**SHELTERED COUNT of HOMELESS PERSONS (v.2)**

**Emergency Shelters and Transitional Housing**

**North Carolina Point-in-Time Count – January 29, 2014**

*Please see the last page for definitions of terms used on this form.*

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| **PROGRAM INFORMATION** |
| Agency: |       | Program Name: |       |
| County: |       | Contact Person: |       |
| Phone: |       | Email: |       |
| Address: |       |
| Is this program under development (is fully funded, but is not yet operational)? [ ]  Yes [ ]  NoIf yes, is the program expected to begin operation within the next 12 months? [ ]  Yes [ ]  No |
| Does this program receive Continuum of Care (CoC) or Emergency Solutions Grants (ESG) funding? [ ]  Yes [ ]  No |
| Does this program target one of the following populations (at least 75% of clients fall into the category):[ ]  Victims of domestic violence [ ]  Veterans [ ]  People with HIV/AIDS |

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| **BED INVENTORY (see the last page for definitions)** |
| **How many beds does your program have?** (HMIS/CHIN users: verify beds listed here match the beds in HMIS) |
|  | # of beds for single adults | # of beds for families | # of units for families | # of beds for households of only children | Overflow beds **used** | Hotel/motel voucher beds **used** |
| **Emergency Shelter Beds** |       |       |       |       |       |       |
| **Seasonal Shelter Beds**Dates open: from       to       |       |       |       |       |  |  |
| **Transitional Housing Beds**[ ]  Traditional/Facility Model[ ]  Rapid Re-Housing Model |       |       |       |       |  |  |
| **Total Beds** |       |       |       |       |       |       |
| **Out of your total beds, do you have any beds that are dedicated for:** |
| Veterans |       |       |       |  |       |       |
| Youth under age 18 only |  |  |  |       |       |       |
| Youth age 18-24 only |       |       |       |  |       |       |
| Youth up to age 24 (under 18 and 18-24) |       |       |       |       |       |       |
|  |
| Has your bed inventory changed since the 2013 count?[ ]  Increased by       beds (explain:)      [ ]  Decreased by       beds (explain:)      [ ]  No change |
| If this program provides scattered-site housing, in what county are most of the beds located?       |

