

# 2023 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](mailto: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 (By checking the box below, you are confirming this is a RRH project)**

RRH: Rapid Rehousing

**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	
<b>Project Contact</b>	
Project Contact Email	
<b>HMIS/VSP Comparable Database Contact</b>	
HMIS/VSP Comparable Database Contact Email	
<b>Person completing this form</b>	
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 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?** [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"/> CoC – Youth Homelessness Demonstration Program (YHDP) Renewal |
| <input type="checkbox"/> ESG-RRH-CV: CARES Act     | <input type="checkbox"/> CoC – Joint Component TH/RRH                                  |
| <input type="checkbox"/> CoC-RRH: Rapid Re-Housing |  |

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

Yes     No

**15. If you answered yes to Q14, what type(s) of other funding do you receive (select all that apply)?**

- |  |   |
|--|---|
| <input type="checkbox"/> HOPWA – Permanent Housing (facility based or TBRA)    | <input type="checkbox"/> VA – Supportive Services for Veteran Families  |
| <input type="checkbox"/> HOPWA – Short-Term Rent, Mortgage, Utility assistance | <input type="checkbox"/> ERA2 – Emergency Rental Assistance             |
| <input type="checkbox"/> HOPWA-CV  | <input type="checkbox"/> Local or Other Funding Source (Please Specify) |
|  | <input style="width: 150px; height: 15px;" type="text"/>                |

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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)

**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 THIS FAR. IF YOU ANSWERED YES TO Q18 PLEASE PROCEED TO NEXT PAGE.**

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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

Tenant-based – scattered site (note all RRH projects providing rental assistance are expected to be scatter site)

21. 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.

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:

**ATTENTION: As part of the HIC submission to HUD, KHC is required to report the number of participants who were actively enrolled in your RRH project on the night of the K-Count (January 25, 2023) who were living in permanent housing (i.e., living in an apartment rather than still in the housing search phase). For KYHMIS-participating RRH projects, KHC will run a report on your behalf to determine the number of current (as of January 25) participants in your project with a Housing Move-In date recorded in HMIS. To ensure accuracy, please confirm that all participants who were enrolled in your project on January 25 who were also living in permanent housing (i.e., an apartment) have a Housing Move-In date recorded in HMIS prior to submitting this form.**