

HOW TO SUBMIT THE HOUSING INVENTORY COUNT (HIC)

WHAT DO I NEED TO DO?

Organizations must complete this [HIC form](#) for each individual project (ES, TH, RRH, OPH, and PSH). If your agency has more than one project (for example one ES and two PSH projects) a separate HIC form for each of the three projects need to be submitted.

HOW TO RESPOND TO HIC QUESTIONS

The online fillable form has a logical step that requires different information for ES, TH, PSH, OPH, and RRH Projects. Specifically, Rapid Re-Housing project portion of the form will require different information than ES, TH, or PSH projects. Questions 1-4 are universal questions that every project type will answer. Questions 5-11 are specifically for Rapid Re-Housing projects and other project types will not see or answer these questions. Questions 12-16 are for Emergency Shelter, Transitional Housing, Permanent Supportive Housing, and Other Permanent Supportive Housing projects.

Q1. Contact Information

This portion of the form requires the contact information of the staff who is completing the form. This information allows SARAH to reach out to the staff member who completed this form and inquire about any possible data quality issues or general questions about the submitted information. This portion requires the staff members First Name, Last Name, Phone Number, and Email.

Q2. Organizational Information

1. Please remember **you are completing a form for each project separately**.
2. When entering your Organization Name, avoid using acronyms and use the full name of your organization (for example, instead of SARAH, use South Alamo Regional Alliance for the Homeless).

Q3. Project Information

1. If the project participates in HMIS, use the **exact name that appears in HMIS**.
2. If your project does not participate in HMIS, use the **formal name of your project** and in the HMIS Project ID portion, use "NA".
3. Enter the following for each project:
 - Address
 - City/Town
 - State
 - Zip Code

- If the project is a **scattered site project**, use your organization's corporate office or the office where the project is administratively housed.
- **Victim Service Providers (VSP) Projects** are only required by HUD to submit the **county their project is located in**. VSP Projects may enter "NA" on any address information that is not required by HUD.

Q4. Project Type

Please remember **you are completing a form for each project separately**. Therefore, you should only select one project type to complete each form. Please select the project type of the project you are completing the Housing Inventory Count form for.

PROJECT TYPE II

RAPID RE-HOUSING ONLY

Q5. Do you limit the amount of time a household can receive rental assistance?

Yes: If your project limits the amount of time a household can receive rental assistance.

No: If it does not have a limit on the amount of time.

Q6. Please indicate how long a household may receive your RRH project's rental assistance.

If you selected "Yes" in Question 5, please indicate the **maximum** amount of time a household can receive rental assistance in your project. If you selected "No" in Question 5, enter "NA" as your response. Remember that **your response must be in Months** (30 days = 1 month).

Q7. How many people were in your project on the night of the Point-In-Time Count (or Quarterly Count)?

Federally required HIC: Enter the number of clients that were enrolled and stayed in your project on the night of the **2021 Point-in-Time Count**.

Quarterly HIC: Enter the number of clients who were enrolled and stayed the night in your project on the date of the Quarterly HIC Count (will be shown on the fillable form). For Rapid Re-Housing Projects, **clients must meet the following criteria to be considered:** Have been actively enrolled in your project **AND** resided in permanent housing (with or without rental assistance provided by your project).

Q8. Year-Round Bed & Unit Inventory

The number of homeless assistances dedicated beds and units. Units is defined by a household (*typically one apartment will hold one household/ one unit*).

Federally required HIC: Enter the number of clients that were enrolled and stayed in your project on the night of the 2021 Point-in-Time Count.

Quarterly HIC: Enter the number of clients who were enrolled and stayed the night in your project on the date of the Quarterly HIC Count.

Q9 – 11. Households WITH Children, Households WITHOUT Children, and Households WITH ONLY Children

Using the total number of beds and units in question 8 (above), please record the number of beds and units occupied by their household type.

- HMIS Beds: Typically for CoC Funded projects, the number of **HMIS Beds should equal the total Beds that are available in a project**. If your project does not participate in HMIS, insert "0".
- Veterans Beds: From the total beds that are dedicated to a respective household type, insert the number of beds that are dedicated to veterans.

- Parenting Youth Beds: From the total beds that are dedicated for their respective household type, insert the number of beds that are dedicated to Parenting Youth.

PROJECT TYPE II

EMERGENCY SHELTER, TRANSITIONAL HOUSING, & PERMANENT HOUSING

Q12. How many people were in your project on the night of the Point-In-Time Count (or Quarterly Count)?

For the federally required Housing Inventory Count, enter the number of clients that were enrolled and stayed in your project on the night of the Point-in-Time Count. For the Quarterly HIC Counts, enter the number of clients who were enrolled and stayed the night in your project on the agreed upon that (will be shown on the fillable form).

Q13. Year-Round Bed & Unit Inventory (Emergency Shelter ONLY: Overflow & Seasonal Beds)

The number of homeless assistances dedicated beds and units. Units is defined by a household and typically one apartment will hold 1 household or 1 unit. For the federally required Housing Inventory Count, enter the number of clients that were enrolled and stayed in your project on the night of the Point-in-Time Count. For the Quarterly HIC Counts, enter the number of clients who were enrolled and stayed the night in your project on the agreed upon that (will be shown on the fillable form).

Q14 – 16. Households WITH Children, Households WITHOUT Children, and Households WITH ONLY Children

Using the total number of beds and units in question 13 (above), please record the number of beds and units occupied for those who by their household type.

- HMIS Beds: Typically for CoC Funded projects, the number of **HMIS Beds should equal the total Beds that are available in a project.** If your project does not participate in HMIS, insert "0".
- Veterans Beds: From the total beds that are dedicated to a respective household type, insert the number of beds that are dedicated to Veterans.

Parenting Youth Beds: From the total beds that are dedicated for their respective, insert the number of beds that are dedicated to Parenting Youth.

- PSH ONLY Chronic Beds: From the Total beds that are dedicated to their respective household type, insert the number of beds that are dedicated to Chronically Homeless individuals. If you are completing a form for an Emergency Shelter and Transitional Housing project, please insert "0".