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| **TOTAL HOMELESS COUNT (all persons)** |
|  | A | B | C |
| **Emergency****Shelter** | **Seasonal****Shelter** | **Transitional****Housing** |
| **Households with Adults and Children (adults and children who are together on the night of the count)** |
| 1 | # of Persons age 25 or older |       |       |       |
| 2 | # of Persons age 18-24 |       |       |       |
| 3  | # of Persons age 17 or younger |       |       |       |
| 4 | Total Persons (Rows 1+2+3) |       |       |       |
| 5 | Total Number of Households |       |       |       |
| 6 | # of Persons in Chronically Homeless Families (at least one adult family member has a disability **AND** has been homeless for at least 1 year or has had 4 episodes in 3 years) |       |       |  |
| 7 | # of Households that are Chronically Homeless (at least one adult family member has a disability **AND** has been homeless for at least 1 year or has had 4 episodes in 3 years) |       |       |  |
|  | Gender (adults and children) |  |  |  |
| 8  | Female |       |       |       |
| 9 | Male |       |       |       |
| 10 | Transgender |       |       |       |
|  | Ethnicity (adults and children) |  |  |  |
| 11 | Non-Hispanic/Non-Latino |       |       |       |
| 12 | Hispanic/Latino |       |       |       |
|  | Race (adults and children) |  |  |  |
| 13 | White |       |       |       |
| 14 | Black or African-American |       |       |       |
| 15 | Asian |       |       |       |
| 16 | American Indian or Alaska Native |       |       |       |
| 17 | Native Hawaiian or Other Pacific Islander |       |       |       |
| 18 | Multiple Races |       |       |       |
| **Households without Children (single adults, adult couples without children)** |
| 19 | # of Persons age 25 or older |       |       |       |
| 20 | # of Persons age 18-24 |       |       |       |
| 21 | Total Persons (Rows 19+20) |       |       |       |
| 22 | Total Number of Households |       |       |       |
| 23 | # of Persons who are Chronically Homeless (have a disability **AND** have been homeless for at least 1 year or have had 4 episodes in 3 years) |       |       |  |
|  | Gender  |  |  |  |
| 24 | Female |       |       |       |
| 25 | Male |       |       |       |
| 26 | Transgender |       |       |       |
|  | Ethnicity  |  |  |  |
| 27 | Non-Hispanic/Non-Latino |       |       |       |
| 28 | Hispanic/Latino |       |       |       |
|  | Race  |  |  |  |
| 29 | White |       |       |       |
| 30 | Black or African-American |       |       |       |
| 31 | Asian |       |       |       |
| 32 | American Indian or Alaska Native |       |       |       |
| 33 | Native Hawaiian or Other Pacific Islander |       |       |       |
| 34 | Multiple Races |       |       |       |
| **TOTAL HOMELESS COUNT continued** |
|  | A | B | C |
| **Emergency****Shelter** | **Seasonal****Shelter** | **Transitional****Housing** |
| **Households of Only Children (all members of household are under 18: unaccompanied children, adolescent parents and their children, adolescent siblings, etc.)** |
| 35  | Total Persons age 17 and younger |       |       |       |
| 36 | Number of One-Child Households |       |       |       |
| 37 | Number of Multi-Child Households |       |       |       |
| 38 | Total Number of Households (Rows 36+37) |       |       |       |
|  | Gender  |  |  |  |
| 39 | Female |       |       |       |
| 40 | Male |       |       |       |
| 41 | Transgender |       |       |       |
|  | Ethnicity  |  |  |  |
| 42 | Non-Hispanic/Non-Latino |       |       |       |
| 43 | Hispanic/Latino |       |       |       |
|  | Race  |  |  |  |
| 44 | White |       |       |       |
| 45 | Black or African-American |       |       |       |
| 46 | Asian |       |       |       |
| 47 | American Indian or Alaska Native |       |       |       |
| 48 | Native Hawaiian or Other Pacific Islander |       |       |       |
| 49 | Multiple Races |       |       |       |
| **TOTALS** |
| 50 | Total Homeless Persons (Rows 4+21+35) |       |       |       |
| 51 | Total Persons Age 18 and Over (Rows 1+2+21) |       |       |       |
| 52 | Total Chronically Homeless Persons (Rows 6+23) |       |       |  |
|  |
| **SUBPOPULATION COUNT (adults only)** |
| **SUBPOPULATIONS: How many adults are:** |
| 53 | Seriously Mentally Ill |       |       |       |
| 54 | Substance Use Disorder |       |       |       |
| 55 | Persons with HIV/AIDS |       |       |       |
| 56 | Victims of Domestic Violence (optional) |       |       |       |
| **DISCHARGES: How many adults were discharged from the following systems within 30 days of becoming homeless?** |
| 57 | Criminal Justice System (jails, prisons) |       |       |       |
| 58 | Behavioral Health System (mental health/substance use) |       |       |       |
| 59 | Health Care System (hospitals) |       |       |       |
| **PLEASE CONTINUE ON THE NEXT PAGE** |
| **VETERAN SUBPOPULATION COUNT:** **Out of the total households listed above, please list the following information for all households that included a veteran.** |
|  | A | B | C |
| **Emergency****Shelter** | **Seasonal****Shelter** | **Transitional****Housing** |
| **Veteran Households with Adults and Children (adults and children who are together on the night of the count)** |
| 60 | Total Persons  |       |       |       |
| 61 | Total Number of Veterans |       |       |       |
| 62 | Total Number of Households |       |       |       |
|  | Gender (veterans only) |  |  |  |
| 63 | Female |       |       |       |
| 64 | Male |       |       |       |
| 65 | Transgender |       |       |       |
|  | Ethnicity (veterans only) |  |  |  |
| 66 | Non-Hispanic/Non-Latino |       |       |       |
| 67 | Hispanic/Latino |       |       |       |
|  | Race (veterans only) |  |  |  |
| 68 | White |       |       |       |
| 69 | Black or African-American |       |       |       |
| 70 | Asian |       |       |       |
| 71 | American Indian or Alaska Native |       |       |       |
| 72 | Native Hawaiian or Other Pacific Islander |       |       |       |
| 73 | Multiple Races |       |       |       |
| **Veteran Households without Children (single adults, adult couples without children)** |
| 74 | Total Persons  |       |       |       |
| 75 | Total Number of Veterans |       |       |       |
| 76 | Total Number of Households |       |       |       |
|  | Gender (veterans only) |  |  |  |
| 77 | Female |       |       |       |
| 78 | Male |       |       |       |
| 79 | Transgender |       |       |       |
|  | Ethnicity (veterans only) |  |  |  |
| 80 | Non-Hispanic/Non-Latino |       |       |       |
| 81 | Hispanic/Latino |       |       |       |
|  | Race (veterans only) |  |  |  |
| 82 | White |       |       |       |
| 83 | Black or African-American |       |       |       |
| 84 | Asian |       |       |       |
| 85 | American Indian or Alaska Native |       |       |       |
| 86 | Native Hawaiian or Other Pacific Islander |       |       |       |
| 87 | Multiple Races |       |       |       |

