

2015 OC Housing Inventory Count (HIC) Survey for ALL Agencies

2015 HIC Survey Instructions

I. Date of the Count

The 2015 HIC Answers Form is to be completed based on the number of beds and units in your project during the 12 hour period between 6 pm on January 23, 2015 and 6 am on January 24, 2015.

II. Submission Guidelines

Completed surveys are due to 211OC by **February 8, 2015**.

Please email completed "2015 HIC Answers Form" spreadsheets to: HIC-PIT@211oc.org.

After all HIC surveys have been reviewed and finalized, 211OC will send each agency HIC data for all projects to be confirmed.

If you need assistance or have questions, please email hic-pit@211oc.org or call 714-589-2346.

III. Projects to Include

The HIC survey should be completed for all projects that target homeless clients. If homelessness is not a **requirement** to enter the program, the program **should not** complete a HIC survey.

Beds and units included on the HIC are considered part of the CoC homeless system. Beds and units in the HIC must be dedicated to serving homeless persons.

For the purposes of the HIC, a provider project with dedicated beds/units is one where

- 1) the primary intent of the program is to serve homeless persons,
- 2) the project verifies homeless status as part of its eligibility determination, and
- 3) the actual project clients are predominantly homeless (or, for permanent housing, were homeless at entry).

Beds in institutional settings not specifically dedicated for persons who are homeless such as detox facilities, emergency rooms, jails, and acute crisis or treatment centers should **not** be included in the HIC. HUD considers extreme weather shelters as dedicated homeless inventory and should be included in the HIC.

While there may be occasional instances where a project with dedicated beds serves a non-homeless person, beds in these types of programs may still be counted as dedicated beds. For example, a project that is intended to serve persons who are both homeless and intoxicated may be unable to determine homeless status at entry due to a person's severe intoxication. After admission the project determines the participant is not homeless and helps them return to their housing. In this instance, the project bed may still be counted as a dedicated bed for homeless persons.

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CoCs are required to include in the HIC all projects in the CoC that are categorized as one of these Project Types and that provide dedicated beds for persons who are homeless, not just those contributing client-level data in the local Homeless Management Information System (HMIS) or receiving HUD funding. This includes projects funded by the other federal agencies (e.g., VA, HHS), faith-based organizations, and other public and private funding sources.

The Project Types included in the HIC are:

- A. Emergency Shelter (ES)
- B. Transitional Housing (TH)
- C. Safe Haven (SH)
- D. Permanent Housing (PH)
 - Permanent Supportive Housing (PSH)
 - Rapid Re-housing (RRH)
 - Other PH (OPH)
 - Housing with Services
 - Housing Only
- E. Rapid Re-housing Demonstration Projects (DEM)

Homeless Definition:

(Source: 2014 Data Standards)

“Category 1 – Homeless”

An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

1. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; **OR**
2. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); **OR**
3. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

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Organization and Program Information Instructions

Instructions

Please enter all responses for fields in yellow below on the 2015 HIC Answers Form spreadsheet (*not in this document*). For items with multiple choice, the spreadsheet has drop-down lists to select from.

Additional Help

Refer to HUD's "2015 HIC-PIT Data Collection Notice" section 3.3 "Completing the Bed Inventory" for additional guidance.

[2015 HIC-PIT Data Collection Notice](#) (PDF)

1. **Organization Name:**
(Identify the name of the organization providing shelter or housing to homeless persons).
2. **Project Name:**
(The project (program) name should match the project name on all grant applications.)
3. **Date Information is Being Provided (today's date):**
4. **Name of Person Providing Information:**
5. **Phone # of Person Providing Information:**
6. **Email Address of Person Providing Information:**
7. **Name of Agency Director:**
8. **Email Address of Agency Director:**
9. **Signature of Agency Director:**
10. **Project Type** (Please choose **ONE** only from the drop-down list)
 - Emergency Shelter (ES)
 - Transitional Housing (TH)
 - Safe Haven (SH)
 - Permanent Housing (PH)
 - Permanent Supportive Housing (PSH)
 - Rapid Re-housing (RRH)
 - Other PH (OPH) (no disability required)
 - Housing with Services
 - Housing Only
 - Rapid Re-housing Demonstration Projects (DEM)

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11. Target Population A (optional): (Please select **ONE** only from the drop-down list, if applicable)

A population is considered a "target population" if the provider program is **designed to serve that population** and at least three-fourths (75 percent) of the clients served by the provider program fit the target group descriptor. Provider programs that do not target specific populations or that have opted not to track Target Population A may leave this data field blank. For voucher programs, this information should be entered based on the population targeted in the program's grant application.

