

2023 Housing Inventory Count (HIC)

Project Information Sheet

For project types: **Emergency Shelter, Transitional Housing, Permanent Housing, Rapid Re-Housing** (Complete one per Program)

Date: _____

Information Verified By: _____

Check box if this Project enters data into HMIS

Full Organization Name:		_____	
HMIS Project Name: <i>As it appears in HMIS if applicable</i>		_____	
Project Address: Location of the principal site or for multiple site projects, the location in which the majority of the projects clients are housed.		Street Number: _____ City: _____ State: _____ Zip Code: _____	
Project Type:	Geo Code: <i>If multiple sites, use the Geo Code where most of the sites are located.</i>	Target Population: <i>If project is designed to serve at least 75% of the clients served by the project fit the target group descriptor.</i>	
<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Rapid Re-Housing <input type="checkbox"/> Permanent Housing <input type="checkbox"/> Other PH _____	<input type="checkbox"/> 063798 (Turlock) <input type="checkbox"/> 062292 (Modesto) <input type="checkbox"/> 069099 (Stanislaus)	<input type="checkbox"/> DV: Domestic Violence under (VAWA) <input type="checkbox"/> Participating in Comparable database <input type="checkbox"/> Yes, [name] _____ <input type="checkbox"/> No <input type="checkbox"/> HIV: Persons living with HIV/AIDS <input type="checkbox"/> NA: Not Applicable	
Note: CoCs should only select S+C, SRO, or SHP as the McKinney-Vento funding source if they still have funding and use requirements associated with that funding. Projects that were originally funded under those programs but are currently being renewed under the CoC Program should only identify CoC as the funding source.			
McKinney-Vento			
Emergency Solutions Grants Program (ESG)	<input type="checkbox"/> Yes, select type: <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Rapid Re-Housing <input type="checkbox"/> No		
Emergency Solutions Grants Program (ESG) CV	<input type="checkbox"/> Yes, select type: <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Rapid Re-Housing <input type="checkbox"/> No		
Continuum of Care Program (CoC)	<input type="checkbox"/> Yes [select type] <input type="checkbox"/> No		
If yes, Continuum of Care Program (CoC) select type:	<input type="checkbox"/> CoC Safe Haven <input type="checkbox"/> CoC Transitional Housing <input type="checkbox"/> CoC Permanent Supportive Housing <input type="checkbox"/> CoC Rapid-Re-Housing <input type="checkbox"/> CoC Single Room Occupancy <input type="checkbox"/> CoC YHDP <input type="checkbox"/> CoC Joint Component TH/RRH		
Shelter Plus Care Program (S+C)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Section 8 Moderate Rehabilitation Single-Room Occupancy program (SRO), including grants formerly funded under McKinney-Vento but renewed under Section 8	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Supportive Housing Program (SHP)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
HUD HOME	<input type="checkbox"/> Yes <input type="checkbox"/> No		
HUD HOME (ARP)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
HUD: PIH (Emergency Housing Vouchers)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Note: CoCs should not report VA-funded Mental Health Residential Rehabilitation Treatment Program – Domiciliary Care for Homeless Veterans (VADOM) inventory in the HIC. The VA and HUD determined that VADOM inventory are more appropriately identified as institutions and should not be included in the HIC or PIT count.			
Additional Federal Funding: <i>If there are multiple additional federal funding sources, select all that apply to project.</i>			
HUD-VA Supportive Housing (HUD-VASH)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Supportive Services for Veteran Families Program (SSVF)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SSVF Emergency Housing Assistance (EHA)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
VA: Grant and Per Diem Program (GPD)	<input type="checkbox"/> Yes [select type] <input type="checkbox"/> No		
If yes, Grant and Per Diem Program (GPD) select type:	<input type="checkbox"/> Bridge Housing <input type="checkbox"/> Low Demand <input type="checkbox"/> Hospital to Housing <input type="checkbox"/> Clinical Treatment <input type="checkbox"/> Service Intensive Transitional Housing <input type="checkbox"/> Transition in Place		
VA: Health Care for Homeless Veterans (HCHV)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
HHS: RHY Basic Center Programs (BCP)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
HHS: RHY Transitional Living Program (TLP)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
HHS: RHY Maternity Group Homes for Pregnant and Parenting Youth (MGH)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

HHS: RHY Demonstration Project	<input type="checkbox"/> Yes <input type="checkbox"/> No
HUD Housing Opportunities for Persons with AIDS (HOPWA) program	<input type="checkbox"/> Yes <input type="checkbox"/> No
HUD Public and Indian Housing (PIH) programs (non-VASH), including public housing and housing choice voucher inventory that is dedicated to homeless persons	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Housing Type:

Site-based – single site Site-based – clustered / multiple site Tenant-based – scattered site

Victim Service Provider: *Identify if project is a victim services provider and is prohibited from HMIS participation*

Yes No

Guide:

Bed Type (For Shelter Only): Bed Type describes the type of beds offered by emergency shelter projects according to the following:
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/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.
Bed and Unit Availability: Whether the beds and units are available on a planned basis year-round, or seasonally (during a defined period of high demand), or on a temporary basis as demand indicates.
Year-Round Beds/Units: Year-round beds and units are available on a year-round basis.
Seasonal Beds (Emergency Shelter Only): Seasonal beds are not available year-round, but are available on a planned basis, with set start and end dates, during an anticipated period of higher demand. For the HIC, identify only the total number of seasonal beds available for occupancy on the night of the inventory count.
Overflow Beds (Emergency Shelter Only): 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. For the HIC, identify only the total number of overflow beds that were occupied on the night of the inventory count.

Inventory Type: *Current: all Inventory that is operational on the night of the count or Under Development: all inventory that is projected but not in operational on the night of the count.*

Current Inventory Under Development, is project expected to begin operation within the next 12 months? Yes No

Bed Type: *For Shelter use only*

Facility-based beds Voucher beds Other beds

All Year-Round Bed/Units for Households: *Shelter, Rapid Re-Housing (RRH), Transitional Housing (TH), Permanent Housing (PSH)*

...With Children			...Without Children			...With only Children <18	
Beds	Units	HMIS Beds	Beds	HMIS Beds		Beds	HMIS Beds
_____	_____	_____	_____	_____		_____	_____
Veterans Beds	Youth Beds	Chronic Beds (PSH Only)	Veterans Beds	Youth Beds	Chronic Beds (PSH Only)		Chronic Beds (PSH Only)
_____	_____	_____	_____	_____	_____		_____

Note: Only PSH projects serving households with children and households without children can designate beds specifically for the chronically homeless. The number of beds specifically designated for the chronically homeless, Youth or Veterans should include all of the beds associated with the unit even those occupied by family members and cannot be greater than the number of total beds in the project.

Seasonal Beds: *For Shelter use only*

Beds	HMIS Beds	Start Date ____/____/____	End Date ____/____/____
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Overflow Beds: *For Shelter use only*

Beds	HMIS Beds	
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All Projects: Point-in-Time Homeless Count of People in this project on night of 1/25/2023. _____

