### HIC/PIT Count Data Collection Survey Manual

## **2024 PIT**

- Emergency Shelter (up to 90 days)
- ❖ Hotel/Motel Vouchers
- Seasonal/Winter Shelter (open several months a year)
- Transitional Housing (90 days to 2 years)





#### Introduction

#### **Guide to Completing the 2024 PIT/HIC Survey**

Welcome to the Guide on How to Fill Out the 2024 Point-in-Time (PIT) and Housing Inventory Count (HIC) Survey! This guide is designed to help you navigate the survey questions effectively, ensuring accurate and valuable data collection for addressing homelessness.

#### Why This Matters

Understanding homelessness is crucial for providing better services and support to those in need. The PIT and HIC surveys play a vital role in shaping policies, allocating resources, and ultimately making a difference in the lives of homeless individuals and families.

#### Your Role as a Survey Participant

As a survey participant, your input matters. By providing clear and accurate responses to the questions in this guide, you are contributing to the larger effort to combat homelessness. Your dedication to this cause is highly appreciated.

#### **How This Guide Works**

In this guide, we will walk you through each section of the 2024 PIT/HIC survey, offering explanations, examples, and tips to help you complete it successfully. We understand that survey questions can sometimes be complex, so we aim to make this process as straightforward as possible.

#### **Getting Started**

The 2024 PIT/HIC Survey consists of four essential parts, each serving a unique purpose in collecting crucial data to combat homelessness. In this guide, we will take you through each of these parts step by step:

#### 1. General Agency Information

This section gathers basic information about your agency. It helps in identifying the agency responsible for the survey and its contact details. Think of this as setting the stage for the survey.

#### 2. Project Information

❖ In this part, you'll provide specific details about the project or programs your agency operates.

These details help to understand the scope of services provided and their impact on homelessness.

#### 3. Inventory and PIT (Point-in-Time)

❖ Here, you'll dive into the core of the survey, collecting data on 2024 PIT and HIC.

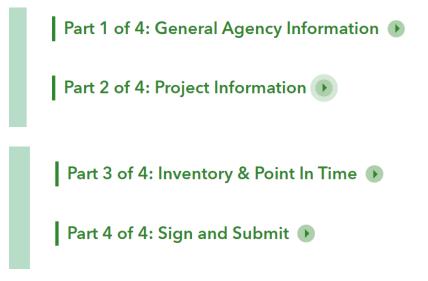
#### 4. Sign and Submit

Finally, this part involves signing and submitting the completed survey.

#### 5. Key Terms

❖ The section will provide you with a definition of key terms used in this document.

#### Flow of Survey:

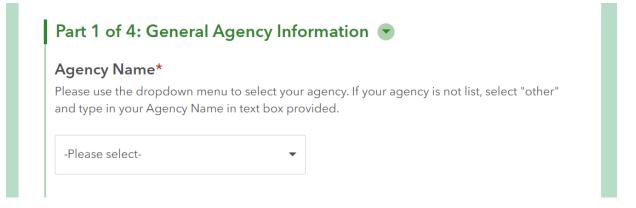


#### **Part 1: General Agency Information**

In this section we will fill out need agency information we need.

#### **Agency Name**

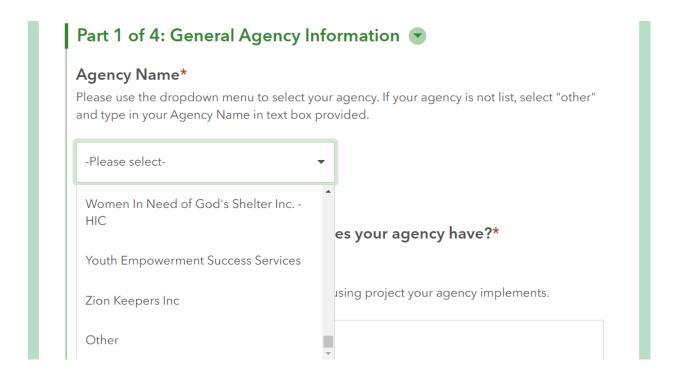
❖ Begin by locating the dropdown menu for "Agency Name" in the survey form.



Scroll through the options available. If you find your agency name, simply click on it to select.

If your agency name is not listed, proceed to the end of the dropdown list.

Look for the option labeled "Other." Click on this option. After selecting "Other," a text box will appear.



❖ Type in the full name of your agency in this text box. Please ensure accuracy and use the full, official name of your agency. This allows for flexibility and ensures that all agencies, including those not pre-listed, can be accurately represented in the survey.

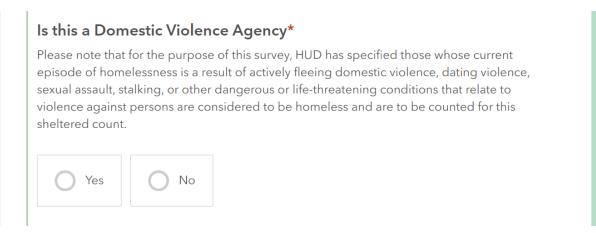
#### Which Types of Housing Project Does your Agency have?

❖ For this question, please select the specific housing types of your agency implements by ticking the checkboxes provided. However, it's crucial to note that, even if your agency operates multiple housing types of projects, a separate survey submission is required for each unique housing project your agency operates. This means that for every distinct housing initiative Project, please submit a separate survey.

Which types of housing projects does your agency have?* (Check all that apply)
Please submit a separate survey for EACH housing project your agency implements.
Emergency Shelter (up to 90 days)
Extreme Weather (Open based on need)
Hotel/ Motel Vouchers
Permanent Supportive Housing
Rapid Re Housing
Seasonal Shelter (open daily for several months per year)
Transitional Housing (90 day to 2 years stay)

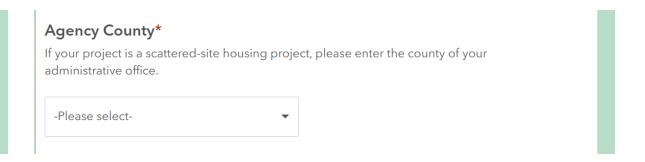
#### Is this a Domestic Violence (DV) Agency?

❖ If most of your clients fall into this DV category, select "Yes." If your agency does not primarily serve victims/ Survivors of domestic violence, please select "No."



#### **Agency County**

❖ This indicates the county where the agency is located. If your project involves scattered site housing, please use the location (county) where your administrative office is based. This ensures accurate geographical data for the survey. If your agency is not involved in scattered site housing, simply input the county where your agency is located.



#### **Agency Executive Director contact information.**

❖ For the following questions, please provide the full name of your Agency Executive Director, along with their email address and phone number.

Agency Execut	ve Director - Contact Informa	ation*
	r below: (XXX)XXX-XXXX	
Litter Frione Numbe	I DEIOW. (AAA)AAA-AAAA	
Agency Executi	ve Director- Contact Informat	tion*
Enter email address		

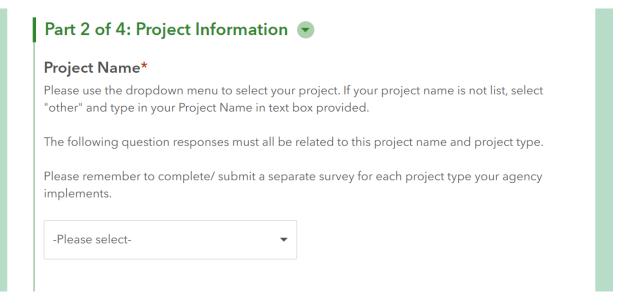
❖ This information is crucial for us to contact the agency in case any details are missing, need updating, or are found to be incorrect during the survey review process. Ensure accuracy in inputting this contact information to facilitate effective communication.

#### **Part 2: Project Information**

❖ In this section, we will gather essential details about your project. This includes information on the project's location, target population, funding sources, project type, and whether it utilizes the Homeless Management Information System (HMIS) also known as Client Track.

#### **Project Name**

❖ Begin by choosing your project name from the dropdown menu. Scroll through the list of available options, and if you find your project name, click on it to select. However, if your project name is not present in the list, scroll to the bottom and choose the "Other" option. In the provided text box, type in the complete and accurate name of your project. It's crucial to input the full project name rather than just the project type to avoid confusion.



#### Project Address, City, Zip Code and County

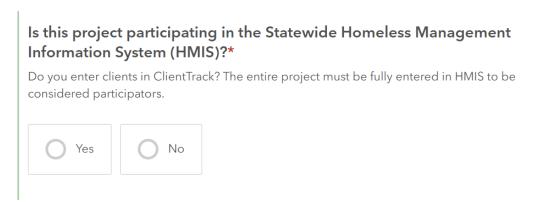
Next, provide the physical address where your project is primarily located and serves its participants. For scattered site projects with multiple locations, input the address where the majority of beds and units are situated. If your project serves victims of domestic violence, prioritize participant safety by using a PO Box or another anonymous address. For projects categorized as rapid rehousing (RRH), enter "TBRA" for Tenant-Based Rental Assistance or "RRH" for Rapid Rehousing.