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| **METHODOLOGIES** |
| What methods were used to conduct your sheltered count?[ ]  Survey/interview with homeless persons [ ]  HMIS [ ]  Other (specify:)       |

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| **DEFINITIONS OF TERMS** |
| **Program Types*** ***Emergency Shelter*** provides temporary overnight shelter for homeless persons for up to 90 days.
	+ Programs include publicly and privately funded emergency shelter programs, domestic violence shelters, hotel/motel vouchers, VA Health Care for Homeless Veterans Community Contract Emergency Housing & Residential Treatment Program, VA Mental Health Residential Treatment Program-Domiciliary Care for Homeless Veterans, HHS Runaway and Homeless Youth Basic Center Programs
* ***Seasonal Shelter*** provides temporary overnight shelter for homeless persons on a planned basis, with set start and end dates, during high-demand times of the year (usually cold-weather months).
* ***Transitional Housing*** provides temporary housing and supportive services for homeless persons for 12 to 24 months.
	+ **Traditional Model** programs are located in residential facilities that clients must vacate when they exit the program.
	+ **Rapid Re-Housing Model** programs provide time-limited subsidies in conventional rental housing that clients may continue to occupy after they exit the program (i.e. transition-in-place or rolling stock transitional housing).
	+ Programs include publicly and privately funded transitional housing, HUD CoC-funded transitional housing, HHS Runaway and Homeless Youth Transitional Living Programs/Maternity Group Homes/Support System for Rural Homeless Youth, VA Grant and Per Diem, VA Compensated Work Therapy-Transitional Residence

**Beds and Units*** ***Beds for Single Adults*** are designated for single adults or adult couples without children.
* ***Beds for Families*** are designated for households of adults and children.
* ***Units for Families*** are separate rooms, units, or buildings designated to each house one family.
* ***Beds for Households of Only Children*** are designated for households in which everyone is under 18 (unaccompanied children, adolescent parents and their children, adolescent siblings, etc.)
	+ If beds are not designated exclusively for a particular type of household, record the beds according to how they were used on the night of the PIT. If the program is not at full capacity on the night of the PIT, pro rate the empty beds based on the distribution of the beds that were occupied.
* ***Overflow Beds*** are available on an ad hoc or temporary basis in response to demand that exceeds planned bed capacity. They can include cots, roll-aways, etc. that are only used when the “regular” beds are full. Only record the overflow beds that were in use on the night of the count.
* ***Hotel/Motel Beds*** are beds located in a hotel or motel that are paid for by a program (shelter, DSS, church, etc.) either because the program has no beds of its own or its beds are full. All hotel/motel beds are considered emergency shelter beds regardless of what program provides them. Only record the number of hotel/motel beds that were in use on the night of the count.
* ***Seasonal Beds*** are available on a planned basis during high-demand times of the year (usually cold-weather months). Seasonal programs should record the dates their beds are available in the Bed Inventory chart (ex. open Dec. 15 to April 15).
* ***Beds dedicated to veterans*** are beds that are reserved for homeless veterans (and their families, if applicable). These beds must be filled by veterans unless there are no homeless veterans within the program’s service area.
* ***Beds dedicated to youth*** are beds that are reserved for homeless youth up to age 24. These beds must be filled by youth unless there are no homeless youth within the program’s service area. In the Bed Inventory chart, the program must indicate if the dedicated beds are reserved only for youth under age 18, only for youth ages 18-24, or for all youth up to age 24.

**Households*** ***Households with Adults and Children*** are households in which at least one adult and one child are present on the night of the count.
* ***Households without Children*** include single adults and adult couples without children. It also includes adults who have children, but whose children are not present with them on the night of the count.
* ***Households of Only Children*** are households in which every person is under the age of 18. This includes unaccompanied children under 18, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

**Chronically Homeless** * Definition: a homeless individual or a homeless family with an adult head of household who:
	+ Has a disabling condition (serious mental illness, substance use disorder, developmental disability, physical disability)

 **AND*** + Has been homeless and living in a place not meant for human habitation or an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years
 |

Balance of State CoC Agencies – Return form to: Other CoCs: Return to Local PIT Coordinator

North Carolina Coalition to End Homelessness

Email: data@ncceh.org / Fax: 1-888-742-3465