2019 Housing Inventory Count Survey

2019 Housing Inventory Count Survey

All surveys must be submitted by 5PM on Monday, January 28, 2019.

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 24, 2019.**

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)
- Joint Transitional Housing & Rapid Re-Housing (J-TH/RRH)

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 28, 2019. Paper/PDF copies will not be accepted. All HIC surveys must be submitted via SurveyGizmo.

If you have questions regarding this survey, please contact Max Burns at cocprograms@allchicago.org or 312-379-0301 ext 149.

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

Section I: Project Information

Page description:

Section I: Project Information

The following section is related to the basic information regarding the specific Project at your agency. Please be sure to complete all the information based on one individual project at your agency.

Please complete a separate survey for each project within your agency.

1. **Agency Name** *

2. **Primary Contact Information** *

First Name

Last Name

Title

Email Address

Phone Number

Secondary Contact (please indicate a separate individual)

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.

Domestic Violence - Victim Service Providers (VSP) MUST NOT provide address information, however, the project must include a zip code.

*

○ 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 (only zip code)

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.

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

5. What is the operating start date for this Project?

Please provide the month, date and year (mm/dd/yyyy) in which the project first started serving clients. *

[   ] �

6. 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 (formerly S+C or SHP)

[   ]   *

☐ HUD: CoC - Rapid Re-Housing

[   ]   *

☐ N/A: Not Applicable this project does not receive any HUD McKinney Vento Funding

7. **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
- ☐ HUD HOPWA: HUD Housing Opportunities for Persons with AIDS
- ☐ HUD/VASH: HUD Veterans Affairs Supportive Housing
- ☐ VA: Department of Veterans Affairs
- ☐ 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
- ☐ IDHS: Illinois Department of Human Services
- ☐ Other (such as Private, CBDG, CLIHTF funding)

8. **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

  [   ]   *

9. **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

[   ]   *

10. **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

☐ Other VA Funding

[   ]   *

11. **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

☐ Private/Corporate Funding

☐ Other

[   ]   *

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 2018 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
2018	[ ]	[ ]

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. Please indicate the start date for this Project.

The start date would be the first day the project started operating. *

[   ] �

15. Is this Project considered an Emergency Shelter - HUD Type? *

○ Yes - It Is an Emergency Shelter

○ No - It is Not an Emergency Shelter

16. Is this a new project that is not listed on the 2018 HIC Submission Chart? *

○ Yes - It is a New Project

○ No - It is not a New Project

17. **You indicated the Chicago Program Model Type or HUD type was incorrect, please state which type needs to be updated.** *

☐ Chicago Program Model Type

☐ HUD Type

18. **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)

○ Joint Transitional Housing/Rapid Rehousing (J-TH/RRH)

○ Other Permanent Housing (OPH)

19. **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 mediumterm 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.

20. **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

21. **You indicated this is a new project (which was not reported in the 2018 HIC), please provide the HMIS id number (if applicable) and official project name.** *

HMIS ID	
Project Name	

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 2018 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
2018		

22. **Is the Target Population and Subpopulation listed above correct for the Project?** *

○ Yes

○ No

23. **You indicated, the Target Population/Subpopulation was incorrect. Please indicate which population was incorrect.**

☐ Target Population

☐ Subpopulation

24. 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

25. 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

26. **You indicated a change in Target Population and/or Subpopulation for this Project. Please provide an explanation for this change during the 2018 year.** *
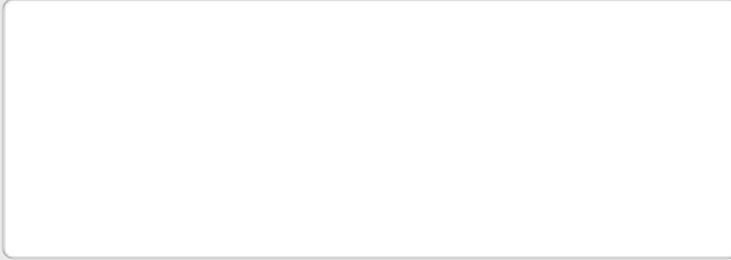
Section IV: HIC Beds