Project Address
If your project is a scattered-site housing project, or if this projects has units at multiple locations, please enter the address where the majority of beds and units are located. Projects serving victims of domestic violence must use a PO Box or other anonymous address to ensure the safety of participants served. If tenant based or Rapid ReHousing, please enter "TBRA" or "RRH"
Project City*
If your project is a scattered-site housing project, please enter the city where the majority of the project's clients are housed.
If tenant based, enter the city of the site where most beds are located
Project Zip Code*
If your project is a scattered-site housing project, please enter the zip code where the majority of the project's clients are housed.
If tenant based, enter zip code of the site where most beds are located
Project County*
If your project is a scattered-site housing project, please enter the county where the majority of the project's clients are housed.
If tenant based, enter the county of the site where most beds are located
-Please select- ▼

#### Is this Project Participating Homeless Management Information System (HMIS)?

❖ If your project utilizes the statewide Homeless Management Information System (HMIS) known as **Client Track** in Georgia, please select "Yes" to indicate that you enter all enrollment information of clients in the Client Track database system.





❖ If your project does not use Client Track or the statewide HMIS system to enroll clients into this project, please select "No."

# Does this project verify homeless status when determining whether or not someone is eligible for the program?

For this question, specify whether your project verifies the homeless status of clients before enrolling them into the program.

- ❖ If your project verifies the homeless status before enrollment, select "Yes."
- ❖ If your project does not verify homeless status before enrollment, select "No."

	,	nomeless status when determining whether or for the program?*
Yes	O No	

# Are the majority of the clients served in this project homeless according to HUD's definition?

For this question, indicate the percentage of homeless clients served by your project. Before selecting the option make sure to read the HUD definition of homelessness:

#### **Definition:**

- ❖ Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
- Has a primary nighttime residence that is a public or private place not meant for human habitation; or
- ❖ Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- ❖ Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

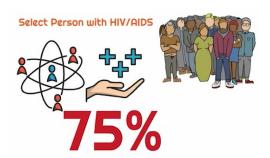
# Are the majority of the clients served in this project homeless according to HUD's definition?\* Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: • Has a primary nighttime residence that is a public or private place not meant for human habitation:

- Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
- Yes, all (100%) of the clients served in this program are homeless
- Not all of the clients served in this program are homeless, but more than 50% of them are
- Less than 50% of the clients served in this program are homeless
- ❖ If your project serves 100% of homeless clients, select "Yes" (100%).
- ❖ If your project serves more than 50% of homeless clients, select "Not all the clients served are homeless, but more than 50% are homeless."
- ❖ If your project serves less than 50% of homeless clients, select "Less than 50% of the clients served are homeless."

#### Which of these populations does this project target?

❖ This question is looking for the target populations served by your project, such as Victims of Domestic Violence, Veterans, and Persons Living with HIV/AIDS. Select the appropriate option based on the percentage of clients served in the project. If the project serves more than 75% of clients of DV victims or Person with HIV/AIDS or Veterans then select those options, else select None of these.

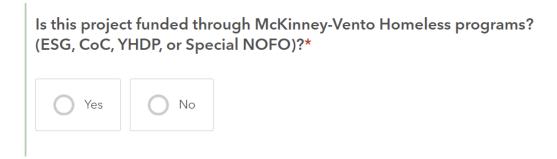




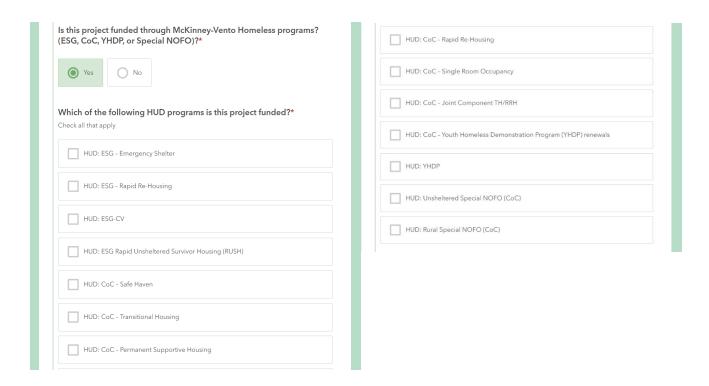
# Which of these populations does this project target?\* A population is considered a "target population" if your project is designed to serve that population and at least three-fourths (75%) of the clients served by the project fits that target population description. Domestic Violence Victims Veterans Persons living with HIV/AIDS None of these

- ❖ If your project serves more than 75% of a particular target population, select the corresponding option.
- ❖ If your project does not serve more than 75% of any specific target population, select "No of these". Select Unsure if you are not sure about target population.

Is this project funded through McKinney-Vento Homeless programs? (ESG, CoC, YHDP, or Special NOFO)?



- If your project is funded through McKinney Vento like ESG, CoC, YHDP or Special NOFO select "Yes."
- Once you select "Yes," you will be prompted with a question to choose the specific McKinney Vento program that funds your project. Select the appropriate as shown in the image below:



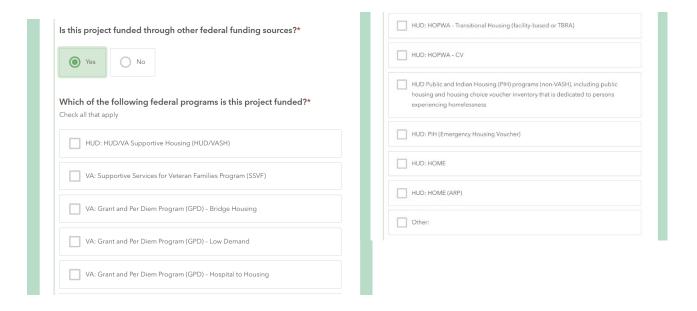
You could select Multiple only if your project is funded through multiple sources like ESG and CoC.

❖ If your project is not funded through McKinney Vento, select "No."

#### Is this project funded through other federal funding sources?



- ❖ If your project is funded through sources other than the federal programs mentioned, select "Yes."
- ❖ If you select "Yes," you will be prompted to choose the specific funding source from the list provided. If you can't find your funding source in the list, select "Other," and type in the name of your funding source.



❖ If your project is not funded through any of the federal programs or other sources, select "No."

#### What type of project is this?

• For this important question, select the project type based on the details you've provided above:

What type of project is defer to the above question re		
Remember to complete a sep nplements	parate survey for EACH housing	project your agency
Emergency Shelter (up to 90 days)	Hotel/Motel Vouchers	Permanent Supportive Housing
Rapid ReHousing	Seasonal/Winter Shelter (open several months a year)	Transitional Housing (90 days to 2 years)

Choose the project type that best aligns with the nature and duration of your project. This selection will determine the specific set of questions you'll encounter in Part 3 of the survey. Once you've made your selection, proceed to the next question in the survey.

From this point this guide works only for the following four types of projects.

- 1. Emergency Shelter Up to 90 days.
- 2. Hotel/Motel Vouchers.
- 3. Seasonal/Winter Shelter Open Several Months a Year.
- 4. Transitional Housing 90 Days to 2 years.

For Rapid Rehousing and Permanent Supportive Housing projects, separate manuals are available. Please refer to the specific manual corresponding to your project type for detailed instructions and guidance during the survey.

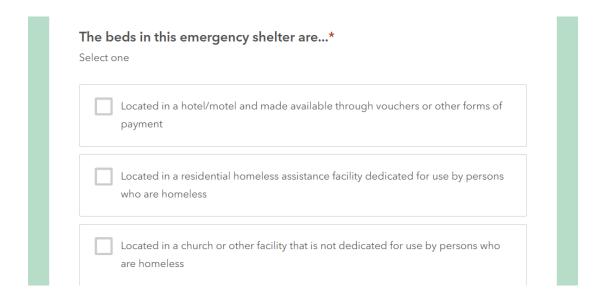
Before we begin Part 3 of the survey you will encounter one different question based on the type of project you select.

Refer to the above question re	sponse: Project Name	
*Remember to complete a sep implements	arate survey for EACH housing	project your agency
Emergency	Hotel/Motel	Permanent
Shelter (up to 90	Vouchers	Supportive
days)		Housing
Rapid ReHousing	Seasonal/Winter	Transitional
	Shelter (open	Housing (90 days
	several months a	to 2 years)
	year)	

If you select:

Emergency Shelter, Hotel/Motel Vouchers and Seasonal/Winter Shelter the survey will prompt you with specific question:

#### The beds in this emergency shelter are...



Choose one of the options that best describes where your project's beds are located and whether they are dedicated for homeless individuals or not.

❖ If you select **Transitional Housing Project**, you get one specific question as below:

#### The units in this transitional housing are...

Remember to complete a sep nplements	parate survey for EACH housing p	project your agency
Emergency Shelter (up to 90 days)	Hotel/Motel Vouchers	Permanent Supportive Housing
Rapid ReHousing	Seasonal/Winter Shelter (open several months a year)	Transitional Housing (90 days to 2 years)
he units in this transiti	onal housing is*	
Site Based-	Site Based- Single site (i.e.	Tenant-Based

Choose the most appropriate housing type for your Transitional Housing Project:

❖ Site-Based - Single Site: If your project includes a single facility to serve clients.

- Site-Based Clustered/Multiple Sites: If your project includes more than one facility in multiple locations, but more than one client is housed in each project facility. The facility location is owned, operated, or sponsored by the project.
- ❖ Tenant-Based Scattered Site: If the clients served by the project have leases or other occupancy agreements and are housed in residences that are not owned by the project.

