January 23, 2018

South Dakota Housing Inventory Chart (HIC)

Remember that for every bed you count, you MUST answer how many people were IN THOSE beds on that night. For emergency and transitional housing projects, a completed homeless survey MUST accompany this Housing Inventory Chart. For example, if you state six people were in the beds the night of the count, you would need to submit one completed Housing Inventory Chart to your regional coordinator and six individual homeless surveys. The surveys can be done using the Counting Us app, the Counting.us link or a paper survey. If using paper, please return the surveys to your regional coordinator. If you have any questions, please don’t hesitate to give me a call at 773-3445 or e-mail me at davis@sdhda.org.

All Housing Inventory Charts and Surveys must be submitted back to your regional coordinator no later than January 26, 2018.

Agency Name: ___________________________ Project Name: ___________________________

Is your Project: □ Site-Based – Single Site  □ Site-Based- Clustered/Multiple Sites  □ Tenant-Based

Project Site Address: ___________________________ Contact Name: ___________________________

(If multiple sites enter the address where most beds/units are located)

Phone Number: ___________________________ E-mail Address: ___________________________

Counties Served: ___________________________

Is your project HUD McKinney Vento Funded?  Other Federal Funding Sources?

□ Yes  □ No  □ Yes  □ No

If Yes, what is the Funding Source ____________________________________________

Target Population A (check one)

This is the target populations served by your project. If your project intends to serve a specific population and/or if at least three-fourths (75%) of the clients served by the project fit the project group descriptor. If your project serves more than one population please mark “none of the above”.

□ SM – Single Males 18 years old and over    □ CO – Couples only – No children
□ HC – Households with Children           □ SF – Single Females 18 years old and over
□ SMF – Single Males and Females 18 years old and over
□ 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 – Youth males under 25 years of age
□ YF – Youth females under 25 years age
□ YMF – Youth Males and Females under 25 years old
□ None of the above

Target Population B

Mark if the majority of the people (75%) you serve fall under one of these specific sub-populations. If your project service more than just one, please mark “none of the above”.

□ Domestic Violence
□ HIV/AIDS
□ None of the above
**Emergency Shelter Programs - Current Inventory**

(Beds and Units available for occupancy on or before January 23, 2018)

If you have Emergency Shelter beds that are new or under development, complete page 5 and/or 6

**Your Agency Is**
- [ ] Emergency Shelter (Staying less than 6 months)
- [ ] Hotel/Motel Vouchers (Include only vouchers paid for by charitable organizations – if paid by individual, do NOT include)
- [ ] Emergency Shelter for Homeless Youth Only
- [ ] HHS-funded Runaway and Homeless Youth Basic Center Programs (HHS-RHY)
- [ ] Seasonal Emergency Shelter (only available when it is cold outside)
- [ ] VA-Funded Emergency Shelter for Homeless Veterans (HCHV/EH and HCHV/RT)

Are These Beds:
- [ ] Facility Based Beds
- [ ] Voucher Beds
- [ ] Other Beds

**Facility Based:** Beds (including cots or mats) located in a residential homeless assistance facility dedicated for use by persons who are homeless.

**Voucher Beds:** Beds located in a hotel or motel and made available by the homeless assistance project through vouchers or other forms of payment.

**Other Beds:** Beds located in a church or other facility not dedicated for use by persons who are homeless.

**With Children** *(Beds and units intended for households with (at least) one adult and one child (under 18))*

<table>
<thead>
<tr>
<th>Total Beds:</th>
<th>Total HMIS Beds:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Units (Bedrooms):</td>
<td></td>
</tr>
</tbody>
</table>

**Without Children** *(Beds and units that are intended for households with adults only (18 and older))*

<table>
<thead>
<tr>
<th>Total Beds:</th>
<th>Total HMIS Beds:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Units (Bedrooms):</td>
<td></td>
</tr>
</tbody>
</table>

**Veteran Beds** *(Beds that are dedicated to house homeless veterans and their families ONLY)*

<table>
<thead>
<tr>
<th>Total Beds:</th>
<th>Total HMIS Beds:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Units (Bedrooms):</td>
<td></td>
</tr>
</tbody>
</table>

**Homeless Youth Beds:** *(do not include ward of state or foster care beds)*

**TOTAL BEDS FOR Youth under 18 ONLY**

<table>
<thead>
<tr>
<th>Total Beds:</th>
<th>Total HMIS Beds:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Units (Bedrooms):</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL BEDS FOR YOUTH 18 to 24 ONLY**

