

SHELTERED COUNT of HOMELESS PERSONS

Emergency Shelters and Transitional Housing

Tuesday, January 21, 2020

PROGRAM INFORMATION			
Agency:		Program Name:	
County:		Contact Person:	
Phone:		Email:	
Address:			
Is this program under development (is fully funded, but is not yet operational)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, is the program expected to begin operation within the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does this program receive funding from any of the following federal sources (check all that apply):			
<input type="checkbox"/> Continuum of Care (CoC)		<input type="checkbox"/> VA Grant and Per Diem (GPD)	
<input type="checkbox"/> Emergency Solutions Grants (ESG)		<input type="checkbox"/> HHS RHY Basic Center Program (BCP)	
<input type="checkbox"/> VA Health Care for Homeless Veterans (HCHV)		<input type="checkbox"/> HHS RHY Transitional Living Program (TLP)	
<input type="checkbox"/> VA Compensated Work Therapy-Transitional Residence (CWT/TR)		<input type="checkbox"/> HHS RHY Maternity Group Homes (MGH)	
		<input type="checkbox"/> Other (specify):	
Does this program target one of the following populations (at least 75% of clients fall into the category):			
<input type="checkbox"/> Victims of domestic violence <input type="checkbox"/> Veterans <input type="checkbox"/> People with HIV/AIDS			

BED INVENTORY (see definitions at the end of this form)						
How many beds does your program have? (HMIS users: verify beds listed here match the beds in HMIS)						
	# of beds for adults	# of beds for families	# of units for families	# of beds for households of only children	# of overflow beds	# of hotel/motel voucher beds used
Emergency Shelter Beds						
Seasonal Shelter Beds Dates open: from _____ to _____						
Transitional Housing Beds <input type="checkbox"/> Single-Site/Project-Based Units <input type="checkbox"/> Multiple-Site/Scattered Units						
Total Beds						
Out of your total beds, do you have any beds that are dedicated for:						
Veterans						
Youth under age 18 only						
Youth age 18-24 only						
Youth up to age 24 (under 18 and 18-24)						
Has your bed inventory changed since the 2019 count?						
<input type="checkbox"/> Increased by _____ beds (explain:)						
<input type="checkbox"/> Decreased by _____ beds (explain:)						
<input type="checkbox"/> No change						
If this program provides scattered-site housing, in what county are most of the beds located?						

TOTAL HOMELESS COUNT (all people)

		Emergency Shelter	Seasonal Shelter	Transitional Housing
Households with Adults <u>and</u> Children (adults and children who are together on the night of the count)				
1	Number of Households			
2	Total Number of People			
3	# of People age 17 or younger			
4	# of People age 18-24			
5	# of People age 25 or older			
6	# of People in Chronically Homeless Families (head of household has a disability AND has been homeless for at least 1 year or has had 4 episodes totaling 12 mos. in last 3 years)			
7	# of Households that are Chronically Homeless (head of household has a disability AND has been homeless for at least 1 year or has had 4 episodes totaling 12 mos. in last 3 years)			
	Gender (adults and children)			
8	Female			
9	Male			
10	Transgender / Do not Identify as male, female, transgender	/	/	/
	Ethnicity (adults and children)			
11	Non-Hispanic/Non-Latino			
12	Hispanic/Latino			
	Race (adults and children)			
13	White			
14	Black or African-American			
15	Asian			
16	American Indian or Alaska Native			
17	Native Hawaiian or Other Pacific Islander			
18	Multiple Races			
Households <u>without</u> Children (single adults, adult couples without children, adults with adult sons/daughters)				
19	Number of Households			
20	Total Number of People			
21	# of People age 18-24			
22	# of People age 25 or older			
23	# of People who are Chronically Homeless (have a disability AND have been homeless for at least 1 year or have had 4 episodes totaling 12 mos. in last 3 years)			
	Gender			
24	Female			
25	Male			
26	Transgender / Do not Identify as male, female, transgender	/	/	/
	Ethnicity			
27	Non-Hispanic/Non-Latino			
28	Hispanic/Latino			
	Race			
29	White			
30	Black or African-American			
31	Asian			
32	American Indian or Alaska Native			
33	Native Hawaiian or Other Pacific Islander			
34	Multiple Races			

