of the families as a Youth dedicated bed. **

_____Households without Children

_____Households with at least One Adult and One Child

_____Households with Only Children

58) Please indicate the number of beds associated with each Age Range for the Youth Dedicated Beds at this Project.

*The total number must equal to the total number of Youth dedicated beds indicated previously. **

_____Youth Beds: Only Children under 18 years of age

_____Youth Beds: Only Young Adults ages 18 to 24 years of age

_____Youth Beds: Person up to 24 years of age

Section IV: HIC Units

Section IV: HIC Units

The following section is regarding the number of units at this project.

For the purpose of the HIC, please review the following definitions when referring to a **UNIT.**

Unit: A unit that is intended for separate living quarters. This could be a single room occupied as separate living quarters or an apartment.

RRH Units: RRH units should only count the current project participants who are 1.) actively enrolled in the project on the night of January 25, 2018, including person who are only receiving supportive services in the RRH project and 2.) no longer homeless and are in permanent housing on the night of January 25, 2018. Examples would be apartments and/or houses.

VA SSVF Units: SSVF should count only participants that are categorized as Rapid Rehousing in HMIS. Examples would be apartments and/or houses. Please do not count participants receiving SSVF homelessness prevention services.

The following numbers are for the Total Units at the Project reported in the 2017 HIC.

Projects that do not have a fixed number of units (e.g., a congregate shelter program) must report the number of rooms used for overnight accommodation. For example, if a congregate shelter project utilizes 1 large room for all women and 1 large room for all men, this project would identify 2 units as their Funded Unit numbers.

This question is only for your reference. Please complete any necessary updates in the following questions

	Total Units
2017	_____

(Note: Information will prepopulate when you enter your username and password)

59) Are the Total Unit numbers accurate for 2018? *

- Yes
- No

60) You indicated the Total Units number has changed, please state the updated Total Units number for this Project.*

61) You indicated the Total Units have changed. Please provide an explanation for the increase/decrease. *

Section X: Unit Occupancy

Section X: Unit Occupancy

The following section allows for All Chicago to understand the unit occupancy for this Project. Utilizing the Total Number of Units, please complete the following questions based on the occupancy of your Project on the night of January 25, 2018.

Occupied Units: The number of Units that were occupied on the night of the count.

Unoccupied Units: The number of Units that were vacant/available for occupancy on the night of the count.

62) Based on the **Total Unit Numbers**, please indicate the number of Occupied and Unoccupied Units on the night of January 25, 2018 based on the household type. Please remember your total must match the Total Units available at this Project.

Households without Children: Units serving households with adults only. This includes households composed of unaccompanied adults (including unaccompanied youth age 18-24) and multiple adults (including households with multiple youth ages 18-24).

Households with at least one adult and one child: Units serving households with (at least) one adult (including youth ages 18-24) and one child.

Households with only Children: Units serving households composed exclusively of persons under age 18, including one-child households, multi-child households or other household configurations composed only of children.

Please indicate "0" for Households that does not apply to this project.

	Occupied Units	Vacant/ Unoccupied Units
Households without Children	—	—
Households with at least one adult and one Child	—	—

Households with only Children	—	—
Total (Sum of the Columns Above)	—	—

63) You indicated this project was not at full capacity on January 25th. Did you have any units that could have been used by different household types? *

- Yes - there were units that could be used by different household types
- No - the available units are designated for a specific household type

64) You indicated you had vacant/ unoccupied units that could have been occupied by only a certain household type. Please enter the number of unoccupied units and household type.

Households without Children: Beds serving households with adults only. This includes households composed of unaccompanied adults (including unaccompanied youth age 18-24) and multiple adults (including households with multiple youth ages 18-24).

Households with at least one adult and one child: Beds serving households with (at least) one adult (including youth ages 18-24) and one child.

Households with only Children: Beds serving households composed exclusively of persons under age 18, including one-child households, multi-child households or other household configurations composed only of children.

Number of Units Available: _____

Household Type: _____

65) You indicated you had vacant unoccupied units that could have been occupied by different household types. Please enter the number of unoccupied units and household types.

Households without Children: Beds serving households with adults only. This includes households composed of unaccompanied adults (including unaccompanied youth age 18-24) and multiple adults (including households with multiple youth ages 18-24).

Households with at least one adult and one child: Beds serving households with (at least) one

adult (including youth ages 18-24) and one child.

Households with only Children: Beds serving households composed exclusively of persons under age 18, including one-child households, multi-child households or other household configurations composed only of children.

*

Number of Units Available: _____

Household Types: _____

Review HIC Submission Prior to Submitting

Thank You!

Thank you for completing the 2018 Housing Inventory Count. An email confirmation with a copy of your submission will be sent the email address provided.

The All Chicago team will review your submission and contact you in February 2018 if there are any questions regarding your submission. If you have any questions prior to February regarding the HIC submission, please contact the CoC team at cocprograms@allchicago.org.

Thank you for your commitment to ending homelessness in the City of Chicago.