

## Housing Inventory Count (HIC) Questionnaire

A separate form for each of your projects should be sent to the Housing Contract Administration (HCA) [Help Desk](#). For more information on submitting this form and on completing each question, please refer to the Housing Inventory Count (HIC) Guidance Document.

1. Organization Name \_\_\_\_\_

2. Is the organization a Victim Services Provider (VSP)?

|                          |     |
|--------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No  |

3. Organization Physical Address and County (VSPs can skip)

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ County \_\_\_\_\_

4. Organization Mailing Address (if different from physical address)

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ County \_\_\_\_\_

5. Organization Contact Information

Executive Director \_\_\_\_\_  
Executive Director Phone Number \_\_\_\_\_  
Additional Contact \_\_\_\_\_  
Additional Contact Email \_\_\_\_\_  
HMIS Contact \_\_\_\_\_  
HMIS Contact Email \_\_\_\_\_

6. Project Name \_\_\_\_\_

7. HMIS Project Name (as it appears in HMIS, if applicable) \_\_\_\_\_  
(Example: Clark County Community Services-ESoG-RRH-BOS)

8. Project Type

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | ES: Emergency Shelter                                   |
| <input type="checkbox"/> | TH: Transitional Housing                                |
| <input type="checkbox"/> | PH-RRH: Permanent Housing, Rapid Rehousing              |
| <input type="checkbox"/> | PH-PSH: Permanent Housing, Permanent Supportive Housing |
| <input type="checkbox"/> | Other Permanent Housing                                 |

9. Project's Housing Type

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

10. Please enter the address associated with the project's physical location.

Address/County for project's physical location (if different from organization's physical address). For site-based – clustered/multiple location housing types and tenant-based scattered site projects, only the zip code and county where most project beds and units are located is required. **Victim service providers (VSPs)** are exempt from providing this information. For VSPs, at least county information is requested.

Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code \_\_\_\_\_ County \_\_\_\_\_

11. Does this specific project receive HUD McKinney-Vento funds? (See Q12 for a list of McKinney-Vento funding sources)

- Yes
- No

12. If you answered yes, what type(s) of McKinney-Vento funding do you receive for this specific project? [FYI: Emergency Solutions Grant=ESG; Continuum of Care=CoC]

- |                          |   |                          |  |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | ESG-ES: Emergency Shelter (operating and/or essential services) | <input type="checkbox"/> | CoC-TH: Transitional Housing                                 |
| <input type="checkbox"/> | ESG-PREV: Homelessness Prevention                               | <input type="checkbox"/> | CoC-SH: Safe Haven   |
| <input type="checkbox"/> | ESG-RRH: Rapid Re-Housing                                       | <input type="checkbox"/> | CoC-Single Room Occupancy                                    |
| <input type="checkbox"/> | ESG-SO: Street Outreach   | <input type="checkbox"/> | SRO: Section 8 Moderate Rehabilitation Single-Room Occupancy |
| <input type="checkbox"/> | CoC-PREV: Homeless Prevention (High Performing Comm. Only)      | <input type="checkbox"/> | S+C: Shelter Plus Care                                       |
| <input type="checkbox"/> | CoC-PSH: Permanent Supportive Housing                           | <input type="checkbox"/> | SHP: Supportive Housing Program                              |
| <input type="checkbox"/> | CoC-RRH: Rapid Re-Housing                                       |                          |  |
| <input type="checkbox"/> | CoC-SSO: Supportive Service Only                                |                          |  |

13. Does this specific project receive any other Federal Funding Sources? (See Q14 for examples)

- Yes
- No

14. If you answered yes, what type(s) of other federal funding do you receive?

- |                          |  |                          |   |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | HUD-VA Supportive Housing (HUD-VASH)                         | <input type="checkbox"/> | HHS: RHY Maternity Group Homes for Pregnant and Parenting Youth (MGH)                         |
| <input type="checkbox"/> | VA: Supportive Services for Veteran Families Program (SSVF)  | <input type="checkbox"/> | HUD: HOPWA – Hotel/Motel Vouchers   |
| <input type="checkbox"/> | VA: Grant and Per Diem Program (GPD)                         | <input type="checkbox"/> | HUD: HOPWA – Short-Term Rent, Mortgage, Utility Assistance                                    |
| <input type="checkbox"/> | VA: Grant and Per Diem Program Transition in Place (GPD TIP) | <input type="checkbox"/> | HUD: HOPWA – Short-Term Supportive Facility   |
| <input type="checkbox"/> | VA: Health Care for Homeless Veterans (HCHV/EH)              | <input type="checkbox"/> | HUD: HOPWA – Transitional Housing (facility-based or TBRA)                                    |
| <input type="checkbox"/> | VA: Compensated Work Therapy Transitional Residence (CWT/TR) | <input type="checkbox"/> | HUD Public and Indian Housing (PIH) programs (non-VASH), including public housing and housing |
| <input type="checkbox"/> | HHS: RHY Basic Center Programs (BCP)                         | <input type="checkbox"/> | Other (please specify)  |
| <input type="checkbox"/> | HHS: RHY Transitional Living Programs (TLP)                  |                          |   |

15. Target Population A: A population is considered a “target population” if the project is intended to serve that population and at least three-fourths (75%) of the clients served by the project fit that target group. Select only one target population from the list below.