Abbreviation	Description
SM	Single Males 18 years old and over
SF	Single Females 18 years old and over
SMF	Single Males and Females 18 years old and over
CO	Couples Only, No Children
HC	Households with Children
SMHC	Single Males 18 years old and over and Households with Children
SFHC	Single Females 18 years old and over and Households with Children
SMF+HC	Single Males and Females 18 years old and over plus Households with Children
YM	Unaccompanied Males under 18 years old
YF	Unaccompanied Females under 18 years old
YMF	Unaccompanied Males and Females under 18 years old

12. Target Population B (optional): (Please select **ONE** only from the drop-down list, if applicable)

A population is considered a "target population" if the provider program is **designed to serve that population** and at least three-fourths (75 percent) of the clients served by the provider program fit the target group descriptor. Provider programs that do not target specific populations or that have opted not to track Target Population B may leave this data field blank. For voucher programs, this information should be entered based on the population targeted in the program's grant application.

Abbreviation	Description
DV	Domestic violence victims
HIV	Persons with HIV/AIDS
NA	Not Applicable

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13. Geocode:

Enter the geocode associated with the geographic location of the principal provider program service site. Scattered-site housing provider programs should record the Geocode where the majority of beds are located or where most beds are located as of the inventory update.

Example #1: All program beds are in Santa Ana. Geocode = 063342 (Santa Ana)

Example #2: All program beds are in Placentia. Geocode=069059 (Orange County)

Example #3: Program has 20 beds in Anaheim, 10 beds in Irvine. Geocode=060078 (Anaheim)

Geocode

GEO Codes		
Geocode	STATE	NAME
060078	CA	ANAHEIM
060450	CA	BUENA PARK
060846	CA	COSTA MESA
061380	CA	FOUNTAIN VALLEY
061416	CA	FULLERTON
061440	CA	GARDEN GROVE
061692	CA	HUNTINGTON BEACH
061750	CA	IRVINE
061854	CA	LAGUNA NIGUEL
061860	CA	LA HABRA
061869	CA	LAKE FOREST
062286	CA	MISSION VIEJO
062454	CA	NEWPORT BEACH
062568	CA	ORANGE (city)
062949	CA	RANCHO SANTA MARGARITA
063198	CA	SAN CLEMENTE
063342	CA	SANTA ANA
063804	CA	TUSTIN
064014	CA	WESTMINSTER
064158	CA	YORBA LINDA
069059	CA	ORANGE COUNTY (for those cities not specified above)

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14. HUD McKinney-Vento Funded

Does your program receive any HUD McKinney-Vento Funds? (select one from the drop-down list) **Yes** **No**

(HUD McKinney-Vento funds include: Emergency Shelter Grant (ESG), Shelter plus Care (S+C), Section 8 Moderate Rehabilitation Single-Room Occupancy (SRO), Supportive Housing Program (SHP), Continuum of Care Program (CoC).

Bed and Unit Inventory Information

15. Inventory Type:

A. Current inventory:

Were all beds and units available for occupancy on or before January 31, 2014? (Select one option from the drop-down list) **Yes** **No**

B. New inventory:

Did some or all beds and units first become available for occupancy between February 1, 2014 and January 31, 2015? (Select one option from the drop-down list) **Yes** **No**

If yes, enter the number of beds and units that are new for each household type.

Households with Children		Households without Children		Households with only Children	
	beds		beds		beds
	units				

NOTE: Inventory designated as "New" should represent an increase in capacity for the provider program from the previous year.

C. Under development:

Were beds and units fully funded but not available for occupancy as of January 31, 2015? (Select one option from the drop-down list) **Yes** **No**

Enter the number of beds that are under development.