The image below shows different Housing Types for Transitional Housing.





#### Part 3: Inventory & Point in Time information.

In this section, we will collect Inventory and Point in Time information about your project and the people you are serving.

- ❖ If you are not filling out the survey for any of these specified project types listed below. Please refer to the specific manual corresponding to your project type for detailed instructions and guidance during the survey.
  - Emergency Shelter Up to 90 days.
  - Hotel/Motel Vouchers.
  - Seasonal/Winter Shelter Open Several Months a Year.
  - Transitional Housing 90 Days to 2 years

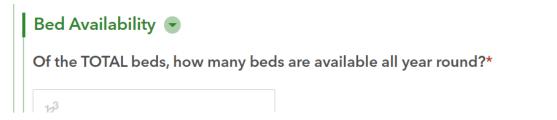
#### How many TOTAL beds does this project have?

This question is crucial, and it's important to clarify that you should provide the total number of beds allocated specifically for the project, not the overall agency beds. This ensures accurate reporting and avoids confusion where individuals might mistakenly input the total number of beds for the entire agency instead of the beds designated for the specific project.

Part 3 of 4: Inventory & Poi	nt In Time 💌
<b>3</b> 1	stions are related to project d inventory:
How many TOTAL beds does to What is your facility's bed capacity?	this project have?*
153	

#### Of the TOTAL beds, how many beds are available all year round?

Specify how many beds are available year-round, meaning they are accessible throughout the entire year out of the total beds.



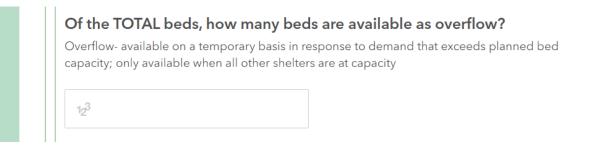
#### Of the TOTAL beds, how many beds are available seasonally?

❖ Specify the number of beds available seasonally year out of the total beds. When demand exceeds the year-round bed capacity these beds are used. These beds are accessible only for a few months of the year. If your project has any beds seasonal beds available for occupancy on the night of the inventory count you can add those count of beds here.



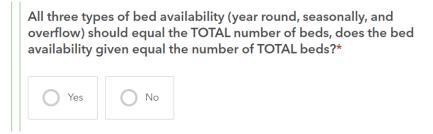
#### Of the TOTAL beds, how many beds are available as overflow?

❖ Indicate the number of overflow beds year out of the total beds. These beds are temporary and become available on demand when the demand surpasses the planned bed capacity. They are utilized when other shelters are at full capacity.

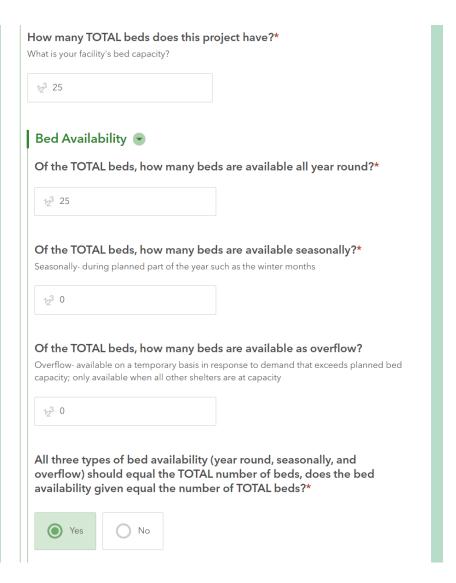


All three types of bed availability (year-round, seasonally, and overflow) should equal the TOTAL number of beds, does the bed availability given equal the number of TOTAL beds?

This step ensures accuracy. Check if the total beds entered above match the sum of beds. If they match, please select "Yes." If there are any differences, correct the numbers and select Yes.



#### Example:



For Example, Project XYZ from ABC agency has 25 beds where 25 beds are available all year round, no beds are available seasonally and the project doesn't have overflow beds.

The total bed for the project is 25 which equals the sum of Year-round (25), Seasonal (0) and Overflow (0).

#### Note:

- ❖ Year-Round beds: These beds are available throughout the year.
- ❖ Seasonal Beds: These beds are available seasonally (only for a few months of the year). They must have specific start and end dates.
- Overflow beds: Specify the number of overflow beds, which are temporary beds available on demand and exceed the planned bed capacity.

Before proceeding with the rest of the survey questions, it's essential to understand the following concepts, as these questions are closely related to the provided information. This understanding will contribute to accurate and informed responses throughout the survey.

In general, there are three types of households we serve in the projects which are:

❖ Households with at least one child: This type of household is commonly referred to as a Family Household or Adult Child Household. It is characterized by the presence of at least one adult aged 18 or above and one child under the age of 18. While there can be multiple individuals in the household, it is essential that at least one member is under the age of 18.



❖ Households without children: This type of household is commonly known as an Adult Only Household. In this household configuration, there cannot be anyone under the age of 18. The key

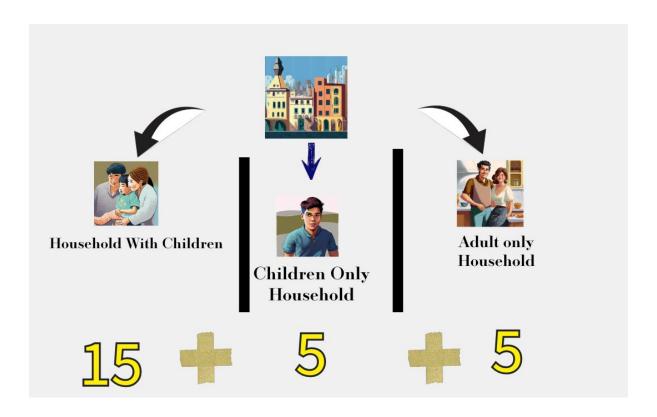
criterion is that all members must be 18 years of age or older. While there can be multiple individuals in the household, none of them should be below the age of 18.



❖ Households with only children: This type of household is characterized by the absence of individuals aged 18 or over. All members of the household must be under the age of 18. This includes various configurations such as unaccompanied children, adolescent parents with their children, adolescent siblings, and any other household compositions exclusively comprised of children. The definition ensures a clear understanding that no member in this household should be 18 years of age or older.



For example, project XYZ from ABC Agency serves three different households. There are 25 beds in the projects where 15 beds are dedicated to Household with at least one child, 5 beds are dedicated for household without child and 5 beds are for household with only children.



We will fill out these numbers to help you understand how to fill out the following question.

# Of the TOTAL beds, how many beds typically serve people in households with at least one child?

❖ In this question, specify the number of beds allocated for households with at least one child.

# Of the TOTAL beds, how many beds typically serve people in households without children?

Now, indicate how many beds are allocated for households without children, referred to as Adult Only Household.

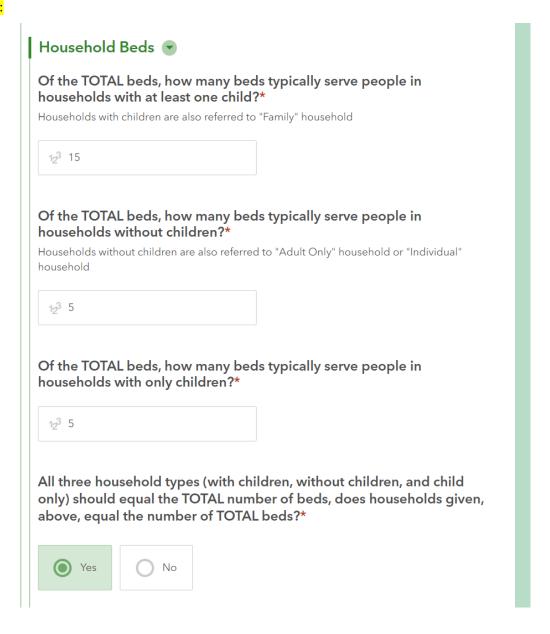
# Of the TOTAL beds, how many beds typically serve people in households with only children?

Provide the number of beds allocated for households with only children, known as Children Only Household.

All three household types (with children, without children, and child only) should equal the TOTAL number of beds, does households given, above, equal the number of TOTAL beds?

Check the accuracy of your allocations. Confirm that the total beds are equal to the sum of beds allocated for Adult Child, Adult Only, and Children Only Households or not If the numbers match, select "Yes." If there are discrepancies, adjust the numbers.

#### Example:

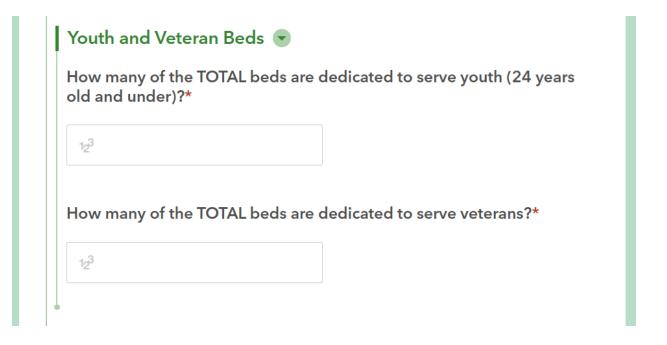


For example, for project XYZ has 15 allocated beds for Adult Child Household, 5 beds for Adult Only Household, and 5 beds for Children Only Household out of the total 25 beds, make sure this adds up.

