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2013 Housing Inventory Count and Point-in-Time Count of Homeless Persons: Data Collection Guidance



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Revision History

Date	Version	Description
9/2012	1.0	First release
12/2012	1.1	Revised guidance to include instructions for the optional collection of site addresses for provider programs in the HIC and the required collection of the number of chronically homeless families as part of the PIT count.

1. PURPOSE OF THIS GUIDE

This document provides information to Continuums of Care (CoCs) about the information that needs to be collected in order to successfully complete the 2013 Housing Inventory Count (HIC) and Point-in-Time (PIT) count. As CoCs begin to organize and plan these activities, staff should review this guidance and use it as a reference to ensure that they are capturing all of the required information.

All CoCs are required to conduct a HIC and PIT count of sheltered and unsheltered homeless persons during the last ten days in January 2013. CoCs will submit their HIC and PIT data via HUD's Homelessness Data Exchange (HDX) in Spring 2013. Further guidance on the submission process will be released at a later date.

If you have any questions regarding the HIC or the PIT that are not covered in this guidance document, please visit the Virtual Help Desk on HUD's Homelessness Resource Exchange (HRE) (<http://www.hudhre.info/helpdesk>). You should first refer to the Frequently Asked Questions (FAQs) to see if your question has been previously addressed, and if it has not, you may submit a question. To submit a question, select "HDX" for the Program/System under "Your Details," then under "Question Details," choose either HIC or PIT as the topic and subtopic.

2. IMPORTANT CHANGES TO HIC AND PIT REQUIREMENTS IN 2013

2.1 HIC Changes

- The Homelessness Prevention and Rapid Re-housing Program (HPRP) ended on September 30, 2012. Therefore, the HPRP Rapid Re-housing option has been removed as a choice under Provider Program Type.
- A Rapid Re-housing (RRH) Provider Program Type will be added in 2013.
 - HUD-funded transitional housing (TH) projects that are being reclassified as RRH in the 2012 CoC Program competition and other RRH provider programs within the CoC should be identified as RRH in the 2013 HIC. Such projects may have been identified in the 2012 HIC as a TH provider program with “voucher” as the bed type.
 - Rapid Re-housing for Homeless Families Demonstration Projects (RRHD) funded in the 2008 CoC competition should be identified as a TH Provider Program Type in the HIC. For the 2013 HIC, CoCs will also need to identify RRHD projects as TH projects using a RRH model.
 - Other HUD-funded projects that meet the criteria for RRH but are not up for renewal in the 2012 CoC Program competition and are currently identified as TH under a HUD Supportive Housing Program (SHP) contract should be identified as a TH Provider Program Type for the 2013 HIC. Additionally, CoCs will need to identify TH SHP provider programs in HDX as projects that use a RRH model. In the 2012 HIC, such projects may have been identified by selecting TH as the Provider Program Type and “voucher” as the bed type.
- Provider programs with inventory identified as “Under Development” will need to indicate whether or not the provider program is expected to begin operation within the next 12 months.
- CoCs will have the option in 2013 of reporting the site address of each provider program service site.
- The total number of sheltered persons counted on the HIC **should** equal the total number of sheltered persons counted on the PIT (i.e., total persons in emergency shelter, transitional housing, and Safe Havens). Any discrepancies between the number of sheltered persons counted on the HIC and the number of sheltered persons counted on the PIT will result in a validation warning, requiring the CoC to enter a note of explanation in the PIT module of HDX.

2.2 PIT Changes

- CoCs will be required to report on the number of persons in each household type by age category (under age 18, age 18 to 24, and over age 24). CoCs will also be required to report both the number of one-child households and the number of multi-child households in the household type “Households with Only Children.”
- CoCs will no longer be required to collect and report on the number of unaccompanied children as a subpopulation. That data will now be captured in the population counts, per the paragraph above.

- CoCs will be required to report on the number of sheltered and unsheltered persons in each of the following subpopulation categories: chronically homeless individuals; chronically homeless families and persons in chronically homeless families; Veterans; severely mentally ill; chronic substance abuse; and persons with HIV/AIDS. Reporting on the number of sheltered and unsheltered victims of domestic violence will be optional.
- CoCs will be required to report the number of sheltered and unsheltered female Veterans enumerated in the PIT count.
- CoCs will be required to report and explain the PIT counting methodologies used for sheltered counts (survey, HMIS extrapolation, other) and unsheltered counts (public place count, service-based count, observation, interview, sampling).

Remember, the HIC and the PIT counts are integrally related to each other. The HIC and the PIT should be conducted on the **same** night during the last 10 days in January.