Is the program under development expected to begin operation by January 31, 2016? (Select one option from the drop-down list) **Yes** **No**

Enter the anticipated availability date.

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16. Bed Inventory by Household Type

The total number of beds and units available for each household type. If any of the categories below do not have beds, please enter 0 in the spreadsheet.

NOTE: For additional guidance on SSVF programs or VASH vouchers, see the pink boxes on the following page.

A. Households Without Children

Enter the number of beds and units that are intended for households with adults only. This includes households composed of unaccompanied adults and multiple adults. The beds counted should be the number of physical beds in the program. **This does not include overflow or seasonal beds.**

of Beds in program # of Beds in HMIS

B. Households With at Least One Adult and One Child

Enter the number of beds and units that are intended for households with at least one adult and one child. The beds counted should be the number of physical beds in the program. **This does not include overflow beds, seasonal beds, or cribs.** Units should be the number of families that can be housed in the program. For example, if your program has five apartments, and two families are in each apartment, there would be ten units.

of Beds in program # of Units in program
of Beds in HMIS # of Units in HMIS

C. Households with ONLY Children

Enter the number of beds that are intended for households composed exclusively for persons under the age of 18, including one-child households, multi-child households or other household configurations composed only of children. The beds counted should be the number of physical beds in the program. **This does not include overflow beds, seasonal beds, or cribs.**

of Beds in program # of Beds in HMIS

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Special Instructions

- **PSH:** For scattered site projects, include total number of units available for occupancy or total number of vouchers available for use in the CoC on night designated for the count.
- **VASH:** CoCs should count the total number of VASH vouchers available for use on the night of the HIC and PIT count, regardless of whether or not the voucher is presently being used. Vouchers are designated for use in a particular geographic location. CoCs should contact their local public housing authority or VA medical center that administers the VASH vouchers to determine the total number of vouchers available in the CoC. When a single project operates in multiple CoCs, each CoC should have project descriptor data pertaining to that project in their HMIS; beds should be apportioned according to which CoC the housing units assisted by the vouchers are physically located in.
- **Projects serving runaway and homeless youth:** CoCs must exclude beds that are dedicated for persons who are wards of the state, including children who are in foster care or who are otherwise under government custody or supervision. If beds are not specifically dedicated for homeless, then the CoC must pro-rate beds based on use on the night of the count or pro-rate based on average utilization.
- **Rapid Re-housing:** CoCs should count RRH beds and units based on the actual number of current project participants who are:
 - Actively enrolled in the project on the night of the inventory count
 - No longer homeless and are in permanent housing on the night of the inventory count
 - Receiving rental assistance from the RRH project
- **VA Supportive Services for Veteran Families (SSVF) Program:** SSVF provider programs may offer both homelessness prevention and rapid re-housing assistance. Therefore, in addition to the RRH guidance above, CoCs must also limit SSVF RRH project inventory to participants whose Housing Status at program entry is “Category 1 - Homeless.”
- **Multiple Household Types:** For projects that serve multiple household types, but where a precise number of beds are not designated exclusively for a particular type of household, the total number of beds may be distributed among the household types served by the project using one of the following methodologies
 - Divide the beds based on how the bed(s) were used on the night of the HIC. If the facility is not at full capacity on the night of the count, then extrapolate the distribution based on the prorated distribution of those who are served on the night of the count.
 - Divide the beds based on average utilization. For example, a project has 100 beds that could be used by either households without children or households with at least one adult and one child. If one-half of the beds are used by persons in households without children on an average night and the other half are used by persons in households with at least one adult and one child, then include 50 beds for households without children, and for the 50 beds for households with at least one adult and one child in the HIC.
 - Projects with a fixed number of units but no fixed number of beds can use a multiplier factor to estimate the number of beds (e.g., a program with 30 family units and an average family size of 3 equals 90 beds for households with at least one adult and one child).

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17. Bed Type: (Emergency Shelters ONLY)

Please select only **ONE** from the drop-down list.

- Facility-based:** Beds (including cots or mats) located in a residential homeless assistance facility dedicated for use by persons who are homeless.
- Voucher:** For emergency shelters, beds located in a hotel or motel and made available by the homeless assistance program through vouchers or other forms of payment.
- Other:** Beds located in a church or other facility not dedicated for use by persons who are homeless.