If your project has dedicated beds for Youth and Veterans out of a total of 25 beds, please provide the specific numbers for each household type. This includes detailing the number of beds allocated for Youth households and the number dedicated for Veterans households. Accurate reporting of these dedicated beds helps in understanding the specialized accommodations offered for these specific populations within your project.

#### How many of the TOTAL beds are dedicated to serve youth (24 years old and under)?

❖ The number of beds that are dedicated to house youth experiencing homelessness, including parenting youth and unaccompanied youth and their household members (if applicable) for households with at least one adult and one child and households without children (all inventory reported for households with only children are assumed to be youth beds). This category should be used for any beds that are dedicated to youth without regard for their chronic homelessness or veteran status.

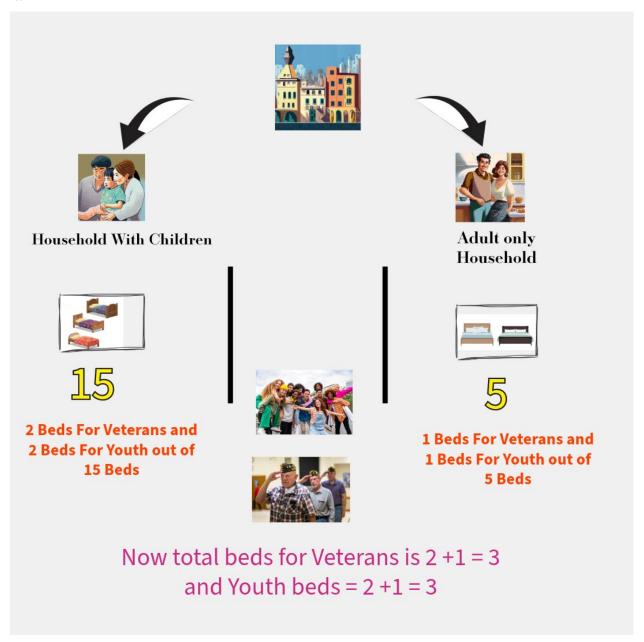


#### How many of the TOTAL beds are dedicated to serve veterans?

❖ The number of beds that are dedicated to house veterans experiencing homelessness and their household members (if applicable) for households with at least one adult and one child and

households without children. This category should be used for any beds that are dedicated to veterans without regard for their chronic homeless status or age.

This image will help to understand the dedicated beds in each household type and how to calculate it.



#### **Example**

In the example provided, the project XYZ has dedicated beds in both household types. Specifically, out of the total 15 beds in family households, 2 beds are dedicated to Veterans and 2 beds are dedicated to

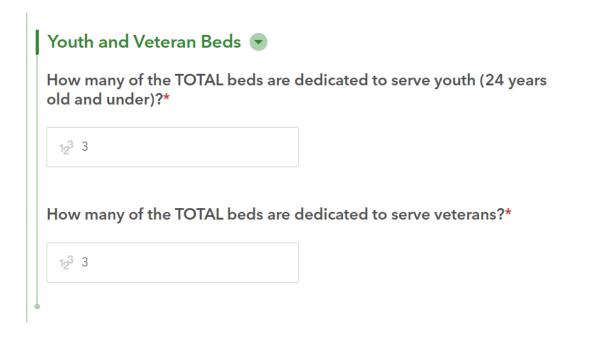
Youth. Additionally, for Adult households, there is 1 bed dedicated to Veterans and 1 bed dedicated to Youth.

#### To calculate the total number of dedicated beds:

- ❖ Total Veterans Beds = 2 (Family Household) + 1 (Adult Household) = 3
- ❖ Total Youth Beds = 2 (Family Household) + 1 (Adult Household) = 3

This demonstrates the process of adding the dedicated beds from each category to determine the overall count for Veterans and Youth beds within your project.

For this case in the project XYZ has 3 beds for Youth and 3 Beds for Veterans, below is example of how to fill out the numbers.



Youth beds and Veterans beds are typically not applicable to Child-Only households. This is because individuals under the age of 18 cannot be considered Veterans, and Youth are generally defined as individuals aged 18 to 24. Therefore, dedicated beds for Veterans and Youth are commonly associated with adult households or Family households but not Child-Only households. If your project includes Child-Only households, you would typically not allocate dedicated beds for Veterans or Youth within this specific household type.

#### **Operation Beds:**

#### How many of the TOTAL beds are currently in operation?

Enter the total number of beds that are active or operational during the night of the count. This means these beds are currently active during the night of the count.

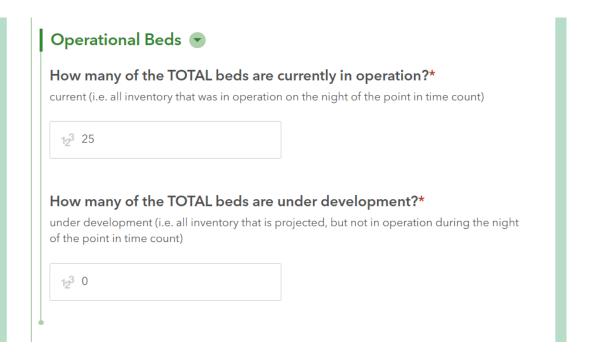
#### How many of the TOTAL beds are under development?

Beds and units that were fully funded but not yet available for occupancy on the night of the CoC's PIT count. For inventory identified as under development, CoCs must also identify whether the bed/unit inventory is expected to be available for occupancy 12 months from the night of the CoC's count. For example, in the 2024 HIC, if a CoC has a count date of January 22, 2024, CoCs must identify whether the bed/unit inventory is expected to be available for occupancy by January 22, 2025. Note that only inventory that has not yet been in operation should be listed as "under development." Inventory that had previously been in operation but was not available or in operation on the night of the count should not be included in the HIC.

#### For example:

"In our case, we have 25 operational beds and 0 beds under development."

These questions help capture information about the current operational status of your beds and any planned beds that are not yet active during the night of the count. Once you've provided the necessary details, proceed to the next set of questions.



#### These are for unit inventory information.

#### **Units for Household with Children:**

Specify the number of units dedicated to households with children.

#### **Units for Adult Only Household:**

Specify the number of units dedicated to adult-only households.

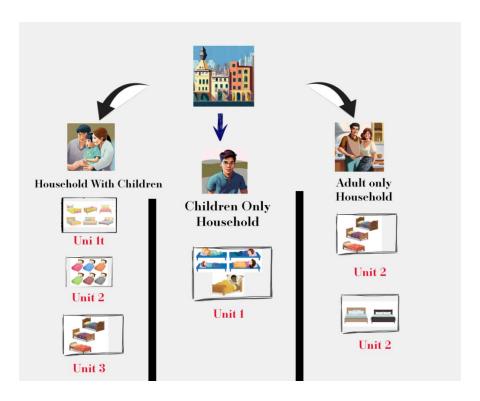
#### **Units for Children Only Household:**

Specify the number of units dedicated to households with only children mentioned in Q28.

**Note:** Ensure that the total beds do not exceed the total number of Units. Please refer to the following example with an image which will help you to understand units.

#### For example:

In our case, for households with children, we have a total of 15 beds divided into 3 units. One unit has 6 beds, another unit has 6 beds, and the third unit has 3 beds. Similarly, for households with children only, we have only one unit with 5 beds. For adult households, we have two units – one with 3 beds and another with 2 beds, totaling 5 beds.



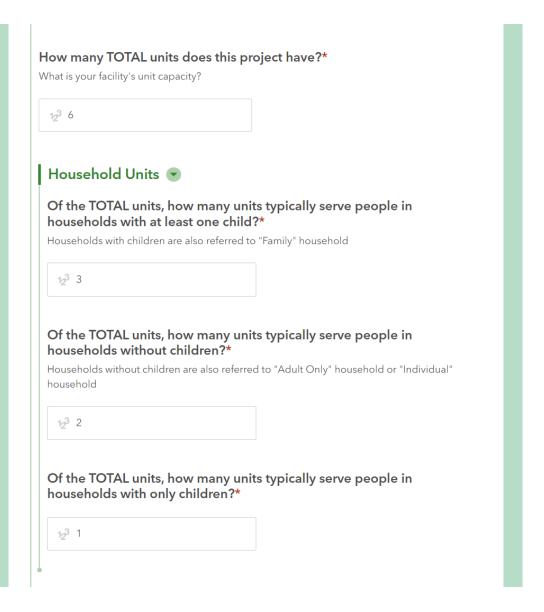
In this case the total number of units is the sum of the following:

- ❖ 3 units from Household with Children
- 2 units from Adult Only households
- ❖ 1 unit from Children Only household

#### This totals 6 units (3+2+1).

Understanding the distribution of units across different household types helps provide an accurate picture of your project's housing configuration.

