2025 Housing Inventory Count (HIC)

Project Information Sheet

For project types: **Emergency Shelter, Transitional Housing, Permanent Housing, Rapid Re-Housing** *(Complete one per Program)*

Date:_____

Information Verified By:

_____

☐ Check box if this project enters data in HMIS

Full Organization Name:	_____
HMIS Project Name: *As it appears in HMIS if applicable*	_____
Project Address: Location of the principal site or for multiple site projects, the location in which the majority of the projects clients are housed.	Street Number: _____ City: _____ State: _____ Zip Code:_____

Project Type:	**Geo Code:** *If multiple sites, use the Geo Code where most of the sites are located.*	**Target Population:** *If project is designed to serve at least 75% of the clients served by the project fit the target group descriptor.*

☐ Emergency Shelter
 ☐ Transitional Housing
 ☐ Rapid Re-Housing
 ☐ Permanent Housing
 ☐ Other PH _____
	☐ 063798 (Turlock)
	 ☐ 062292 (Modesto)
	 ☐ 069099 (Stanislaus)
		☐ DV: Domestic Violence under (VAWA)
		   ☐ Participating in Comparable database
		     ☐ Yes, [name] _____ ☐ No
		 ☐ HIV: Persons living with HIV/AIDS
		 ☐ NA: Not Applicable

Note: *CoCs should only select S+C, SRO, or SHP as the McKinney-Vento funding source if they still have funding and use requirements associated with that funding. Projects that were originally funded under those programs, but are currently being renewed under the CoC Program should only identify CoC as the funding source.*

McKinney-Vento

Emergency Solutions Grants Program (ESG)	☐ Yes, select type: ☐ Emergency Shelter ☐ Rapid Re-Housing ☐ No
Emergency Solutions Grants Program (ESG) CV	☐ Yes, select type: ☐ Emergency Shelter ☐ Rapid Re-Housing ☐ No
Continuum of Care Program (CoC)	☐ Yes [select type] ☐ No
If yes, Continuum of Care Program (CoC) select type:	☐ CoC Safe Haven ☐ CoC Transitional Housing ☐ CoC Permanent Supportive Housing ☐ CoC Rapid-Re-Housing ☐ CoC Single Room Occupancy ☐ CoC YHDP ☐ CoC Joint Component TH/RRH
Shelter Plus Care Program (S+C)	☐ Yes ☐ No
Section 8 Moderate Rehabilitation Single-Room Occupancy program (SRO), including grants formerly funded under McKinney-Vento but renewed under Section 8	☐ Yes ☐ No
Supportive Housing Program (SHP)	☐ Yes ☐ No
HUD HOME	☐ Yes ☐ No
HUD HOME (ARP)	☐ Yes ☐ No
HUD: PIH (Emergency Housing Vouchers)	☐ Yes ☐ No
Supportive Housing Program (SHP)	☐ Yes ☐ No

Note: *CoCs should not report VA-funded Mental Health Residential Rehabilitation Treatment Program – Domiciliary Care for Homeless Veterans (VADOM) inventory in the HIC. The VA and HUD determined that VADOM inventory are more appropriately identified as institutions and should not be included in the HIC or PIT count.*

Additional Federal Funding: *If there are multiple additional federal funding sources,* **select all that apply to project.**

HUD-VA Supportive Housing (HUD-VASH)	☐ Yes ☐ No
Supportive Services for Veteran Families Program (SSVF)	☐ Yes ☐ No
SSVF Emergency Housing Assistance (EHA)	☐ Yes ☐ No
VA: Grant and Per Diem Program (GPD)	☐ Yes [select type] ☐ No
If yes, Grant and Per Diem Program (GPD) select type:	☐ Bridge Housing ☐ Low Demand ☐ Hospital to Housing ☐ Clinical Treatment ☐ Service Intensive Transitional Housing ☐ Transition in Place
VA: Health Care for Homeless Veterans (HCHV)	☐ Yes ☐ No
HHS: RHY Basic Center Programs (BCP)	☐ Yes ☐ No
HHS: RHY Transitional Living Program (TLP)	☐ Yes ☐ No
HHS: RHY Maternity Group Homes for Pregnant and Parenting Youth (MGH)	☐ Yes ☐ No