TOTAL HOMELESS COUNT continued

		Emergency Shelter	Seasonal Shelter	Transitional Housing
Households of Only Children (all members of household are under 18: unaccompanied children, adolescent parents and their children, adolescent siblings, etc.)				
35	Number of Households			
36	Total Number of Children age 17 or younger			
37	# of Unaccompanied Children who are Chronically Homeless (have a disability AND have been homeless for at least 1 year or have had 4 episodes totaling 12 mos. in last 3 years)			
38	# of Parenting Youth & Children in Chronically Homeless Families (head of household has a disability AND has been homeless for at least 1 year or has had 4 episodes totaling 12 mos. in last 3 years)			
39	# of Parenting Youth Households that are Chronically Homeless (head of household has a disability AND has been homeless for at least 1 year or has had 4 episodes totaling 12 mos. in last 3 years)			
Gender				
40	Female			
41	Male			
42	Transgender / Do not Identify as male, female, transgender	/	/	/
Ethnicity				
43	Non-Hispanic/Non-Latino			
44	Hispanic/Latino			
Race				
45	White			
46	Black or African-American			
47	Asian			
48	American Indian or Alaska Native			
49	Native Hawaiian or Other Pacific Islander			
50	Multiple Races			
TOTALS (will auto-calculate if form is filled out in Microsoft Word)				
51	Total Homeless People (Rows 2+20+36)			
52	Total People Age 18 and Over (Rows 4+5+20)			
53	Total Chronically Homeless People (Rows 6+23+37+38)			
SUBPOPULATION COUNT (adults only)				
SUBPOPULATIONS: How many <u>adults</u> are:				
54	Seriously Mentally Ill			
55	Substance Use Disorder			
56	Persons with HIV/AIDS			
57	Victims of Domestic Violence (optional)			
DISCHARGES: How many <u>adults</u> were discharged from the following systems within 30 days of becoming homeless?				
58	Criminal Justice System (jails, prisons)			
59	Behavioral Health System (mental health/substance use)			
60	Health Care System (hospitals)			

PLEASE CONTINUE ON THE NEXT PAGE

VETERAN SUBPOPULATION COUNT:

Out of the total households listed above, please list the following information for households that included a veteran.

		Emergency Shelter	Seasonal Shelter	Transitional Housing
Veteran Households with Adults <u>and</u> Children (adults and children who are together on the night of the count)				
61	Number of Households			
62	Total Number of People			
63	Total Number of Veterans			
64	# of People in Chronically Homeless Families (head of household has a disability AND has been homeless for at least 1 year or has had 4 episodes totaling 12 mos. in last 3 years)			
65	# of Households that are Chronically Homeless (head of household has a disability AND has been homeless for at least 1 year or has had 4 episodes totaling 12 mos. in last 3 years)			
Gender (veterans only)				
66	Female			
67	Male			
68	Transgender / Do not Identify as male, female, transgender	/	/	/
Ethnicity (veterans only)				
69	Non-Hispanic/Non-Latino			
70	Hispanic/Latino			
Race (veterans only)				
71	White			
72	Black or African-American			
73	Asian			
74	American Indian or Alaska Native			
75	Native Hawaiian or Other Pacific Islander			
76	Multiple Races			
Veteran Households <u>without</u> Children (single adults, adult couples without children, adults with adult son/daughters)				
77	Number of Households			
78	Total Number of People			
79	Total Number of Veterans			
80	# of People who are Chronically Homeless (have a disability AND have been homeless for at least 1 year or have had 4 episodes totaling 12 mos. in last 3 years)			
Gender (veterans only)				
81	Female			
82	Male			
83	Transgender / Do not Identify as male, female, transgender	/	/	/
Ethnicity (veterans only)				
84	Non-Hispanic/Non-Latino			
85	Hispanic/Latino			
Race (veterans only)				
86	White			
87	Black or African-American			
88	Asian			
89	American Indian or Alaska Native			
90	Native Hawaiian or Other Pacific Islander			
91	Multiple Races			

PLEASE CONTINUE ON THE NEXT PAGE

YOUTH SUBPOPULATION COUNT:

Out of the total households listed above, please list the following information for households composed entirely of youth (all people in the household are age 24 or younger).

		Emergency Shelter	Seasonal Shelter	Transitional Housing
Unaccompanied Youth Households (age 24 or younger without their parent/guardian present: single youth, youth couples, groups of youth)				
92	Number of Households			
93	Total Number of Unaccompanied Youth			
94	Number of Unaccompanied Children 17 or younger			
95	Number of Unaccompanied Young Adults age 18-24			
Gender				
96	Female			
97	Male			
98	Transgender / Do not Identify as male, female, transgender	/	/	/
Ethnicity				
99	Non-Hispanic/Non-Latino			
100	Hispanic/Latino			
Race				
101	White			
102	Black or African-American			
103	Asian			
104	American Indian or Alaska Native			
105	Native Hawaiian or Other Pacific Islander			
106	Multiple Races			
Parenting Youth Households (parent(s) age 24 or younger whose children are with them on night of the count)				
107	Number of Households			
108	Total Number of People			
109	Number of Parenting Youth (=a parent 24 or younger)			
110	Number of Parenting Youth age 17 or younger			
111	Number of Parenting Youth age 18-24			
112	Number of Children with Parenting Youth (children 17 or younger with parent(s) 24 or younger)			
Gender (parenting youth only)				
113	Female			
114	Male			
115	Transgender / Do not Identify as male, female, transgender	/	/	/
Ethnicity (parenting youth only)				
116	Non-Hispanic/Non-Latino			
117	Hispanic/Latino			
Race (parenting youth only)				
118	White			
119	Black or African-American			
120	Asian			
121	American Indian or Alaska Native			
122	Native Hawaiian or Other Pacific Islander			
123	Multiple Races			

METHODOLOGIES

What methods were used to conduct your sheltered count?