Page description:
Section IV: HIC Beds

The following section asks about beds within this Project. The information below will show all beds as current based on the 2018 HIC submission. Please review to ensure the Beds includes all available beds at the **Project.**

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

Bed: A piece of furniture for sleep, typically a frame work with a mattress intended for an individual to sleep in. An example of another type of bed would be a cot or mat. For the purpose of the HIC, a crib should not be counted as a bed and should be counted under the crib category.

Funded Bed: Please indicate the total funded number of beds available and is indicated to the funding source for the project.

Over-Capacity Bed: Indicate the total maximum number of beds that are utilized when this project is considered over capacity.

Total Bed: For the purpose of the HIC, indicate the total number of beds available in the event the project is over capacity (e.g Funded Beds + Over Capacity Beds = Total Beds).

The following numbers reflect the Funded Beds, Maximum Beds, Total Beds within this **Project**. This number includes current and new beds.

Funded Beds: The total number of beds available for persons/families experiencing homelessness as indicated to funding source

Over-Capacity Beds: The total number of beds available for persons/families experiencing homeless that are utilized when project is over capacity.

Total Beds: The total number of beds available for persons/families experiencing homelessness which could be available if project is at over capacity (e.g. Funded Beds + Over-Capacity = Total Beds)

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

	Funded Beds	Over Capacity Beds	Total Beds
2018			

27. **Are the numbers listed above correct for 2019?** *

  ○ Yes

  ○ No

28. You indicated the Funded Beds, Over-Capacity Beds or Total Beds number has changed in 2019. Please indicate which has changed. *

- ☐ Funded Beds
- ☐ Over Capacit yBeds
- ☐ Total Beds

29. You indicated the Funded Beds number has changed, please state the updated Funded Beds number for this Project.

If new beds were added from February 1, 2018 to January 25, 2019, please be sure to also complete the Section V: New/Under Development Beds with information regarding to that specific subset of beds. *

[   ]

30. You indicated the Over Capacity number has changed, please state the updated Over Capacity Beds number for this Project.

*

Over Capacity Bed [   ]

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

*

Total Bed [   ]

32. **You indicated the Funded Beds, Over Capacity Beds or Total Beds numbers have changed. Please provide an explanation for the increase/decrease.** *

Section V: Emergency Shelters Only

Section V: Emergency Shelters Only

The following page is only applicable to projects which are considered as an Emergency Shelter - HUD Type.

Each ES project must indicate the Bed Type, Ed & Unit Availability and Overflow Beds. for the purpose of the HIC, please review the following definitions.

Bed Type: The following Bed Type describes the types of beds offered by emergency shelter projects

1. Facility based - Beds (including cots or mats) located in a residential homeless assistance facility dedicated for use by persons who are homeless
2. Voucher: Beds located in a hotel or motel and made available by the homeless assistance project through vouchers or other forms of payment
3. Other: Beds located in a church or other facility not dedicated for use by persons who are homeless

Bed & Unit Availability

1. Year-Round: year-round beds and units available on a year-round basis.
2. Seasonal Beds: Seasonal beds are not available year-round but instead are available on a planned basis, with set start and end dates. Please identify only the total number of seasonal beds available for occupancy on the night of the count.

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 the count.

Based on the 2018 HIC submission, this Project's Emergency Shelter Beds Information is listed below.

	Bed Type	Bed & Unit Availability	Overflow Beds Number
2018			

33. **Are the numbers listed above correct for 2019?** *

- ◉ Yes
- ○ No

34. **You indicated some of the information is incorrect, please indicate what information must be updated.** *

- ☐ Bed Type
- ☐ Bed & Unit Availability
- ☐ Overflow Bed Numbers

35. **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)

36. **You indicated the Bed & Unit Availability has changed. Please select the updated option and number of beds this change has affected.**

Please note the total number of beds cannot exceed your Total Bed Number.