3. HOUSING INVENTORY COUNT GUIDANCE

This section provides guidance for collecting data required for the 2013 HIC. The HIC is a point-in-time inventory of provider programs within your Continuum of Care that provide beds and units dedicated to serve persons who are homeless. It should reflect the number of beds and units available on the night designated for the count that are ***dedicated to serve persons who are homeless, per the [HUD homeless definition](#)***.

3.1 Types of Homeless Programs to Include in the HIC

Beds and units included on the HIC are considered part of the CoC homeless system. ***Beds and units in the HIC must be dedicated to serving homeless persons.*** For the purposes of the HIC, a provider program with dedicated beds/units is one where 1) the primary intent of the program is to serve homeless persons, 2) the program verifies homeless status as part of its eligibility determination, and 3) the actual program clients are predominantly homeless. Beds in institutional settings not specifically dedicated for persons who are homeless such as detox facilities, emergency rooms, jails, and acute crisis or treatment centers should not be included in the HIC. HUD considers extreme weather shelters as dedicated homeless inventory and should be included in the HIC. While there may be occasional instances where a provider program with dedicated beds serves a non-homeless person, beds in these types of programs may still be counted as dedicated beds. For example, a provider program that is intended to serve persons who are both homeless and intoxicated may be unable to determine homeless status at entry due to a person's severe intoxication. After admission the provider program determines the participant is not homeless and helps them return to their housing. In this instance, the provider program bed may still be counted as a dedicated bed for homeless persons.

According to HUD's Homeless Management Information System (HMIS) Data Standards, updated March 2010, all homeless assistance and homelessness prevention programs that are part of a CoC's homeless system must have Program Descriptor data recorded in the CoC's HMIS. CoCs are strongly encouraged to use Program Descriptor data recorded in HMIS (e.g., bed and unit inventory data) to complete the HIC. Data recorded in HMIS should match HIC data reported by the CoC.

For the 2013 HIC, CoCs will collect information about the beds and units in the CoC's homeless system, categorized by the five Provider Program Types described below. CoCs are required to include in the HIC **all** projects in the CoC that are categorized as one of these Provider Program Types and that provide dedicated beds for persons who are homeless, not just those contributing client-level data in the local Homeless Management Information System (HMIS) or receiving HUD funding. This includes projects funded by the other Federal agencies (e.g., VA, HHS), faith-based organizations, and other public and private funding sources.

The five Provider Program Types included in the HIC are:

- Emergency Shelter (ES)
- Transitional Housing (TH)
- Rapid Re-housing (RRH)
- Safe Haven (SH)
- Permanent Supportive Housing (PSH)

Projects should be assigned a Provider Program Type in HMIS. Note that for all U.S. Department of Veterans Affairs (VA) funded programs and the HUD Veterans Affairs Supportive Housing program (HUD VASH), program names **MUST** include VA prefixes in parentheses as shown in Appendix A, even if the program only receives a portion of its funding from the VA or HUD VASH. For a detailed summary of which provider programs to include in the HIC, please see Appendix A.

3.2 Using HMIS Data for the HIC

CoCs are strongly encouraged to use their HMIS data to generate the HIC. CoCs must collect and enter provider program descriptor data for all CoC provider programs in the CoC's HMIS, regardless of the CoC provider program participation in HMIS. Instructions for collecting and entering provider program descriptor data in the local HMIS can be found in HUD's [HMIS Data Standards \(March 2010\)](#). However, there are some elements of the HIC that cannot be derived from HMIS data based strictly on the current HMIS Data Standards. These include the RRH Provider Program Type; identifying whether or not a TH provider program meets the criteria for RRH; identifying whether or not a program receives McKinney-Vento funding; and identifying the number of beds designated for households with only children.

Prior to submitting HIC data in HDX, CoC leads should coordinate with provider staff to review, verify, and update, if necessary, the information collected about their provider programs for the HIC.

3.3 Completing the Bed Inventory

The following sections identify the data elements needed to complete the HIC, along with a brief description of each. If relevant, the data element number from the March 2010 HMIS Data Standards is included in brackets, e.g. Program Name [2.4]. Note that while not all of these data elements apply to every provider program or are entered in the HMIS or the HIC for each provider program, they are all needed in order to generate an accurate HIC.

Organization and Program Information

Organization Name [2.2]: The name of the organization providing shelter or housing to homeless persons.

Program Name [2.4]: A unique program name for each distinct CoC provider program. Only provider programs that have beds available for occupancy or under development on the night of the count should be included on the HIC (see *Inventory Type*, below). Note that for provider programs that are funded by the VA – even partially – the provider program name **MUST** begin with the appropriate prefix (see Appendix A).