HHS: RHY Demonstration Project	□ Yes □ No
HUD Housing Opportunities for Persons with AIDS (HOPWA) program	□ Yes □ No
HUD Public and Indian Housing (PIH) programs (non-VASH), including public housing and housing choice voucher inventory that is dedicated to homeless persons	□ Yes □ No
Other: (Specify)	□ Yes □ No

Housing Type:

□ Site-based – single site   □ Site-based – clustered / multiple site □ Tenant-based – scattered site

Victim Service Provider: *Identify if project is a victim services provider and is prohibited from HMIS participation*

□ Yes □ No

Guide:

Bed Type (For Shelter Only): *Bed Type describes the type of beds offered by emergency shelter projects according to the following:*
Facility-based*: Beds (including cots or mats) located in a residential homeless assistance facility dedicated for use by persons who are homeless.*
Voucher: *Beds located in a hotel/motel and made available by the homeless assistance project 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.*
Bed and Unit Availability: *Whether the beds and units are available on a planned basis year-round, or seasonally (during a defined period of high demand), or on a temporary basis as demand indicates.*
Year-Round Beds/Units: *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 are available on a planned basis, with set start and end dates, during an anticipated period of higher demand. For the HIC, identify only the total number of seasonal beds available for occupancy on the night of the inventory count.*
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 only the total number of overflow beds that were occupied on the night of the inventory count.*

Inventory Type: *Current: all Inventory that is operational on the night of the count or Under Development: all inventory that is projected but not in operational on the night of the count.*

□ Current Inventory   □ Under Development, is project expected to begin operation within the next 12 months? □ Yes □ No

Bed Type: *For Shelter use only*

□ Facility-based beds □ Voucher beds □ Other beds

All Year-Round Bed/Units for Households: *Shelter, Rapid Re-Housing (RRH), Transitional Housing (TH), Permanent Housing (PSH)*

...With Children			...Without Children			...With only Children <18		
Beds	**Units**	**HMIS Beds**	**Beds**	**HMIS Beds**		**Beds**	**HMIS Beds**	
_____	_____	_____	_____	_____		_____	_____	
Veterans Beds	**Youth Beds**	**Chronic Beds** (PSH Only)	**Veterans Beds**	**Youth Beds**	**Chronic Beds** (PSH Only)		**Chronic Beds** (PSH Only)	
_____	_____	_____	_____	_____	_____		_____	

Note: *Only PSH projects serving households with children and households without children can designate beds specifically for the chronically homeless. The number of beds specifically designated for the chronically homeless, Youth or Veterans should include all of the beds associated with the unit even those occupied by family members and   cannot be greater than the number of total beds in the project.*

Seasonal Beds: *For Shelter use only*

Beds	**HMIS Beds**	**Start Date** _____/_____/_____	**End Date** _____/_____/_____

Overflow Beds: *For Shelter use only*

Beds	**HMIS Beds**	

All Projects: Point-in-Time Homeless Count of People in this project on night of 1/29/2025   _____

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Date:_____

Information Verified By:

_____

Organization Name:	
	_____

Bed and Unit Inventory: *For Rapid Re-Housing, Transitional Housing, and Permanent Housing Projects*

Please Provide information about your project, number of units, and composition of each unit. Use a separate table for each project information submission.

Project Name :
(please use name as it appears in HMIS if applicable)   _____

Total # of Units: _____	# of Studios _____	# of 1 Bedrooms _____	# of 2 Bedrooms _____	# of 3 Bedrooms _____

					Check One Below		
Unit # or Name	**#Bedrooms**	**# Adults**	**# Children**	**# Beds Used**	**Occupied**	**Vacant**	**Expected date ready for occupancy**