

2016 Housing Inventory Count Survey

Housing Inventory Count Survey Instructions

2016 Housing Inventory Count Survey

All surveys must be submitted by 5PM on Thursday, January 28, 2016.

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 26, 2016.

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. Therefore, we appreciate your attentiveness to this survey.

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. For the purposes of this survey, a project with beds/units is one where:

1. The primary intent of the project is to serve homeless

- persons/families;
2. The project verifies homeless status as part of its eligibility determination; and
 3. The clients are homeless or were homeless at the time of 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 Havens (SH)
- Interim Housing
- Emergency Shelter
- Youth -Intentional Permanent Supportive Housing (YI-PSH)
- Youth Transitional Housing - Scattered Site
- Youth Transitional Housing - Project Based
- Youth Transitional Housing - Interim Housing
- Youth Low Threshold Youth Overnight Shelter

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 Thursday, January 28, 2016. 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 cocoprograms@allchicago.org or 312-379-0301 ext 20.

For HMIS related questions, please contact the HMIS Helpdesk at hmis@thechicagoalliance.org or 312-379-9807.

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

Full Name

Email

3. Site Address

For Scattered Sites: Please indicate [zip codes](#) for all sites

For Project Address: please indicate full address including zip code

*

- Scattered Sites (enter zip codes):

*

- Project Address:

*

- Domestic Violence - Address Confidential

4. Please indicate the funding source for this project.

Please indicate all funding sources for this project.

*

- Emergency Solutions Grant Program (ESG)
- Continuum of Care Program (CoC)
- Shelter Plus Care Program (S+C)
- Section 8 Moderate Rehabilitation Single-Room Occupancy Program (SRO), including grants formerly funded under McKinney-Vento but renewed under Section 8
- Chicago Low Income Housing Trust Fund (LIHTF)
- HUD Housing Opportunities for Persons with AIDS (HOPWA)
- Department of Veterans Affairs (VA)
- Supportive Housing Program (SHP)
- HUD-VA Supportive Housing (HUD-VASH)
- Supportive Services for Veteran Families Program (SSVF)
- VA Grant Per Diem Program (GPD)
- VA Health Care for Homeless Veterans (HCHV)

- VA Domiciliary Care of Homeless Veterans (VADOM)
- VA Compensated Work Therapy-Transitional Residence (CWT/TR)
- Private Funding
- HHS RHY Basic Center Programs (BCP)
- HHS RHY Transitional Living Program (TLP)
- HHS RHY Maternity Group Homes for Pregnant and Parenting Youth (MGH)
- HUD Public and Indian Housing (PIH) Programs (non-VASH), including public housing and housing choice voucher inventory that is dedicated to homeless persons
- 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.

5. Based on your 2015 HIC, the Chicago Program Model Type and HUD type is displayed below.

	Chicago Program Model	HUD Type	Bed Type (Emergency Shelter Only)
2015	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Is the Chicago Program Model, HUD Type and Bed Type 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

7. If all types listed are correct, is the HUD Type stated as Transitional Housing or Emergency Shelter? *

- Yes - This is a Transitional Housing Project
- Yes - This a Emergency Shelter Project
- No - This is not a Transitional Housing or Emergency Shelter Project.

8. 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)

9. 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)

10. You indicated the HUD type was incorrect for this project. Please indicate the correct HUD type for this project.

Transitional Housing (TH): A project that is designed to provide homeless individuals and families with the 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 offers temporary shelter (lodging) for the homeless in general or specific populations of the homeless for a period of 90 days or less.

Permanent Housing (PH): A project that offers permanent housing and supportive services to assist homeless persons with a disability to live independently.

Permanent Housing - Rapid Rehousing (PH-RRH): A project that provides short term housing subsidy (8 months of rental assistance or less).

Other Permanent Housing (OPH): A project that offers a permanent housing and supportive services to assist the homeless person/family to live independently.

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 (PH)
- Permanent Housing - Rapid Rehousing (PH - RRH)
- Other Permanent Housing (OPH)
- Safe Haven (SH)

11. 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

Section III: Target Population

Section III: Target Population

The following section is designed to identify projects whom 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. Projects can also select to not have a target population or subpopulation.

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

12. Based on the 2015 HIC, the Project selected the following as the Target Population and Subpopulation

	Target Population	Subpopulation
2015	<input type="text"/>	<input type="text"/>

13. Is the Target Population and Subpopulation correct for the project? *

- Yes
- No

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

- Target Population
- Subpopulation

15. 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

16. 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

Section IV: HIC Beds

Page description:

Section IV: HIC Beds

The following section is related to the HIC Beds. Based on the HIC submission in 2015, a chart shows the information submitted in 2015 for your specific project. Please review to the numbers and select appropriately if the numbers are current for 2016.

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.

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 26, 2016, 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 26, 2016. 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 26, 2016 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 26, 2016. All members of the families that occupy a bed (see definition for bed above) should be counted individually.