#### We will fill out in the following way:



#### The following questions are related to the project.

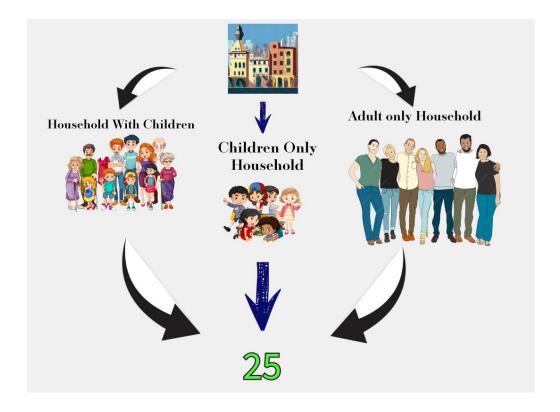
#### **Point In Time Count.**

How many TOTAL people were staying in this project on the night of the count, Monday January 22nd, 2024?

❖ For this question you need to include all the people that were staying in the project on the night of the count. They must also include all the children and Adults.

How many TOTAL people were staying in this project on the night of the count, Monday January 22nd, 2024?*  Total should include both adults and children
123 25

For illustrative purposes, the total number of people staying in Project XYZ on the night of the count is reported as 25. This count encompasses individuals from Family households, Child-Only households, and Adult-Only households. It's important to ensure that every individual within the project is counted and the corresponding details are accurately filled out in this question.



#### The PIT subpopulation Question

Of the TOTAL people staying in this project on the night of the count, how many adults presented with a serious mental illness?

❖ From the total PIT count number, specify how many adults are present with a serious mental illness.

Of the TOTAL people staying in this project on the night of the count, how many adults presented with a substance abuse disorder?

❖ From the total PIT count number, specify how many adults are present with substance abuse disorder.

Of the TOTAL people staying in this project on the night of the count, how many adults presented with HIV/AIDS?

❖ From the total PIT count number, specify how many adults are present with adults with HIV/AIDS.

Of the TOTAL people staying in this project on the night of the count, how many adults were presented as actively fleeing victims of domestic violence?

From the total PIT count number input the count of adults actively fleeing victims of domestic violence.

#### For Example:

In our case out of 25 people:

- **Serious Mental Illness = 1**
- **Substance Abuse Disorder = 1**
- $\Leftrightarrow$  HIV/AIDS = 1

#### This is how we are going to fill in the numbers.

PIT Subpopulation
Of the TOTAL people staying in this project on the night of the count, how many adults presented with a serious mental illness?*  Homeless subpopulation
123 1
Of the TOTAL people staying in this project on the night of the count, how many adults presented with a substance abuse disorder?*  Homeless subpopulation
123 1
Of the TOTAL people staying in this project on the night of the count, how many adults presented with HIV/AIDS?*  Homeless subpopulation
123 2
Of the TOTAL people staying in this project on the night of the count, how many adults presented as actively fleeing victims of domestic violence?*
Homeless subpopulation
123 0

Now we need to report the count of people in each household type (Family Household, Child Only Household, Adult Only Household). Additionally, for each household type, we should include the total number of people served, along with their demographics and chronic homeless information. The provided image serves as a visual guide to understand the flow of this information.

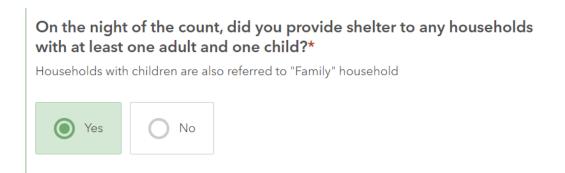


If you select "Yes," you'll be required to provide information for the selected household type. This includes the total number of households, the total number of people in each household, and demographic information for individuals within that household type as shown in image above.

If you select "No," the survey will prompt you for the next household type, and you'll continue the process for each household type as applicable to your project.

# On the night of the count, did you provide shelter to any households with at least one adult and one child?

❖ Select "Yes" if you have provided shelter to any household with at least one adult and one child, which is known as a family household. Select "No" if you have not.



#### **Total Number of Family Households**

Specify the total number of family households served in this project.

#### **Total Number of People in Family Households**

Provide the total number of people in the family households served in this project.

#### For Example

#### **Total Number of Family Households**

❖ In this example, there are 5 family households.

#### **Total Number of People in Family Households**

❖ In this example, there are 15 people in all households of family households.

# Total number of family households:\* 123 5 Total number of people in family households\* Total number of persons (adult and children) Note: The sum of persons per household type should equal the TOTAL number of persons reported staying in this project on the night of the count.

The following questions are related to only Age, Gender, Race Ethnicity and Chronic Homeless information.



As in this example there are 15 people in the family household, we will provide their information. In the age section you need to provide a count of people in each age category.

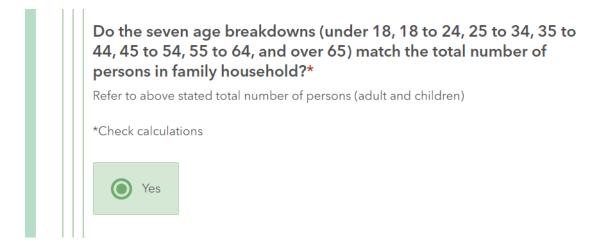
## For Example:

As we have 15 people in family household, we will fill count of people on each age category as below:

Age 💌
Number of persons under age 18 in family households*
123 5
Number of persons age 18 to 24 in family households*
123 1
Number of persons age 25 to 34 in family households*
123 2
Number of persons age 35 to 44 in family households*
123 3
Number of persons age 45 to 54 in family households*
1 <sub>2</sub> <sup>3</sup> 1
Number of persons age 55 to 64 in family households*
123 2
Number of persons over age 65 in family households*
1 <sub>2</sub> <sup>3</sup> 1

Do the seven age breakdowns (under 18, 18 to 24, 25 to 34, 35 to 44, 45 to 54, 55 to 64, and over 65) match the total number of persons in family household?

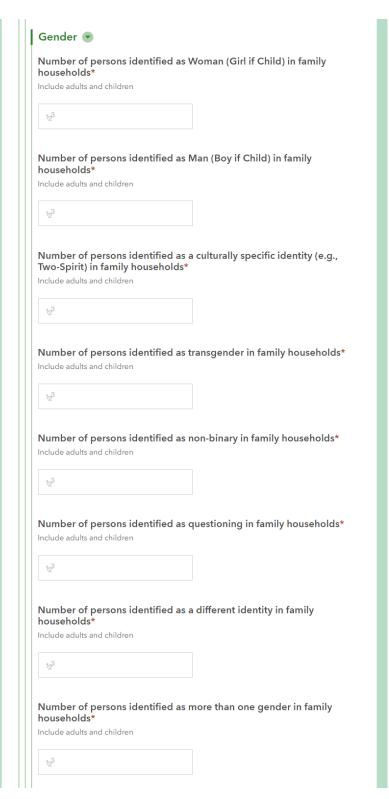
❖ If your number and count of people for age category match the total number of people in the Family Household in this select "Yes." If not correct the numbers, then select Yes.



#### Gender

In the Gender section, there are new updates for this year (2024). You might get confused on how to fill up those numbers. The gender will have the following options. You can fill out those numbers if they have selected one gender. The important thing is, if you have clients who have more than one gender, you need to select "More than one gender." Once you select that option, it will give you the option to fill out which of the gender categories has clients selected as multiple genders. After that, you can fill in those numbers.

Gender	Includes Woman (Girl if child)
Woman (Girl if child)	Includes Man (Boy if child)
Man (Boy if child)	Includes Culturally Specific Identity
Culturally Specific Identity	includes Culturally Specific Identity
Transgender	Includes Transgender
Non-Binary	Includes Non-Binary
Questioning	includes 11011-Billary
Different Identity	
More Than one Gender	



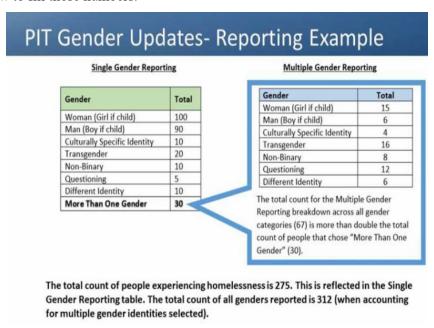
In the above screenshot, you will see "Family household" mentioned in each question. Do not get confused with it. It will be the same in all the other fields where you have to provide gender information.

#### Are there any persons that identify as More than one Gender?

Select Yes If you have clients who identified as multiple Gender.

Are there any persons that identify as More Than One Gender? *	
Include adults and children	
Yes	
○ No	

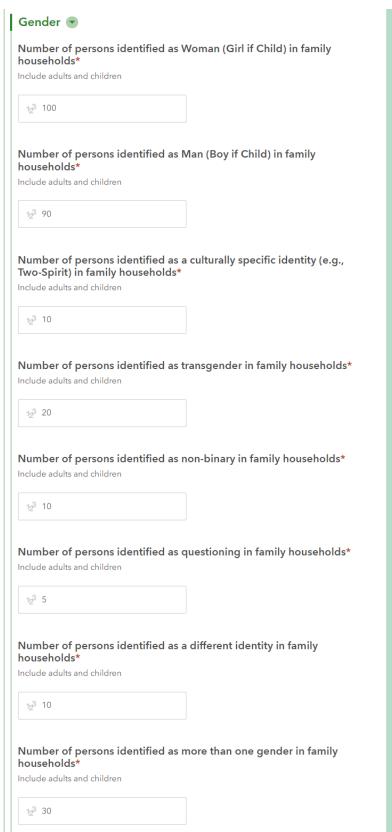
Once you select yes you will be asked about the same field with gender. You will see the option to fill those numbers who selected more than one gender option. The image below helps to understand more on the numbers and how to fill those numbers.