Survey/interview with homeless persons HMIS Other (specify:)

DEFINITIONS OF TERMS

Program Types

- **Emergency Shelter** provides temporary overnight shelter for homeless persons for up to 90 days.
 - Programs include publicly and privately funded emergency shelter programs, domestic violence shelters, hotel/motel vouchers, VA Health Care for Homeless Veterans Community Contract Emergency Housing & Residential Treatment Program, HHS Runaway and Homeless Youth Basic Center Programs
- **Seasonal Shelter** provides temporary overnight shelter for homeless persons on a planned basis, with set start and end dates, during high-demand times of the year (usually cold-weather months).
- **Transitional Housing** provides temporary housing and supportive services for homeless persons for 12 to 24 months.
 - **Single-site** programs have beds/units located on a single site (e.g., congregate or project-based).
 - **Multiple-site** programs have beds/units located in multiple sites (e.g., scattered-site or clustered).
 - Programs include publicly and privately funded transitional housing, HUD CoC-funded transitional housing, HHS Runaway and Homeless Youth Transitional Living Programs/Maternity Group Homes/Support System for Rural Homeless Youth, VA Grant and Per Diem, VA Compensated Work Therapy-Transitional Residence

Beds and Units

- **Beds for Adults** are designated for households in which everyone is an adult age 18 or over (single adults, adult couples without children, adults with adult sons/daughters).
- **Beds for Families** are designated for households of adults and children.
- **Units for Families** are separate rooms, units, or buildings designated to each house one family.
- **Beds for Households of Only Children** are designated for households in which everyone is under 18 (unaccompanied children, adolescent parents and their children, adolescent siblings, etc.)
 - If beds are not designated exclusively for a particular type of household, record the beds according to how they were used on the night of the PIT. If the program is not at full capacity on the night of the PIT, pro rate the empty beds based on the distribution of the beds that were occupied.
- **Overflow Beds** are available on an ad hoc or temporary basis in response to demand that exceeds planned bed capacity. They can include cots, roll-aways, etc. that are only used when the "regular" beds are full. Record the total number of overflow beds available on the night of the PIT Count. If there is no fixed number, record the number of overflow beds that were occupied.
- **Hotel/Motel Beds** are beds located in a hotel or motel that are paid for by a program (shelter, DSS, church, etc.) either because the program has no beds of its own or its beds are full. All hotel/motel beds are considered emergency shelter beds regardless of what program provides them. Only record the number of hotel/motel beds that were in use on the night of the count.
- **Seasonal Beds** are available on a planned basis during high-demand times of the year (usually cold-weather months). Seasonal programs should record the dates their beds are available in the Bed Inventory chart (ex. open Dec. 15 to April 15).
- **Beds dedicated to veterans** are beds that are reserved for homeless veterans (and their families, if applicable). These beds must be filled by veterans unless there are no homeless veterans within the program's service area.
- **Beds dedicated to youth** are beds that are reserved for homeless youth up to age 24. These beds must be filled by youth unless there are no homeless youth within the program's service area. In the Bed Inventory chart, the program must indicate if the dedicated beds are reserved only for youth under age 18, only for youth ages 18-24, or for all youth up to age 24.

Households

- **Households with Adults and Children** are households in which at least one adult and one child are present on the night of the count.
- **Households without Children** include single adults, adult couples without children, and adults with adult sons/daughters. It also includes adults who have children, but whose children are not present with them on the night of the count.
- **Households of Only Children** are households in which every person is under the age of 18. This includes unaccompanied children under 18, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

Chronically Homeless

- Definition: a homeless individual (adult or youth) or a homeless family with a head of household (adult or youth) who:
 - Has a disabling condition (serious mental illness, substance use disorder, developmental disability, PTSD, cognitive impairments from brain injury, chronic physical illness or physical disability)**AND**
 - Has been homeless and living in a place not meant for human habitation or an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years where the combined length of time homeless on those occasions totals at least 12 months

Veteran

- An adult who has served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

Youth

- **Youth** are people age 24 or younger, including children under age 18 and young adults age 18-24.
- A **Youth Household** is a household made up entirely of youth age 24 or younger.
- A **Parenting Youth** is a person age 24 or younger who identifies as the parent/legal guardian of one or more children who are present with them on the night of the count, where there is no person over age 24 in that household.
- An **Unaccompanied Youth** is a person age 24 or younger who is not accompanied by a parent/legal guardian and is not a parent presenting with his/her children. Unaccompanied youth can be single youth, youth couples, or groups of youth presenting together as a household.