17. The following numbers are for the Funded Beds, Funded Units and Bed & Units Availability at the project.

Funded 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.

	Funded Beds	Bed & Unit Availability (Emergency Shelters Only)	Overflow Beds (Emergency Shelters Only)
2015	<input type="text"/>	<input type="text"/>	<input type="text"/>

18. Are these numbers still accurate? *

- Yes
- No

19. You indicated, the Funded Bed, Bed & Unit Availability and/or Overflow Beds number has changed in 2016. Please indicate which has changed. *

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

20. 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, 2015 to January 26, 2016; please be sure to also complete the Section V: New/Under development Beds. **

21. You indicated the Funded Beds have changed. Please provide an explanation for the increase/decrease. *

22. 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 Funded 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 26th.*

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

23. Based on the **Funded Bed Numbers**, please indicate the number of Occupied and Unoccupied **Beds** on the night of January 26, 2016 based on the household type. Please remember your total MUST add up to the total number of Funded Beds available at this project.

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 available for occupancy on the night of the count.*

Small Children Doubled Up: *If this project had small children doubled up in one bed, please count only 1 bed as occupied.*

Infant(s) in Crib: *If a crib was utilized for an infant, please do not count as a bed. Please*

count the number of cribs occupied under the Crib category.

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.

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

	Occupied Beds *	Unoccupied Beds *	Cribs *
Households without Children *	<input type="text"/>	<input type="text"/>	<input type="text"/>
Households with at least one adult and one Child *	<input type="text"/>	<input type="text"/>	<input type="text"/>
Households with only Children *	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total (Sum of the Columns Above) *	<input type="text"/>	<input type="text"/>	<input type="text"/>

24. Please enter the total number of people in this project on the night of the count. 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.

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

25. Was this project at full capacity on the night of January 26th? *

- Yes
- No

26. You indicated this project was not at full capacity, did you have any unoccupied beds available on the night of the count 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

27. You indicated you had unoccupied 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

28. You indicated there were beds available for different types of households. Please indicate the number of beds available 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 Available

Household Types

29. 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

30. 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 V: New/Under Development Beds

Section V: New/Under Development Beds

The following section is designed to identify New Beds and Under development Beds.

If your project increased in bed/unit capacity from February 1, 2015 to January 31, 2016; the inventory will be considered as "New".

In order for All Chicago to appropriately classify the inventory type, All Chicago will compare the number of beds available in the 2016 HIC to the previously submitted HIC. If you are unsure regarding the total number of Beds and Units reported in 2015, please refer to the 2015 Housing Inventory Count Report. If you would like further information on New and Under Development beds reported in 2015, please contact cocoprograms@allchicago.org.

New Beds/Units: Any Beds and Units that became available for occupancy from February 1, 2015 to January 31, 2016.

Under Development Beds: Any Beds and Units that are fully funded but not available for occupancy as of January 31, 2016. These beds are expected to be available for occupancy by January 2017.

31. Did your project have any New Beds and/or Units between February 1, 2015 and January 31, 2016? *

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

32. You indicated the project increased in New Beds and/or Units. Please indicate the number of New Beds/Units *

Number of New Beds

Number of New Units

33. Does this project expect to have any Beds and/or Units to come online from February 1, 2016 to January 31, 2017? *

- 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.

34. You indicated this project is expected to increase in Beds/Units from February 2016 to January 31, 2017. Please indicate the expected number of Beds and Units *

Anticipated Beds

Anticipated Units

Section VI: HMIS Participation

Page description:

Section VI: HMIS Participation

This section is related to the Project's Homeless Management Information System (HMIS) participation. HMIS is an electronic database used to hold information on the characteristics and service needs of people experiencing homelessness in the City of Chicago.

HMIS Bed Participating: *For the purpose of the HIC, a bed is considered as "an HMIS participating bed" 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 agreed upon means to the HMIS lead agency at least once annually.*

The Project will be able to identify with 4 levels of HMIS Bed Participation

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

Please be advised the HMIS team will receive this information and update the HMIS Bed and Inventory list to reflect the number of Funded Beds and Units for this project. This information will also be compared to the Project's Bed List that will be utilized in future Data Quality Assessments. Please ensure the Funded Beds and Units numbers are correct and if needed, discuss this information with your agency's ATA.

If you would like further information on the HMIS system, please contact the [HMIS HelpDesk](#).

35. Based on the 2015 HIC, this Project reported the following in regards to the level of HMIS Bed Participation. *

HMIS Participating Beds

2015

36. Has this Project's level of Bed Participation changed from 2015? *

- Yes - This Project's HMIS Participating Beds has changed
- No - This Project's HMIS Participating Beds have not changed from 2015

37. You indicated the level of HMIS Bed Participation has changed. Please select the appropriate HMIS Bed Participation for this project.