As illustrated, out of the total 275 people surveyed, 30 individuals selected the 'More Than One Gender' option, contributing to a total count of 67. It's important to note that when selecting multiple gender options, some clients chose more than two options, leading to a count exceeding double the initial count of individuals who chose 'More Than One Gender'.

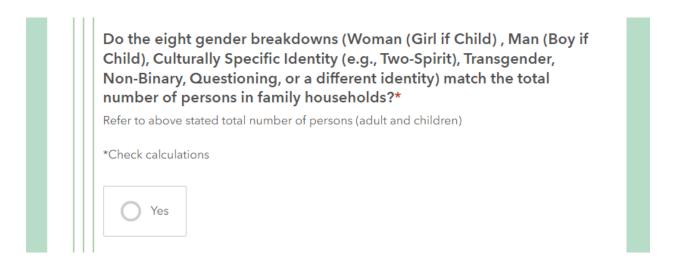
For example, we will fill out that table shown above in the survey.

#### First Single Gender: The total number below makes a total of 275. That's distinct clients.



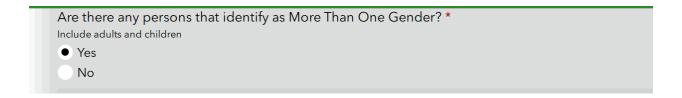
Do the eight gender breakdowns (Woman (Girl if Child), Man (Boy if Child), Culturally Specific Identity (e.g., Two-Spirit), Transgender, Non-Binary, Questioning, or a different identity) match the total number of persons in family households?

❖ This question is verifying whether the total number served by the project matches the sum of breakdowns from all the gender categories. From the example in the table, the sum of numbers in each breakdown should be 275.



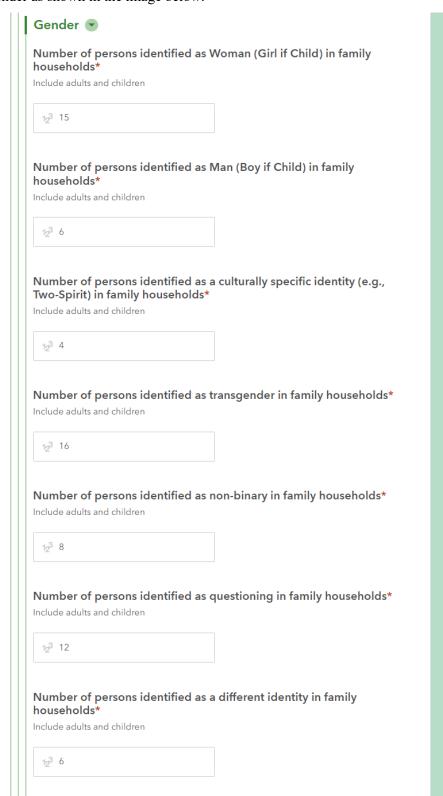
Select "Yes" if it's matching. If not, correct the numbers.

Now we need to fill in the numbers for the 30 people who selected multiple gender options. In the image on the next page, you can see how we filled out those numbers for the 30 people. Don't get confused about how 30 people can have 67 different counts. It's because they selected more than one or two options for multiple Gender.



We need to select yes as we have 30 clients who identified as multiple Gender.

Once you select yes, the survey will give you field to fill out those numbers for 30 people who selected more than one gender as shown in the image below:



### **Race & Ethnicity**

The Race & Ethnicity category is now consolidated into a single field. When providing demographic information, please include the relevant details in the consolidated field, ensuring accuracy in reporting the race and ethnicity of individuals within each household type.

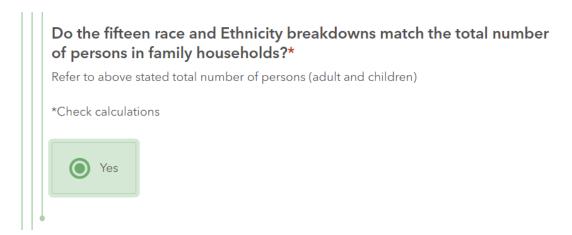
You will see the following new options in the survey question.

Race and Ethnicity
American Indian, Alaska Native, or Indigenous
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o
Asian or Asian American
Asian or Asian American & Hispanic/Latina/e/o
Black, African American, or African
Black, African American, or African & Hispanic/Latina/e/o
Hispanic/Latina/e/o
Middle Eastern or North African
Middle Eastern or North African & Hispanic/Latina/e/o
Native Hawaiian or Pacific Islander
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o
White
White & Hispanic/Latina/e/o
Multi-Racial & Hispanic/Latina/e/o
Multi-Racial (not Hispanic/Latina/e/o)

Race and Ethnicity 🗨	
Number of persons identified as Indigenous in family households	American Indian, Alaska Native, or
merude adults and emidrem	
123	
Number of persons identified as Indigenous & Hispanic/Latina/e/	American Indian, Alaska Native, or o in family households*
Include adults and children	•
123	
Number of persons identified as	Asian or Asian American in family
Include adults and children	
123	
Number of persons identified as	Asian ar Asian American 8
Hispanic/Latina/e/o in family hou	
Include adults and children	
1 <sub>2</sub> <sup>3</sup>	
Number of persons identified as in family households*	Black, African American, or African
Include adults and children	
123	
Number of persons identified as & Hispanic/Latina/e/o in family h	Black, African American, or African
Include adults and children	Ousenoids
123	

# Do the fifteen race and Ethnicity breakdowns match the total number of persons in family households?

❖ This question serves as a verification step to ensure that the count of people in each racial breakdown matches the total number of people served in those households. If the numbers match, you should select "Yes." However, if there is a discrepancy indicating that the numbers don't align, you should correct the numbers before proceeding.



#### **Chronically Homeless**

#### Note:

#### Person Experiencing Chronic Homelessness - A person who:

- A. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- B. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least four separate occasions in the last 3 years where the combined length of time homeless in those occasions is at least 12 months; and
- C. Has a disability.

#### **Note: For purposes of PIT reporting:**

(1) When a household with one or more members includes an adult or minor head of household who qualifies as chronically homeless, then all members of that household should be counted as a

person experiencing chronic homelessness in the applicable household type table. For example, if one adult in a two adult household is identified as chronically homeless, both adults should be counted as a person experiencing chronic homelessness in the households without children category of the PIT count.

#### Did you have any family households present as chronically homeless?

- Select "Yes" if you have chronic family households served in this project; otherwise, select "No."
- ❖ If you select "Yes," you will need to provide additional information:

#### Total number of chronically homeless family households

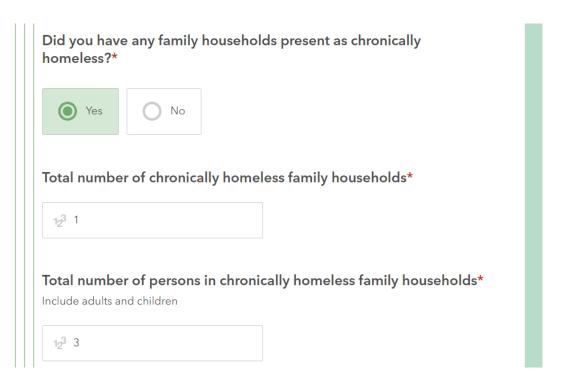
Specify the total number of chronically homeless family households served in this project.

#### Total number of persons in chronically homeless family households

Provide the total number of people in the chronically homeless family households served in this project.

#### For Example:

In our case we have 1 out of 5 Family households that is chronically homeless, and that family has 3 members. So, we need to fill 1 Family Household Chronically homeless and total 3 people.



#### **Adult Only Household**

- ❖ If your project is serving any household with adults only on the night of the count, please select "Yes." Subsequently, you will need to provide the total number of Adult Only Households and the total number of people in those Adult Only households.
- Select No if your project doesn't have any Adult only households on the night of the count.

#### **Total Number of Adult Only Households**

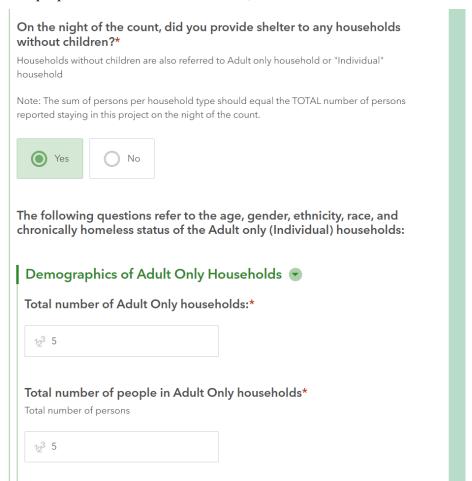
Specify the total number of adult-only households served in this project.

#### **Total Number of People in Adult Only Households**

Provide the total number of people in the adult-only households served in this project.

#### For example

In our case we have 5 people in 5 different households. So, we will fill as below:



For the household type with adults only, you also need to provide Age, Gender, Race Ethnicity, and Chronic Homeless information. You can refer to the guidance provided for the family household example above if you have any confusion on how to fill out these fields.



#### **Child Only Household**

- Select "Yes" if your project is serving households with children only; otherwise, select "No."
- ❖ If you select "Yes," you will need to provide demographic information for those people, as well as information on chronically homeless child-only households.