Year-Round Beds: Year-round beds 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 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 the count.

*

Year Round Beds [   ]

Seasonal Beds [   ]

37. **You indicated the Overflow Beds number has changed, please state the updated number.**

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, please report the number of overflow beds that were occupied on the night of the count. *

Overflow Beds [   ]

Section VI: New/Under Development Beds

Section VI: Current/Under Development Beds

The following section asks about New and Under Development Beds and/or Units.

If your project's capacity increased in beds and/or units from February 1, 2018 to January 31, 2019; the inventory will be considered as "Current".

Current Beds/Units: Your current beds are any available for occupancy on the night of January 24, 2019.

Under Development Beds/Units: Any beds and/or units that are fully funded in FY19 and will be available for occupancy by February 2020.

Based on 2018 HIC submission, this Project has a current Beds and/or Unit inventory of:

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

	Current Beds	Current Units
2018		

38. The previous section indicated the current bed and unit totals for your project based on the 2018 HIC submission. Were the 'Current Bed and Unit' totals correct?

* *Note* - *If your project did not participate in the 2018 HIC submission process, please indicate, 'No - The current bed total is not correct,' and provide the current amount as the prompt indicates.* * *

- ⊙ Yes - The 'Current Beds and/or Units' total is correct.

- ⊙ No - The 'Current Beds and/or Units' total is not correct.

39. You indicated the 'Current Beds and/or Units' recorded during the 2018 HIC submission was incorrect. Please record the correct totals below. *

Correct number of 'Current Beds'   [   ]

Correct number of 'Current Units'   [   ]

40. Does your project have any new, fully funded Beds and/or Units under development that will be ready for occupancy by February 2020? *

○ Yes - Our project has new fully funded Beds and/or Units that are not available for occupancy at this time, but will be available by February 2020.

○ No - Our project will not have new Beds and/or Units by February 2020.

41. You indicated this project has new, fully funded beds and/or units that will be ready by February 2020. Please record the new bed and/or unit totals below. *

Number of Beds under development   [   ]

Number of Units under development   [   ]

Section VII: Bed Occupancy

Section VII: 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 24, 2019.

*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 24th.

RRH Beds: RRH beds must be counted for the number of 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, 2.) no longer homeless, and 3.) are in permanent housing on the night of January 24, 2019. All members of the families that occupy a bed (see definition for bed above) should be counted individually.

VA SSVF Beds: SSVF must be counted for the number of current participants who are 1.) actively enrolled in the project on the night of January 24, 2019 2.) are categorized as Rapid Rehousing in HMIS, 3.) are not receiving SSVF homelessness prevention services only, 4.) are no longer homeless, and 5.) are in permanent housing on the night of January 24, 2019. All members of the families that occupy a bed (see definition for bed above) should be counted individually.

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

42. **Based on the Total Bed Numbers, please indicate which beds were Occupied and Unoccupied on the night of January 24, 2019 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) *			

43. **Please enter the total number of people in this project on the night of January 24th. 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. *

44. **Was this project at full capacity on the night of January 24th?** *

- ○ Yes
- ○ No

45. **You indicated this project was not at full capacity, did you have any unoccupied/vacant beds available on the night of January 24th 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

46. **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

47. **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 [   ]

48. **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

49. **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 VIII: HMIS Participation

Page description:

Section VIII: HMIS Participation

This section is related to the Project's Homeless Management Information System (HMIS) participation.

HMIS Bed Participating*: If the project makes a reasonable effort to record all universal data elements on all clients served in that bed and discloses that information through the Data Quality Assessment on a quarterly basis.*

The Project will be able to identify with 3 levels of HMIS Bed Participation

1. Yes - All Beds Participate in HMIS
2. No - This Project does not participate in HMIS because it is a Domestic Violence Project
3. No - This Project does not participate in HMIS

Please ensure the Total Beds and Units numbers are correct and if needed, discuss this information with your agency's Agency Technical Administrator (ATA).