18. Bed and Unit Availability:

Specify if the beds and units are available on a planned basis year-round or seasonally (during a defined period of high demand), and specify if beds are available on an ad hoc or temporary basis as demand indicates.

A. Bed and Unit Availability: Please select only **ONE** from the drop-down list.

- Year Round Beds:** Year-round beds and units are available on a year-round basis.
- Seasonal Beds (Emergency Shelter Only):** Seasonal beds are not available year-round, but instead are available on a planned basis, with set start and end dates, during an anticipated period of higher demand.

Overflow Beds (Emergency Shelter Only): Overflow beds are available on an ad hoc or temporary basis during the year in response to demand that exceeds planned (year-round or seasonal) bed capacity. For the HIC, identify and enter the total number of overflow beds that were available for occupancy on the night of the inventory count. If there is no fixed number of overflow beds, CoCs may instead report the number of overflow beds that were occupied on the night of the inventory count. If any of the categories below do not have beds, please enter 0 in the spreadsheet.

	Description	# In Project	# in HMIS
1.	Number of Overflow (ES) Beds for Households with at least one adult and one child		
2.	Number of Overflow (ES) Beds for households without children or households with only children		
3.	TOTAL Number of Overflow (ES) Beds (1+2)		
4.	Number of Overflow (ES) Units for households with at least one adult and one child		

19. Bed and Unit Inventory

Enter the total number of beds and units that were available for occupancy on the night of the inventory

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count.

For all of the relevant project types other than rapid re-housing, CoCs must include all of the dedicated homeless beds and units available for homeless persons on the date of the inventory count whether beds are new, current, or under development, regardless of whether the project participates in HMIS or receives HUD funding, and regardless of whether the bed was occupied.

	Description	# In Project	# in HMIS
A.	Total Number of Beds		
B.	Total Number of Units for Households with At Least one Adult and one Child		

20. If the Bed or Unit Inventory answered in question #19 is different from the 2014 HIC, or if the project was not included on the 2014 HIC, please explain why in the HIC answer form spreadsheet. If you need a copy of the data your agency submitted on the 2014 HIC, please download it from <http://ochmis.org/hmis-help/hic-pit/>.

21. Chronic Homeless Beds: (Permanent Supportive Housing Programs ONLY)

Enter the number of permanent supportive housing beds that are dedicated to house chronically homeless clients.

A dedicated bed is a bed that must be filled by a chronically homeless participant unless there are no chronically homeless persons located within the geographic area. This number should be less than or equal to the total beds in the project. (See Appendix B of the 2015 HIC-PIT Data Collection Notice for key terms).

22. Veteran Bed Inventory

Enter the number of beds that are dedicated to house homeless veterans and their families.

A dedicated bed is a bed that must be filled by homeless veterans and their families who qualify for the project unless there are no homeless veterans and their families located within the geographic area who qualify. The number of beds for veterans is a subset of the total bed inventory for a given project and must be equal to or less than the total bed inventory. (See Appendix B of the 2015 HIC-PIT Data Collection Notice for key terms).

23. Youth Bed Inventory

Enter the number of beds that are dedicated to house homeless youth, including parenting youth and unaccompanied youth. This does not include children in households with adults.

Are these beds dedicated to serve: (please choose only one)			
Only children under 18	<input type="checkbox"/>	Only persons 18 to 24	<input type="checkbox"/>
		Persons up to 24 (i.e., both children under 18 and persons 18 to 24).	<input type="checkbox"/>

A dedicated bed is a bed that must be filled by a homeless youth unless there are no homeless youth located within the geographic area. The number of beds for youth may be a subset of the total bed inventory for a given project and must be equal to or less than the total bed inventory. (See Appendix B

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of the 2015 HIC-PIT Data Collection Notice for key terms).

24. Inventory Start Date:

Enter the date when the bed and unit inventory information first applies. This may represent the date when a change in household type, bed type, availability, bed inventory or unit inventory occurs for a given project. For seasonal beds, this reflects the start date of the seasonal bed inventory.