#### **Total Number of Child Only Households**

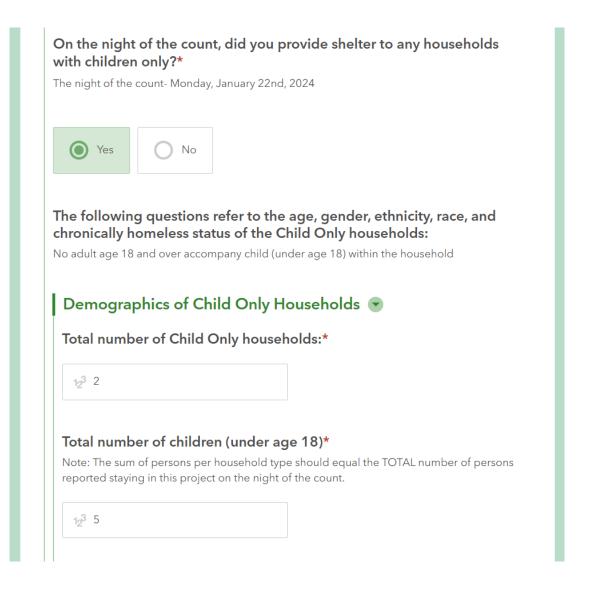
Specify the total number of households with children only served in this project.

#### **Total number of children (under age 18)**

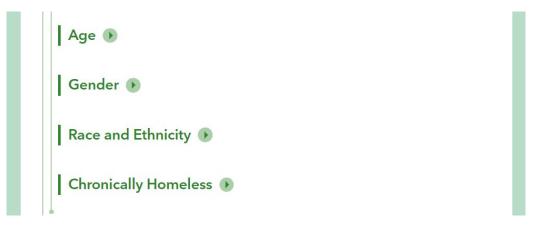
• Provide the total number of people in the households with children only served in this project.

#### For example:

In our example project XYZ is serving 2 households with children only and a total of 5 people in childonly households.



You will also need to fill out the Demographics and Chronic information. You can refer to the guidance provided for the family household example above if you have any confusion on how to fill out these fields.



Persons in the three household types on the night of the count should equal the TOTAL number of persons staying in this project on the night of the count, does the number of persons in each household type collectively equal the number of TOTAL people staying in this project on the night of the count?

Persons in the three household types on the night of the count should equal the TOTAL number of persons staying in this project on the night of the count, does the number of persons in each household type collectively equal the number of TOTAL people staying in this project on the night of the count?\*

\*Check calculations

i.e. if you reported 18 persons on the night of the count:

Adult and Child + Adult only + Child Only = 18 Persons

❖ This question is crucial for verifying whether the total number of people served in the project matches the sum of the total number of people in each household type (Family Household + Adult Only Household + Children Only Household).

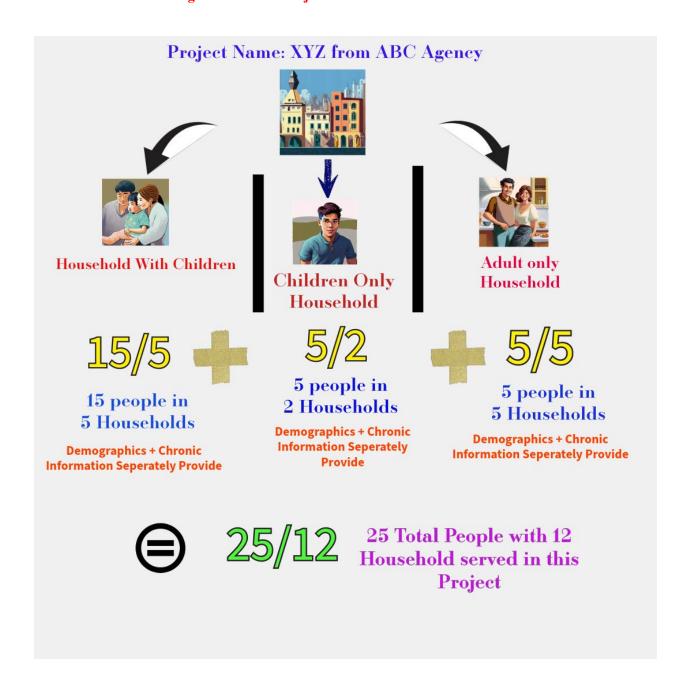
This question helps in confirming the accuracy of the data provided for different household types.

#### For example:

"In the image below, Project XYZ from ABC agency served a total of 25 people. This consisted of 15 people in 5 Family Households, 5 adults in 2 Adult Only Households, and 5 children in 5 Children Only Households. The demographics and chronic homeless information for each household type were provided separately, contributing to the total of 25 people."

In your case, ensure that the total number of people served aligns with the sum of people in each household type.

This image below shows us just how we filled the above information.



The following questions refer to the households of sub-populations of interest (Veterans status, Unaccompanied Youth status, and Parenting Youth status)

Did any of the TOTAL people staying on the night of the count, January 22nd, identify as veteran?

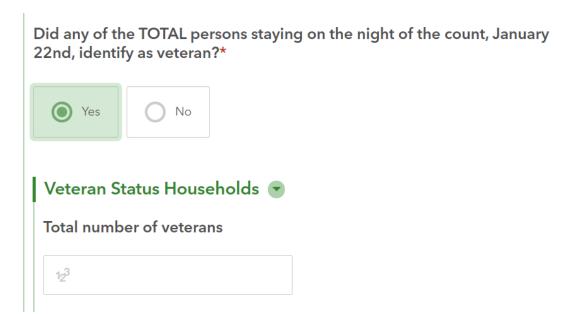
Select "Yes" if your project is serving veterans during the night of the count. This includes all veterans regardless of household type. If your project is not serving any veterans, select "No."

#### For example:

- ❖ If your project is serving veterans during the night of the count, select 'Yes.' This includes veterans in all household types (Family and Adult Only Household).
- ❖ If your project is not serving any veterans, select 'No.

#### **Total number of veterans**

- ❖ If you select Yes, please provide the total number of Veterans present on the night of the count on this project.
- This question helps in identifying whether your project is providing services to veterans during the night of the count. Specify the total number of veterans in family households who served in this project.



#### Did you provide shelter to any veteran households with at least one adult and one child?

Select Yes if your project is serving any veterans in household with at least one adult and at least one child which is also known as family household.



#### **Total Number of Veterans Family Households**

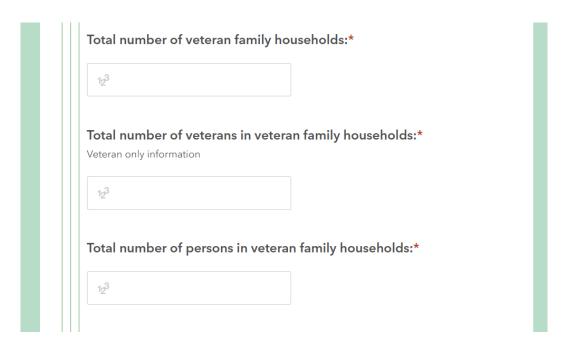
❖ Provide the total number of family households that include veterans.

#### Total number of veterans in veteran family households

Specify the total number of veterans in family households who served in this project.

#### Total number of people in Veterans Family Households

❖ Provide the total number of people in family households that include veterans.



❖ For those family Household veterans and people served on the night of count you need to provide the demographic information and Chronic Homeless Information.



#### Did you provide shelter to any Adult Only veteran households?

Select Yes if your project is serving any veterans in household with at adult Only.

#### **Total Number of Veterans Adult Only Households**

❖ Provide the total number of Adult Only households that include veterans.

#### Total number of persons in Adult Only veteran households

Specify the total number of veterans in Adult Only households who served in this project.

#### Total number of veterans in Adult Only veteran households

❖ Provide the total number of people in Adult Only households that include veterans.

For those Adult Only Household veterans and people served on the night of count you need to provide the demographic information and Chronic Homeless Information.

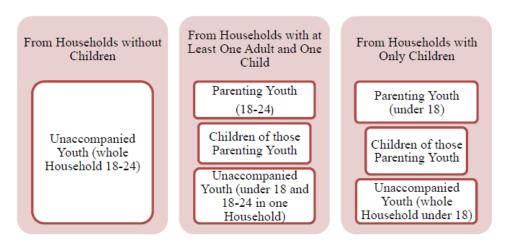
Did you provide shelter to any Adult Only veteran households?*  Adult Only households are also referred to as "Individuals" or households "without children".
Yes No
Demographics of Veteran Adult Only Households
Total number of Adult Only veteran households:*
123
Total number of persons in Adult Only veteran households:*
123
Total number of veterans in Adult Only veteran households:*
123



# On the night of the count, January 22nd, did you provide shelter to any persons identified as Unaccompanied Youth?

On the night of the count, if your project has any households of Unaccompanied Youth, please select "Yes." If your project does not have any Unaccompanied Youth households, select "No."

**Note:** Unaccompanied Youth – Unaccompanied youth are persons under age 25 who are not accompanied by a parent or guardian, or any other household member age 25 or older, and who are not a parent presenting with or sleeping in the same place as his/her child(ren). Unaccompanied youth are single youth, youth couples, and groups of youth presenting together as a household.