If a part of a project's inventory does not participate in HMIS, it will be separated into two HMIS projects.

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

Based on the 2018 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
2018		

◀ ▮▮ ▶

50. **Has this Project's level of Bed Participation changed?** *

○ Yes - This Project's HMIS Participating Beds has changed

○ No - This Project's HMIS Participating Beds have not changed from 2018

51. **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

○ No - This project is a Domestic Violence Project

○ No - This Project does not Participate in HMIS

52. **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 IX: Dedicated Beds

Section IX: Dedicated 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

A dedicated bed must be filled by the population indicated above. **A dedicated bed is a higher standard than prioritizing.** Please refer to the following definitions when completing this section.

Chronic Homeless Dedicated Bed: <u>For PSH Only</u>: 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 2018 HIC, the following Dedicated Beds were reported for this Project.

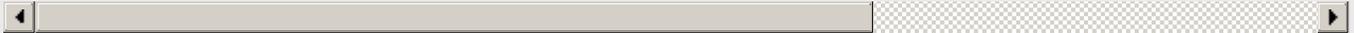*This question is only for your reference. Please complete any necessary updates in the following questions*

	Chronically Homeless Beds (PSH Projects only)	Veteran Beds	Youth Bec
2018			

53. **Based on the 2018 HIC Dedicated Beds, are these numbers accurate for this Project in 2019?** *

○ Yes - the numbers listed above are correct

○ No - the numbers listed above are incorrect

54. 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

55. 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 [   ]

56. 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 [   ]

57. 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

58. 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. *

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

60. **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

Total : 0

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

62. **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

Total : 0

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

64. **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

Total : 0

65. **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

Total : 0

Section X: HIC Units

Section X: 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.

Funded Unit: Please indicate the total funded number of units available and is indicated to the funding source for the project.

Over-Capacity Unit: Indicate the total maximum number of units that are utilized when this project is considered over capacity.

Total Unit: For the purpose of the HIC, indicate the total number of units available in the event the project is over capacity (e.g Funded units + Over Capacity units = Total units).

The following numbers are for the **Units** at the Project reported in the 2018 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 Total Unit numbers.

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

	Funded Units	Over-Capacity Unit	Total Units
2018			

66. Are the Total Unit numbers accurate for 2019? *

- ○ Yes
- ○ No

67. You indicate the Unit numbers must be updated. Please indicate which Unit number must be updated. *

- ☐ Funded Units
- ☐ Over-Capacity Units
- ☐ Total Units

68. You indicated the Funded Units number has changed, please state the updated Funded Units number for this Project. *

Funded Units [   ]

69. You indicated the Over-Capacity Units number has changed, please state the updated Over-Capacity Units number for this Project. *

Over-Capacity Units [   ]

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

Total Units [   ]

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

Section XI: Unit Occupancy

Section XI: 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 24, 2019.

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.

72. Based on the Total Unit Numbers, please indicate the number of Occupied and Unoccupied Units on the night of January 24, 2019 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) *		

73. **You indicated this project was not at full capacity on January 24th. 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

74. **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

75. 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

Section XII: Informational

Section XII: Informational

Please provide a response regarding a dual partnership. If this project has a dual partnership with another agency/project and serve the same clients. For example, this project provides the housing while another project provides the services. Please provide a response to the questions below.

76. Does this project have a dual partnership with another agency/project? *

  ○ Yes

  ○ No

77. You indicated this project has a dual partnership with another agency/project. Please provide the name of the agency, project name and type of services the other agency provides.

Types of Services are items such as Housing or Supportive Services (e.g case management)
*

Agency Name	
Project Name	
Type of Service Provided	

78. Please indicate any additional information which will help the All Chicago staff review.

Thank You!

Thank you for completing the 2019 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 2019 if there are any questions regarding your submission. If you have any questions prior to February regarding the HIC submission, please contact Max Burns at cocprograms@allchicago.org.

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