

SHELTERED COUNT of HOMELESS PERSONS

North Carolina Point-in-Time Count – January 30, 2013

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

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

BED INVENTORY						
(see Definitions on last page of form)						
How many actual 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 <input type="checkbox"/> Traditional/Facility Model <input type="checkbox"/> Rapid Re-Housing Model (see Definitions at end of form)						
Total Beds						
Has your bed inventory changed since the 2012 count?						
<input type="checkbox"/> Increased by _____ beds (explain:)						
<input type="checkbox"/> Decreased by _____ beds (explain:)						
<input type="checkbox"/> No change						
If this program provides scattered-site housing, in what county are most of the beds located?						

SHELTERED COUNT OF HOMELESS PERSONS				
		A	B	C
		Emergency Shelter	Seasonal Shelter	Transitional Housing
Families: Households with Dependent Children (adults and children who are together on the night of the count)				
1	# of Men age 18-24			
2	# of Men age 25+			
3	# of Women age 18-24			
4	# of Women age 25+			
5	# of Children			
6	Total Persons (Rows 1+2+3+4+5)			
7	Total Number of Households			
8	# 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)			*
9	# 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)			*
Households without Dependent Children (single adults, adult couples without children)				
10	# of Men age 18-24			
11	# of Men age 25+			
12	# of Women age 18-24			
13	# of Women age 25+			
14	Total Persons (Rows 10+11+12+13)			
15	Total Number of Households			
16	# 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)			*
Households of Only Children (all members of household are under 18: unaccompanied children, adolescent parents and their children, adolescent siblings, etc.)				
17	# of Boys			
18	# of Girls			
19	Total Persons (Rows 17+18)			
20	Number of One-Child Households			
21	Number of Multi-Child Households			
22	Total Number of Households (Rows 20+21)			
Totals				
23	Total Homeless People (Rows 6+14+19)			
24	Total Homeless Adults (Rows 1+2+3+4+14)			
25	Total Chronically Homeless Persons (Rows 8+16)			*
Subpopulations: How many adults are:				
26	Seriously Mentally Ill			
27	Chronic Substance Abuse			
28	Male Veterans			
29	Female Veterans			
30	Persons with HIV/AIDS			
31	Victims of Domestic Violence (optional)			
How many adults do you know were discharged from the following systems within 30 days of becoming homeless?				
32	Criminal Justice System (jails, prisons)			
33	Behavioral Health System (MH hospitals or SA treatment)			
34	Health Care System (hospitals)			

*Record the number of people who were chronically homeless **before** entering the TH program, if known.

METHODOLOGIES

What methods were used to conduct your sheltered count?

Survey/interview HMIS Extrapolation Other (specify:)

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
- **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, HUD-funded Rapid Re-Housing Demonstration Program, 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 dependent children.
- **Beds for Families** are designated for households of adults and dependent children.
- **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, extrapolate the distribution based on the pro-rated distribution of the beds that were filled that night.
- **Units for Families** are separate rooms, units, or buildings designated to each house one family.
- **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).

Households

- **Households with Dependent Children** include households in which at least one adult and one child are present on the night of the count.
- **Households without Dependent 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

In 2011, the definition of chronically homeless was expanded to include both individuals and families.

- Definition: an unaccompanied homeless individual (18 or older) with a disabling condition **OR** a family with at least one adult member (18 or older) who has a disabling condition who has either been continuously homeless for a year or more **OR** has had at least four episodes of homelessness in the past three years.
 - The disabling condition can include mental illness, chronic substance abuse, HIV/AIDS, physical disability, or developmental disability.

Balance of State CoC Agencies – Return form to:

North Carolina Coalition to End Homelessness

Email: data@ncceh.org

Fax: 1-888-742-3465

Other CoCs: Return to Local PIT Coordinator