<table>
<thead>
<tr>
<th>Total Beds:</th>
<th>Total HMIS Beds:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Units (Bedrooms):</td>
<td></td>
</tr>
</tbody>
</table>

**Overflow Beds** *(Identify only the total number of overflow beds available or used on the night of the count)*

**Seasonal Beds** *(Identify only the total number of seasonal beds available on the night of the count)*

(If you have seasonal beds, what are the start date and end date when they are available:

Start Date: __________________________
End Date: __________________________

How many people were in the above beds on the night of the count? __________________________

(For everyone listed, you must have a completed homeless survey)

All Housing Inventory Charts and Surveys must be submitted back to your regional coordinator no later than January 26, 2018.
Transitional Housing Programs
(Beds and Units available for occupancy on or before January 23, 2018)

If you have transitional housing beds that are new or under development, complete page 5 and/or 6

Your Agency Is........
☐ Transitional Housing (staying 6 months to 24 months)
☐ Transitional Housing for Runaway and Homeless Youth
☐ Transitional Housing for Parenting Youth Families under age 18
☐ Veteran’s Affairs Grant and Per Diem Program-Bridge Housing
☐ Veteran’s Affairs Grant and Per Diem Program-Service Intensive Transitional Housing
☐ Veteran’s Affairs Grant and Per Diem Program-Hospital to Housing
☐ Veteran’s Affairs Grant and Per Diem Program-Clinical Treatment
☐ Veteran’s Affairs Compensated Work Therapy Transitional Residence
☐ HHS Funded Transitional Living Programs
☐ HHS Funded Maternity Group Homes for Pregnant and Parenting Youth

With Children – (Beds and units intended for households with at least one adult and one child (under 18))
Total Beds: _________ Total HMIS Beds: _________
Total Units (Bedrooms): __________

Without Children – (Beds and units that are intended for households with adults only (18 and older))
Total Beds: _________ Total HMIS Beds: _________
Total Units (Bedrooms): __________

Veteran Beds – (Beds that are dedicated to house homeless veterans and their families ONLY)
Total Beds: _________ Total HMIS Beds: _________
Total Units (Bedrooms): __________

Homeless Youth Beds: (do not include ward of state or foster care beds)

Total Beds for Youth under 18 ONLY
Total Beds: _________ Total HMIS Beds: _________
Total Units (Bedrooms): __________

TOTAL BEDS FOR YOUTH 18 to 24 ONLY
Total Beds: _________ Total HMIS Beds: _________
Total Units (Bedrooms): __________

Total Parenting Youth Beds (PARENT 18-24)
Total Beds: _________ Total HMIS Beds: _________ Total Units (Bedrooms): __________

How many people were in the above beds on the night of the count? ________________
(For everyone listed, you must have an attached homeless survey or homeless count form to accompany that number)

All Housing Inventory Charts and Surveys must be submitted back to your regional coordinator no later than January 26, 2018.
Rapid Re-housing Programs, Permanent Supportive Housing Programs
Other Permanent Housing (OPH) VA-TIP
(Beds and Units available for occupancy on or before January 23, 2018)
If you have Permanent Housing beds that are new or under development, complete page 5 and/or 6

Your Agency Is........
☐ Rapid Re-Housing Programs (ESG and CoC-Funded Rapid Re-Housing Projects)
☐ VA – Rapid Re-Housing Programs (SSVF)
☐ VA – HUD-funded Veteran’s Homelessness Prevention Demonstration (VHPD)
☐ VA- HUD VASH (agencies should count all VASH vouchers, regardless of how many are utilized the night of the count)
☐ VA- Grants and Per Diem Program-TIP-OPH
☐ VA-Health Care for Homeless Veterans (HCHV)
☐ HUD Public and Indian Housing Programs (non-VASH), including public housing and housing choice voucher inventory that is dedicated to homeless persons.

Agencies should count all beds AND units (bedrooms) based on the actual number of current program participants who are: 1) actively enrolled in the project on the night of the count; 2) No longer homeless and are in permanent housing on the night of the count; and 3) Currently receiving rental assistance from the above programs.

