

2021 Housing Inventory Count (HIC)

RRH Projects only

This form is to be completed for **RRH projects only** not ES, TH, and PSH projects. **There is a separate form for ES, TH, and PSH projects.**

A separate form **for each of your projects** should be sent to the K-Count mailbox, which is Kcount@kyhousing.org by 5 p.m. ET on **Wednesday, February 3, 2021**. For more information on submitting this form and on completing each question, please refer to the **2021 Housing Inventory Count (HIC) Guidance Document**.

1. Organization Name

2. Project Name

3. Does this project enter client-level information into the KY Homelessness Management Information System (HMIS)? If no, skip to Q5.

Yes No

4. HMIS Project Name (check HMIS for the correct name)

5. If 2021 is your first time completing the HIC for this project, when did your organization begin operating this project for the first time (MM/DD/YY)? Skip if you provided this information for this project in 2020.

6. Project Type (By checking the box below, you are confirming this is a RRH project)

RRH: Rapid Rehousing

7. Other Target Population: 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

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

Yes No

9. Project Physical Address and County **Note: Address fields should reflect the location of the project’s principal site or, for multiple site projects, the location in which the majority of the project’s clients are housed. (VSPs should only must provide county and zip code information.)*

Street	
City	State
Zip Code	County

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10. Organization Mailing Address (if different from physical address of project)

Street	
City	State
Zip Code	County

11. Organization Contact Information

Executive Director	
Executive Director Phone Number	
Executive Direct Email	
Additional Contact	
Additional Contact Email	
HMIS Contact	
HMIS Contact Email	
Person completing this form	
Person completing this form Email	

12. Does this specific project receive Continuum of Care (CoC) or Emergency Solutions Grant (ESG) funding (i.e. HUD McKinney-Vento Funds)? *(see Q14 for a list of McKinney-Vento funding sources)*
If no, skip to Q14.

Yes No

13. If you answered yes to Q12, what type of CoC or ESG funding do you receive for this specific project? [FYI: Emergency Solutions Grant=ESG; Continuum of Care=CoC] For TH/RRH joint funding projects select CoC Joint Component TH/RRH. For YHDP projects, select CoC – YHDP.

- | | |
|--|---|
| <input type="checkbox"/> ESG-RRH: Rapid Re-Housing
<input type="checkbox"/> ESG-RRH-CV: CARES Act
<input type="checkbox"/> CoC-RRH: Rapid Re-Housing | <input type="checkbox"/> CoC – Youth Homelessness Demonstration Program (YHDP)
<input type="checkbox"/> CoC – Joint Component TH/RRH |
|--|---|

14. Does this specific project receive any other Funding Sources? *(see Q15 for examples)*

Yes No

2021 Housing Inventory Count (HIC)

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15. If you answered yes, what type(s) of other funding do you receive (select all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> HOPWA – Hotel/Motel Vouchers | <input type="checkbox"/> VA – CRS Contract Residential Services |
| <input type="checkbox"/> HOPWA – Housing Information | <input type="checkbox"/> VA – Grant Per Diem - Bridge Housing |
| <input type="checkbox"/> HOPWA – Permanent Housing (facility based or TBRA) | <input type="checkbox"/> VA – Grant Per Diem – Low Demand |
| <input type="checkbox"/> HOPWA – Permanent Housing Placement | <input type="checkbox"/> VA – Grant Per Diem – Hospital to Housing |
| <input type="checkbox"/> HOPWA – Short-Term Rent, Mortgage, Utility assistance | <input type="checkbox"/> VA – Grant Per Diem – Clinical Treatment |
| <input type="checkbox"/> HOPWA – Short-Term Supportive Facility | <input type="checkbox"/> VA – Grant Per Diem – Service Intensive Transitional Housing |
| <input type="checkbox"/> HOPWA – Transitional Housing (facility based or TBRA) | <input type="checkbox"/> VA – Grant Per Diem – Transition in Place |
| <input type="checkbox"/> HOPWA-CV | <input type="checkbox"/> VA – Grant Per Diem – Case Management/Housing Retention |
| <input type="checkbox"/> HUD/VASH | <input type="checkbox"/> VA – Community Contract Safe Haven Program |
| <input type="checkbox"/> PATH – Street Outreach & Supportive Service Only | <input type="checkbox"/> VA – Supportive Services for Veteran Families |
| <input type="checkbox"/> RHY – Basic Center Program (prevention and shelter) | <input type="checkbox"/> Local or Other Funding Source (Please Specify) |
| <input type="checkbox"/> RHY – Maternity Group Home for Pregnant and Parenting Youth | <input type="text"/> |
| <input type="checkbox"/> RHY – Transitional Living Program | |
| <input type="checkbox"/> RHY – Street Outreach Project | |
| <input type="checkbox"/> RHY – Demonstration Project | |

16. If you selected “Yes” to Q12 or Q14, please list the grant number (e.g., KY0115 for a CoC project or ES19-0036-01 for ESG) for this project.

17. Household Target Population: A population is considered a “target population” if the project is intended to serve that population and at least three-fourth (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 yrs old and over | <input type="checkbox"/> SFHC-Single Females 18 yrs old and over and Households with Children |
| <input type="checkbox"/> SF-Single Females 18 yrs old and over | <input type="checkbox"/> SMF+HC Single Males and Females 18 yrs old and over plus Households with Children |
| <input type="checkbox"/> SMF-Single Males and Females 18 yrs old and over | <input type="checkbox"/> YM-Youth Males under 25 yrs old |
| <input type="checkbox"/> CO-Couples Only, No Children | <input type="checkbox"/> YF-Youth Females under 25 yrs old |
| <input type="checkbox"/> HC-Households with Children | <input type="checkbox"/> YMF-Youth Males and Females under 25 yrs old |
| <input type="checkbox"/> SMHC-Single Males 18 yrs old and over and Households with Children | |

18. Rental Assistance: Does this project provide rental assistance besides security deposits?

- Yes, we provide rental assistance in the form of either short (up to 3 months of rent) and/or medium-term (more than 3 to 24 months of rent)
- No, we only provide security deposits and/or supportive services (Note: Utility deposits are not considered rental assistance)

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STOP: IF YOUR RRH PROJECT DOES NOT PROVIDE RENTAL ASSISTANCE BESIDES SECURITY DEPOSITS, YOU DO NOT NEED TO COMPLETE THE REST OF THE QUESTIONS. PLEASE SUBMIT YOUR FORM AS COMPLETED THUS FAR.

19. If you answered yes in Q18 that you do provide rental assistance, do you limit the amount of time a household can receive rental assistance to less than 24 months (e.g., such as limited to 3 months, limited to 12 months, etc.)

Yes No

19a. Please indicate how long a household may receive your RRH project's rental assistance (initial timeframe, before any possible extensions are applied if initial length is less than 24 months).

19b. If your project allows rental assistance, but initially limits the length of time to less than 24 months, do you allow for extensions beyond your initial stated length of time or is the length of time you listed in 19a a firm limit? Please briefly explain below.

20. **Project's Housing Type**

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

21. **Inventory Type for your project's beds/units:**

- Current Inventory: beds and units that were available for occupancy on January 27, 2021.
 Under Development: beds and units that were fully funded but not available for occupancy as of January 27, 2021.

22. **Year-Round Bed/Unit Inventory**

List the total number of **beds** this project has on a year-round basis:

List the total number of **units** this project has on a year-round basis: