

2023 Housing Inventory Count (HIC) ES, TH, and PSH Projects

This form is to be completed for only **ES, TH, and PSH projects** not RRH projects. **There is a separate form for RRH 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 8, 2023**. For more information on submitting this form and on completing each question, please refer to the **2023 Housing Inventory Count (HIC) Guidance Document** located on the [K-Count/HIC page](#) of the KHC website.

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 and Project ID (check HMIS for the correct name and number)

5. Project Type

ES: Emergency Shelter

PSH: Permanent Supportive Housing

TH: Transitional Housing

Other Permanent Housing

RRH: Rapid Rehousing projects must use a separate form specifically for RRH

6. 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

7. Is the organization a Victim Services Provider (VSP)? If no, skip to Q9.

Yes No

8. If you answered yes to Q7 above, does this project enter client-level information into an HMIS-comparable database (e.g., Osnium, Apricot, Vela, etc.)

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. Tenant-based scattered site projects can use its administrative address. (VSPs should only 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	
Project Contact	
Project Contact Email	
HMIS/VSP Comparable Database Contact	
HMIS/VSP Comparable Database Contact Email	
Person completing this form	
Person completing this form Email	
Person completing this form phone number	

12. Does this specific project receive Continuum of Care (CoC) or Emergency Solutions Grant (ESG and/or ESG-CV) funding (i.e. HUD McKinney-Vento Funds)? (see Q13 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? If this project receives ESG-CV funding in addition to regular ESG funding, make sure to check both. [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] If you receive both ESG and ESG-CV for your ES project, select both options below.

- | | |
|---|--|
| <input type="checkbox"/> ESG-ES: Emergency Shelter (operating and/or essential services)
<input type="checkbox"/> ESG-CV: CARES Act
<input type="checkbox"/> CoC-PSH: Permanent Supportive Housing
<input type="checkbox"/> CoC-TH: Transitional Housing | <input type="checkbox"/> CoC – Youth Homelessness Demonstration Program (YHDP) Renewal
<input type="checkbox"/> CoC – Joint Component TH/RRH
<input type="checkbox"/> SRO: Section 8 Moderate Rehabilitation Single-Room Occupancy |
|---|--|

**Note: CoCs should only select SRO 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.*

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

Yes No

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15. If you answered yes to Q14, what type(s) of other funding does this specific project receive (select all that apply)?

- | | |
|--|--|
| <input type="checkbox"/> HOME – Tenant-Based Rental Assistance (TBRA)
<input type="checkbox"/> HOPWA – Hotel/Motel Vouchers
<input type="checkbox"/> HOPWA – Housing Information
<input type="checkbox"/> HOPWA – Permanent Housing (facility based or TBRA)
<input type="checkbox"/> HOPWA – Permanent Housing Placement
<input type="checkbox"/> HOPWA – Short-Term Rent, Mortgage, Utility assistance
<input type="checkbox"/> HOPWA – Short-Term Supportive Facility
<input type="checkbox"/> HOPWA – Transitional Housing (facility based or TBRA)
<input type="checkbox"/> HOPWA-CV
<input type="checkbox"/> HUD/PIH – Emergency Housing Vouchers (EHV)
<input type="checkbox"/> HUD/VASH
<input type="checkbox"/> RHY – Basic Center Program (only includes shelter)
<input type="checkbox"/> RHY – Maternity Group Home for Pregnant and Parenting Youth
<input type="checkbox"/> RHY – Transitional Living Program
<input type="checkbox"/> RHY – Demonstration Project | <input type="checkbox"/> VA – CRS Contract Residential Services
<input type="checkbox"/> VA – Grant Per Diem - Bridge Housing
<input type="checkbox"/> VA – Grant Per Diem – Low Demand
<input type="checkbox"/> VA – Grant Per Diem – Hospital to Housing
<input type="checkbox"/> VA – Grant Per Diem – Clinical Treatment
<input type="checkbox"/> VA – Grant Per Diem – Service Intensive Transitional Housing
<input type="checkbox"/> VA – Grant Per Diem – Transition in Place
<input type="checkbox"/> VA – Community Contract Safe Haven Program
<input type="checkbox"/> VA – Supportive Services for Veteran Families
<input type="checkbox"/> Local or Other Funding Source (Please Specify)
<div style="border: 1px solid black; height: 15px; width: 100%;"></div> |
|--|--|

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

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

- Current Inventory: beds and units that were available for occupancy on January 25, 2023.
- Under Development: beds and units that were fully funded but not available for occupancy as of January 25, 2023.
- Disaster-Related Beds

19. Project’s Housing Type

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

20. Year-Round Bed/Unit Inventory (if the project’s beds/units are only available on a seasonal or overflow basis, skip to Q22)

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:

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21. Complete the charts below for year-round beds only.

A. BED AND UNIT DISTRIBUTION BY HOUSEHOLD TYPE

Of the total number of **year-round** beds and units you have listed in Q20, please indicate how many beds and units are available (either always “dedicated” or “on average” for each household type listed (Households With Children, Households Without Children, and Households With Only Children). **Note: The total number of beds/units listed below when added together (i.e., beds in HH with children plus beds in HH without children) and likewise for units, should equal the total number of beds and units, respectively, you listed in Q20. The 2023 HIC Guidance Document available on the [K-Count/HIC page](#) of the KHC website includes specific directions. Please read it!**

HH **WITH** children

Beds	Units

HH **WITHOUT** children

Beds	Units

HH with **ONLY** children <18 yrs

Beds	Units

B. DEDICATED BEDS BY SUBPOPULATION WITHIN EACH HOUSEHOLD TYPE (IF APPLICABLE)

This section should only be completed if your project “dedicates” (i.e. “reserves”, sets-aside”) beds for specific subpopulations. For each HH Type, list the number of beds dedicated for veterans, parenting, or unaccompanied youth, if applicable. In addition, include beds as “dedicated” for family members of veterans (e.g., a wife or children) and parenting youth (e.g., a child being parented by the youth). Total dedicated beds per HH type below should not exceed the number of beds per HH type you listed in Section A above. There are specific definitions for “dedicated” and “parenting/unaccompanied youth” included in the 2023 HIC Guidance Document. Please read it!

HH **WITH** children

Dedicated Beds Only	
Veterans Beds (plus family beds)	Parenting Youth Beds (plus their children)

HH **WITHOUT** children

Dedicated Beds Only	
Veteran Beds (plus family beds)	Unaccompanied Youth Beds

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22. K-Count: How many people were in your project on the night of the Point-In-Time Count (K-Count), January 25, 2023?

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 (either through your HMIS report or Counting Us). If you are a **Permanent Supportive Housing Project**, use the **CoC APR** to get these numbers. For more information, please see the 2023 HIC Guidance Document.

Questions 23-28 are for Emergency Shelter Only

23. 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

24. Emergency Shelter Only – Availability: *(Select all the apply)*

- Year-Round beds and units are available on a year-round basis
- Seasonal Beds: beds are 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 Q25 and 26)**
- 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 Q27 and 28)**

25. 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
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26. Are these seasonal beds entered into HMIS or, if a VSP, into a comparable database (e.g., Osnium, Apricot, Vela, etc.)?

- Yes No

27. Are overflow beds entered into HMIS or, if a VSP, into a comparable database (e.g., Osnium, Apricot, Vela, etc.)?

- Yes No

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