- |                          |  |                          |   |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | SM-Single Males 18 years old and over                                | <input type="checkbox"/> | SFHC-Single Females 18 years old and over and Households with Children              |
| <input type="checkbox"/> | SF-Single Females 18 years and old and over                          | <input type="checkbox"/> | SMF+HC-Single Males and Females 18 years old and over plus Households with Children |
| <input type="checkbox"/> | SMF-Single Males and Females 18 years old and over                   | <input type="checkbox"/> | YM-Youth Males under 25 years old   |
| <input type="checkbox"/> | CO-Couples Only, No Children   | <input type="checkbox"/> | YF-Youth Females under 25 years old   |
| <input type="checkbox"/> | HC-Households with Children  | <input type="checkbox"/> | YMF-Youth Males and Females under 25 years old                                      |
| <input type="checkbox"/> | SMHC-Single Males 18 years old and over and Households with Children |                          |   |

16. Target Population B: A population is considered a “target population” if the project is intended to serve that population and at least three-fourths (75%) of the clients served by the project fit that target group. Select only one target from the list below.

- DV-Domestic violence victims
- HIV-Persons with HIV/AIDS
- NA – Not Applicable

17. Inventory Type for your project’s beds/units:

- Current Inventory: beds and units that were available for occupancy on or before January 31, 2016.
- New Inventory: beds and units that became available for occupancy between February 1, 2016 and January 31, 2017
- Combination of Current and New Inventory
- Under Development: beds and units that were fully funded but not available for occupancy as of January 31, 2017

18. Emergency Shelter Only – Bed Type:

- Facility-based: beds 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
- Other: beds located in a church or other facility not dedicated for use by persons who are homeless

19. Emergency Shelter Only – Availability:

- Year-Round beds and units are available on a year-round basis
- Seasonal Beds: beds not available year-round, but instead are available on a planned basis, with set start and end dates, during an anticipated period or higher demand (please answer Q20 and 21)
- Overflow: beds are available on an ad hoc or temporary basis during the year in response to demand that exceeds planned bed capacity (please answer Q22 and 23)

20. Emergency Shelter Only – If your beds are available on a seasonal basis, please list the number of beds you have and the timeframe (start/end date) these beds are available for occupancy.

Number of beds \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

21. Are these seasonal beds entered into HMIS?

|                          |     |
|--------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No  |

22. **Emergency Shelter Only** – If you selected “overflow,” how many beds do you have?

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23. Are these overflow beds entered into HMIS?

|                          |     |
|--------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No  |

24. **K-Count:** How many people were in your project on the night of the Point-In-Time Count (K-Count), January 25, 2017? If you are an **emergency shelter or transitional housing project**, this K-Count number must match the total number of people you submitted for the K-Count. If you are a **permanent supportive housing project**, use the 625 Report to get these numbers. If you are a **rapid re-housing project**, the “number of people” in your project on the night of the K-Count must only include the number of people enrolled in your RRH project **AND** who were in permanent housing (with or without rental assistance) on the night of the 25<sup>th</sup>. It does not include people who were enrolled in your project, but still looking for/yet to move into permanent housing. See the 2017 Housing Inventory Count (HIC) Guidance Document.

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**Bed/Unit Inventory** (Note: RRH projects pay attention to special instructions applying to your project type only)

25. **(ES, TH, PSH only)** List the total number of beds this project has on a year-round basis:

\_\_\_\_\_

26. **(ES, TH, PSH only)** List the total number of units this project has on a year-round basis:

\_\_\_\_\_

27. **(ES, TH, RRH, and PSH)** Complete the chart on the following page. Of the total number of year-round beds you have, listed above (**or, for RRH, the number of beds based on the number of people in your project on January 25 as listed in Q24**); how many beds are available for each household type listed below? In addition, for each HH Type list the number of beds dedicated for veterans, youth, and chronically homeless. Include beds for family members of veterans, youth, and chronically homeless also. For more detailed instructions see **Housing Inventory Count (HIC) Guidance Document**.

HH WITH children

| Beds          | Units      | HMIS Beds    |
|---------------|------------|--------------|
|               |            |              |
| Veterans Beds | Youth Beds | Chronic Beds |
|               |            |              |

HH WITHOUT children

| Beds          | Units      | HMIS Beds    |
|---------------|------------|--------------|
|               |            |              |
| Veterans Beds | Youth Beds | Chronic Beds |
|               |            |              |

HH with ONLY children

| Beds         | Units | HMIS Beds |
|--------------|-------|-----------|
|              |       |           |
| Chronic Beds |       |           |
|              |       |           |