**With Children** – *(Beds and units intended for households with (at least) one adult and one child (under 18))*

<table>
<thead>
<tr>
<th>Total Beds:</th>
<th>Total HMIS Beds:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Units (Bedrooms):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Without Children** – *(Beds and units that are intended for households with adults only (under 18))*

<table>
<thead>
<tr>
<th>Total Beds:</th>
<th>Total HMIS Beds:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Units (Bedrooms):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Veteran Beds** – *(Beds that are dedicated to house homeless veterans and their families ONLY)*

<table>
<thead>
<tr>
<th>Total Beds:</th>
<th>Total HMIS Beds:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Units (Bedrooms):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Chronic Homeless Beds** - *(Beds that are dedicated to house chronically homeless individuals or families ONLY)*

<table>
<thead>
<tr>
<th>Total Beds:</th>
<th>Total HMIS Beds:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Units:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

How many people were in the above beds on the night of the count? ________________

(You do NOT need to complete a homeless survey for everyone listed. HUD does NOT need this number for the Point-In-Time Count, but still requires this information for the Housing Inventory Chart)

All Housing Inventory Charts and Surveys must be submitted back to your regional coordinator no later than January 26, 2018.
NEW INVENTORY

If you do NOT have any beds/units as new inventory – DO NOT COMPLETE
(Beds and units that became available for occupancy between February 1, 2017 and January 31, 2018. This inventory should represent an INCREASE in capacity from the beds you had last year.)

Select One:
☐ Emergency Shelter ☐ Transitional Housing ☐ Permanent Supportive Housing

With Children – (Beds and units intended for households with at least one adult and one child (under age 18))
Total Beds: _________ Total HMIS Beds: _________
Total Units (Bedrooms):___________

Without Children – (Beds and units that are intended for households with adults only (18 and older))
Total Beds: _________ Total HMIS Beds: _________
Total Units (Bedrooms):___________

Veteran Beds – (Beds that are dedicated to house homeless veterans and their families ONLY)
Total Beds: _________ Total HMIS Beds: _________
Total Units (Bedrooms):___________

Chronic Homeless Beds - (Beds that are dedicated to house chronically homeless individuals or families ONLY)
Total Beds: _________ Total HMIS Beds: _________
Total Units:___________

Homeless Youth Beds: (do not include ward of state or foster care beds)

TOTAL BEDS FOR Youth under 18 ONLY TOTAL BEDS FOR YOUTH 18 to 24 ONLY
Total Beds: _________ Total HMIS Beds: _________ Total Beds: _________ Total HMIS Beds: _________
Total Units (Bedrooms):___________ Total Units (Bedrooms):___________

How many people were in the above beds on the night of the count? ________________
(For everyone listed, you must have an attached homeless survey or homeless count form to accompany that number)

All Housing Inventory Charts and Surveys must be submitted back to your regional coordinator no later than January 26, 2018.
UNDER DEVELOPMENT

If you do NOT have any beds/units under development – DO NOT COMPLETE
(Beds and units that were fully funded, but are NOT available for occupancy as of January 23, 2018.)

Select One:
☐ Emergency Shelter  ☐ Transitional Housing  ☐ Permanent Supportive Housing  ☐ Rapid Rehousing

With Children – (Beds and units intended for households with at least one adult and one child (under age 18))
Total Beds: _________  Total HMIS Beds: _________
Total Units (Bedrooms):___________

Without Children – (Beds and units that are intended for households with adults only (18 and older))
Total Beds: _________  Total HMIS Beds: _________
Total Units (Bedrooms):___________

Veteran Beds – (Beds that are dedicated to house homeless veterans and their families ONLY)
Total Beds: _________  Total HMIS Beds: _________
Total Units (Bedrooms):___________

Chronic Homeless Beds - (Beds that are dedicated to house chronically homeless individuals or families ONLY)
Total Beds: _________  Total HMIS Beds: _________
Total Units:___________

Homeless Youth Beds: (do not include ward of state or foster care beds)

TOTAL BEDS FOR Youth under 18 ONLY  TOTAL BEDS FOR YOUTH 18 to 24 ONLY
Total Beds: _________  Total HMIS Beds: _________  Total Beds: _________  Total HMIS Beds: _________
Total Units (Bedrooms):___________  Total Units (Bedrooms):___________

How many people were in the above beds on the night of the count?____________
(For everyone listed, you must have an attached homeless survey or homeless count form to accompany that number)

All Housing Inventory Charts and Surveys must be submitted back to your regional coordinator no later than January 26, 2018.