The image above shows how youth information can be categorized into unaccompanied, and parenting youth.

As you can see from the household without children also known as adult household there can be

Unaccompanied youth of only age 18 to 24.

In households with at least one adult and one child which is also known as family household there can be:

- $\bullet$  Parenting youth of age 18 24 ages.
- Children of those parenting youth.
- Unaccompanied youth of age under 18-24.

In the household with only children there can be:

- ❖ Parenting youth of age under 18.
- Children of those parenting youth.
- Unaccompanied youth of age under 18.

On the night of the count, January 22nd, did you provide shelter to any persons identified as Unaccompanied Youth?*  Unaccompanied Youth is defined as persons age 24 and younger that meet HUD defintion of homelessness AND are not in the physical custody of a parent or guardian.
Yes No
Demographics of Unaccompanied Youth Households 🗨
Total number of Unaccompanied Youth households*  Unaccompanied youth is a sub-population and should also be represented in the total persons (and one of the three household types, above)
123
Total number of Unaccompanied Youth persons*
Unaccompanied youth is a sub-population and should also be represented in the total persons (and one of the three household types, above)
123

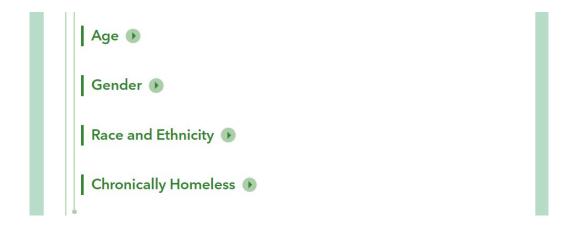
#### **Total number of Unaccompanied Youth households**

Fill out the total number of Youth unaccompanied Households.

#### **Total number of Unaccompanied Youth persons**

Fill out the total number of Person in Unaccompanied Youth Household.

Once you fill out those numbers you also need to provide the demographic and chronic homeless information of those individuals.



## Parenting youth.

**Note:** Parenting Youth – A youth who identifies as the parent or legal guardian of one or more children who are present with or sleeping in the same place as that youth parent, where there is no person age 25 or older in the household.

# On the night of the count, January 22nd, did you provide shelter to any persons identified as Parenting Youth?

On the night of the count, if your project has any households of Unaccompanied Youth, please select "Yes." If your project does not have any Unaccompanied Youth households, select "No."

#### **Total number of Parenting Youth households**

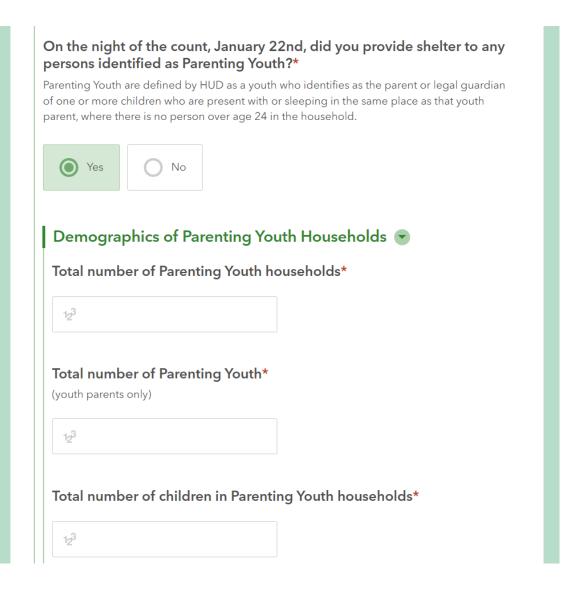
Fill out the total number of Parenting Youth Households.

#### **Total number of Parenting Youth**

❖ Fill out the total number of Parenting Youth.

#### **Total number of children in Parenting Youth households**

Fill out the total number of children in Parenting Youth Households.



❖ You also need to fill out their demographic and Chronic Homeless Information.

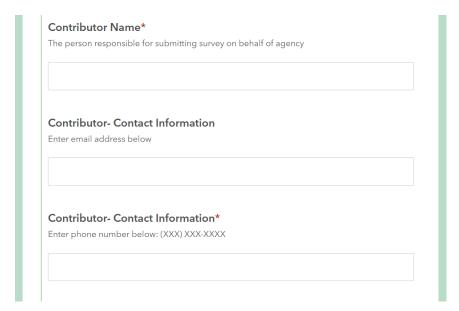


## **Part 4: Sign and Submit**

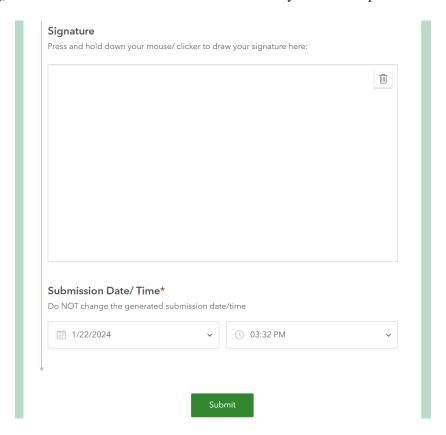
Read the agreement and check the box.

•	ement*
the Ge	you for completing the above information. Thank you for taking the time to partner with orgia Balance of State CoC by completing this survey as we strive to measure the ence of homelessness, identify resources that are currently available to address essness, and address the needs gap within our communities.
	the aggreement below, select the box below indicating your agreement prior to submission.
,	nave any questions regarding the survey, please contact DCA staff at nt@dca.ga.gov
,	
,	I have provided the most accurate information available at the time this survey was completed on behalf of my agency and did not falsify data given within this
•	I have provided the most accurate information available at the time this survey was completed on behalf of my agency and did not falsify data given within this survey to the best of my knowledge. I agree to any and all follow up
•	I have provided the most accurate information available at the time this survey was completed on behalf of my agency and did not falsify data given within this

• Person who is submitting the survey need to fill out this information below:



Finally, sign in the provided box. Do not alter the date and time of submission, as the system will automatically generate this information. Once you've completed the necessary sections and signing, click the "Submit" button to conclude the survey submission process.



If your agency operated multiple projects, make sure submit the survey for all the projects separately.

**Key Terms** 

These definitions do not fully correspond to the program requirements of HUD funding streams and must

only be used for the purposes of the HIC and PIT.

**Adults** – Persons age 18 and older.

**Child** – Persons under age 18.

**Person Experiencing Chronic Homelessness -** A person who:

A. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency

shelter; and

B. Has been homeless and living or residing in a place not meant for human habitation, a safe haven,

or in an emergency shelter continuously for at least 1 year or on at least four separate occasions in

the last 3 years where the combined length of time homeless in those occasions is at least 12

months; and

C. Has a disability.

**Note:** For purposes of PIT reporting:

(1) When a household with one or more members includes an adult or minor head of household who

qualifies as chronically homeless, then all members of that household should be counted as a

one adult in a two adult household is identified as chronically homeless, both adults should be

person experiencing chronic homelessness in the applicable household type table. For example, if

counted as a person experiencing chronic homelessness in the households without children

category of the PIT count.

**Disability** – An individual with one or more of the following conditions:

A. A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug

abuse, post-traumatic stress disorder, or brain injury that: (1) Is expected to be long-continuing or

of indefinite duration.

64

- 1. Is expected to be long-continuing or of indefinite duration;
- 2. Substantially impedes the individual's ability to live independently; and
- 3. Could be improved by the provision of more suitable housing conditions.
- B. A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or
- C. The disease of Acquired Immunodeficiency Syndrome (AIDS) or any condition arising from the etiologic agency for Acquired Immunodeficiency Syndrome.

**Adults with HIV/AIDS** – This population category of the PIT includes adults who have been diagnosed with AIDS and/or have tested positive for HIV.

Adults with a Serious Mental Illness (SMI) – This population category of the PIT includes adults with a severe and persistent mental illness or emotional impairment that seriously limits a person's ability to live independently. Adults with SMI must also meet the qualifications identified in the term for "disability" (e.g., "is expected to be long-continuing or indefinite duration").

Adults with a substance use disorder—This population category of the PIT includes adults with a substance abuse problem (alcohol abuse, drug abuse, or both). Adults with a substance use disorder must also meet the qualifications identified in the term for "disability" (e.g., "is expected to be long-continuing or indefinite duration").

**Survivors of Domestic Violence**—This population category of the PIT includes adults who are currently experiencing homelessness because they are fleeing domestic violence, dating violence, sexual assault, or stalking.

**Veteran**—This population category of the PIT includes adults who have served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

**Victim Service Provider** – A private nonprofit organization whose primary mission is to provide services to survivors of domestic violence, dating violence, sexual assault, or stalking. This term includes rape

crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

**Youth** – Persons under age 25. HUD collects and reports youth data based on persons under 18 and persons between ages 18 and 24.

**Parenting Youth** – A youth who identifies as the parent or legal guardian of one or more children who are present with or sleeping in the same place as that youth parent, where there is no person age 25 or older in the household.

Unaccompanied Youth – Unaccompanied youth are persons under age 25 who are not accompanied by a parent or guardian or any other household member age 25 or older, and who are not a parent presenting with or sleeping in the same place as his/her child(ren). Unaccompanied youth are single youth, youth couples, and groups of youth presenting together as a household.