HMIS Bed Participating: For the purpose of the HIC, a bed is considered "an HMIS participating bed" 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 agreed upon means to the HMIS lead agency at least once annually". *

- 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

38. You indicated only some of the beds participate in HMIS, please indicate the number of beds that participate.

A bed is considered as "HMIS participating bed" if the project makes a reasonable effort to record all universal data elements on all clients served in that bed and discloses that information to the HMIS Lead Agency at least once annually. *

39. You indicated only some of your beds participate in HMIS, please explain the reason for partial participation. *

40. You indicated your project does not participate in HMIS. Please indicate the reason for non-participation in HMIS. *

Section VII: Specialized Beds

Section VII: Specialized Beds

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

- Chronic Homeless
- Veterans
- Youth

Please refer to the following definitions when completing this section.

Chronic Homeless Dedicated Bed: For Permanent Supportive Housing Only: A dedicated bed is a bed that must be filled by a chronically homeless person and their families who qualifies for the project unless there are no chronically homeless persons located within Chicago. This number is a subset of the total number of Funded beds and must be equal to or less than the total Funded bed inventory.

Veteran Dedicated Bed: A dedicated bed is a bed that must be filled by a homeless veteran and their families who qualifies for the project unless there are no chronically homeless persons located within Chicago. This number is a subset of the total number of Funded beds and must be equal to or less than the total Funded bed inventory.

Youth Dedicated Bed: A dedicated bed is a bed that must be filled by a homeless you, including parenting youth and unaccompanied youth, who qualifies for the project unless there are no chronically homeless persons located within Chicago. This number is a subset of the total number of Funded beds and must be equal to or less than the total Funded bed inventory.

41. Based on the 2015 HIC, it was reported the following Dedicated Beds for this Project.

	Chronically Homeless Beds (PSH Projects only)	Veteran Beds	Youth Beds	Youth Beds: Age Range
2015	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

42. Based on the 2015 HIC Dedicated Beds, are these numbers accurate for 2016? *

- Yes
- No

43. You indicated the number of Dedicated Beds are incorrect. Please select which Dedicated Beds must be updated. *

- Chronic Homeless
- Veterans
- Youth

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

*The total amount must equal your total number of Chronic Homeless Dedicated Bed(s). It must be less or equal to the total Funded Beds for this Project. **

Households without Children

Households with at least One Adult and One Child

Households with Only Children

Total : 0

45. 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 must be less or equal to the total Funded Beds for this Project. **

Households without Children

Households with at least One Adult and One Child

Households with Only Children

Total : 0

46. 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 must be less or equal to the total Funded Beds for this Project. **

Households without Children

Households with at least One Adult and One Child

Households with Only Children

Total : 0

47. Does this Project have any Dedicated Beds? *

Yes

No

48. Based on the Number of Dedicated Beds, please indicate the type of Households the dedicated bed will serve.

*Please note the total number of beds cannot exceed the total number of Funded Beds for this Project. **

	Chronic Homeless Bed	Veteran Bed	Youth Bed
Households with No Children	<input type="text"/>	<input type="text"/>	<input type="text"/>
Households with at least one Adult and one Child	<input type="text"/>	<input type="text"/>	<input type="text"/>
Households with Only Children	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section VIII: HIC Units

Section VIII: 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 26, 2016, 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 26, 2016. Examples would be apartments and/or houses.

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

49. The following numbers are for the Funded Units at the project reported in the 2015 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.

Funded Units

2015

50. Are the Funded Unit numbers still accurate? *

Yes

No

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

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

53. Based on the **Funded Unit Numbers**, please indicate the number of Occupied and Unoccupied **Units** on the night of January 26, 2016 based on the household type. Please remember your total should add to the total number of Funded Units available at this project.

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

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

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 *	Unoccupied Units *
Households without Children *	<input type="text"/>	<input type="text"/>
Households with at least one adult and one Child *	<input type="text"/>	<input type="text"/>
Households with only Children *	<input type="text"/>	<input type="text"/>
Total *	<input type="text"/>	<input type="text"/>

54. You indicated this project was not at full capacity on January 26th. 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

55. You indicated you had 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

56. You indicated you had 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

57. It has been indicated this project is a Transitional Housing Project, please select the Unit Type that best describes the type of beds and units offered by this project.

Single Site: Beds and units are located on a single site (e.g., congregate or project-based).

Multiple Sites: Beds and units are located in multiple sites (e.g., scattered-site or clustered). *

- Single Site
- Multiple Site

Optional Question

Page description:

Optional Employment Question

As part of Chicago's Plan to End Homelessness 2.0, the Employment Task Force has been working to improve our system's success in assisting jobseekers who are experiencing homelessness. Your answer to the question below helps us understand how many people need employment services and how well our system is serving their needs.

This question is optional and is not required to be entered as part of the HIC data collection.

58. How many participants that you are serving have a goal of working and are actively seeking employment?

Thank You!

Thank you for completing the 2016 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 2016 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.