Example #1: Project A started 1/18/2008 with 10 beds. On 5/28/2011, 5 beds were added. The Inventory Start Date would be 5/28/2011

Example #2: Project B started 2/28/2010 with 10 beds. The number of beds hasn't changed. Inventory Start Date would be 2/28/2010.

25. Inventory End Date:

Enter the date when the bed and unit inventory information as recorded is no longer applicable (i.e. the day after the last night when the record is applicable). This may be due to a change in household type, bed type, availability, bed inventory or unit inventory. For seasonal beds, this should reflect the projected end date for the seasonal bed inventory.

Example #1: Project A had a program which closed down on 3/14/2013. The Inventory End Date would be 3/14/2013.

Example #2: Project B runs a seasonal program which started 12/3/2013 and usually ends around mid-April. The Inventory End Date would be 4/15/2014.

26. HMIS Participation Start Date:

Enter the date when the HMIS participating bed information first applies (i.e., the date when a change in the number of HMIS participating beds occurs for a project's Bed and Unit inventory record). The HMIS Participation Start Date is the earliest project entry date that could be associated with a client using the bed or unit.

Example #1: Project A started 1/18/2008 with 10 beds in HMIS. On 5/28/2011 5 beds were added, also in HMIS. The HMIS Participation Start Date would be 5/28/2011.

Example #2: Project B started 2/28/2010 with 10 beds but did not participate in HMIS. On 7/21/2011 the project started entering data into HMIS. The HMIS Participation Start Date would be 7/21/2011.

27. HMIS Participation End Date:

Enter the date when the HMIS Participation information record is no longer applicable (i.e. the day after the last night when the number of HMIS participating beds is applicable for a project's Bed and Unit Inventory record).

Examples: Date project stopped participating in HMIS, or date project ended.

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28. Location

Please report the address associated with the project where most project housing is located. Scattered-site housing projects should record the address of their administrative office. DV providers should not enter address information.

Location Name:

Address:

City: State: ZIP:

Housing Type (select one from the drop-down list):

- | | |
|--|---|
| <input type="checkbox"/> Mass Shelter/Barracks | <input type="checkbox"/> Single Apartment (non-SRO) units |
| <input type="checkbox"/> Dormitory/Hotel/Motel | <input type="checkbox"/> Single Homes/Townhouses/Duplexes |
| <input type="checkbox"/> Shared Housing | <input type="checkbox"/> Not Applicable: Non-Residential Programs |
| <input type="checkbox"/> Single Room Occupancy Units | |

Location Contact Person (select one from the drop-down list):

Contact Type: Director Manager Case Worker Other

Contact Name:

Title (select one from the drop-down list): Mr. Mrs. Miss Ms. Dr.

Work Phone:

Cell Phone:

Fax Number:

Email:

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29. Bed Utilization:

NOTES:

- For programs that **DO NOT enter data into HMIS**, complete the data in the HIC answer form spreadsheet based on your system data.
- For programs that **DO enter data into HMIS**, complete the data in the HIC answer form spreadsheet based on the OC_Bed_Utilization Report run for **01/23/15**.

Enter the number of clients that were active in the project on the night of the HIC/PIT (1/23/15)
(This number should equal the total number of occupied beds for the three groups below)

Of the beds that are occupied today, how many are occupied for each of the following groups of persons?

- **Persons in households with at least one adult and one child.** This category includes households with one adult and at least one child under the age of 18.
of Occupied Beds
- **Persons in households without children.** This category includes single adults, adult couples with no children, and groups of adults.
of Occupied Beds
- **Persons in households with only children.** This category includes persons under age 18, including unaccompanied children, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.
of Occupied Beds

30. Bed Utilization Percentage:

Bed utilization is the total number of clients in the project on the night of the HIC/PIT (Q29) divided by the total number of beds reported on the HIC survey (Q19). (ie. 45 clients on 1/23/2015, 50 beds. $45/50=.9$ (90%))

Bed Utilization Percentage

31. If the bed utilization for this project is below 65% or above 105% on the night of the HIC/PIT, please explain why in the HIC answer form spreadsheet.

Thank you. Remember to please email the completed HIC answer form spreadsheet to: HIC-PIT@211oc.org

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