Program Type [2.8]: The relevant type of provider program (e.g., Emergency Shelter). For the 2013 HIC, the provider program type “Rapid Re-Housing” has been added. RRH provider programs offer short-term (up to 3 months) and/or medium-term (3 to 24 months) rental assistance to help persons who are homeless move as quickly as possible into permanent housing, and achieve stability in that housing. CoCs should categorize the following provider programs as RRH:

- HUD-funded projects seeking renewal funding through the FY2012 CoC Program competition that are classified as RRH, should be categorized as RRH. Such projects may have been identified in the 2012 HIC as a TH provider program with “voucher” as the bed type.

- Non-HUD funded RRH provider programs (e.g., VA Supportive Services for Veteran Families RRH provider programs).

HUD-funded SHP TH projects that use an RRH model (as defined above), but *are not* seeking renewal funding through the FY2012 CoC Program competition because they are multi-year grants, should continue to be categorized under the TH provider program type. However, CoCs should identify such provider programs as TH provider programs using an RRH model. The HDX will include an additional question for this purpose. Additionally, RRHD provider programs funded in the 2008 CoC competition should be categorized under the TH provider program type and should also be identified as a TH program using an RRH model.

Program Description	Program Type	Identify as TH Program using an RRH Model?
HUD-funded TH projects renewing in 2012 CoC competition and being re-classified as RRH	RRH	
HUD ESG-funded RRH provider programs	RRH	
Other RRH provider programs	RRH	
HUD-funded TH projects not up for renewal in 2012 CoC competition that use an RRH model	TH	Yes
Rapid Re-housing Demonstration (RRHD) provider programs funded through the 2008 CoC competition	TH	Yes
HUD-funded TH projects that do not use an RRH model	TH	No
Other TH provider programs that do not use an RRH model	TH	No

Target Population A [2.10] (optional): The target population served by the provider program. A population is considered a "target population" if the provider program is designed to serve that population and at least three-fourths (75 percent) of the clients served by the provider program fit the target group descriptor. Note that a single provider program may not have more than one Target Population A. Provider programs that do not target specific populations or that have opted not to track Target Population A may leave this data field blank. The table below details Target Population A categories and their descriptions.

Abbreviation	Description
SM	Single Males
SF	Single Females
SMF	Single Males and Females
CO	Couples Only, No Children
HC	Households with Children
SMHC	Single Males and Households with Children
SFHC	Single Females and Households with Children
SMF+HC	Single Males and Females plus Households with Children
YM	Unaccompanied Males under 18 years old
YF	Unaccompanied Females under 18 years old
YMF	Unaccompanied Males and Females under 18 years old

Target Population B [2.11]: The subpopulation served by provider program, if applicable. A population is considered a "target population" if the provider program is designed to serve that population and at least three-fourths (75 percent) of the clients served by the provider program fit the target group descriptor. Note that a single provider program may not have more than one Target Population B.

Abbreviation	Description
DV	Domestic violence victims
VET	Veterans
HIV	Persons with HIV/AIDS

- **Site Address [2.6B] (optional):** The address associated with the principal provider program service site (where most provider program housing is located in the CoC geographic area), including the street address, city, state, and zip code. Provider programs without a principal provider program service site (e.g., scattered-site housing provider programs) should record the address of their administrative office. Victim service providers are exempt from providing this information.

Geocode [2.6C]: The geocode associated with the geographic location of the principal provider program service site. Geocodes must be updated annually. Scattered-site housing provider programs should record the Geocode where the majority of beds are located or where most beds are located as of the inventory update. A list of geocodes can be found at: <http://www.hudhre.info/documents/FY2012PPRN.pdf>. HUD will post 2013 geocodes as soon as they are available.

HUD McKinney-Vento Funded?: Whether or not the provider program receives any HUD McKinney-Vento funding. HUD McKinney-Vento programs include: Emergency Solutions Grants program (ESG), Shelter Plus Care program (S+C), Section 8 Moderate Rehabilitation Single-Room Occupancy program (SRO), Supportive Housing Program (SHP), and the CoC Program.

Bed and Unit Inventory Information

Inventory Type: Whether the bed inventory is current (C), new (N), or under development (U).

- **Current inventory (C):** Beds or vouchers that were available for occupancy on or before January 31, 2012.
- **New inventory (N):** Beds or vouchers that became available for occupancy between February 1, 2012 and January 31, 2013.
- **Under development (U):** Beds that were fully funded but not available for occupancy as of January 31, 2013. Inventory listed as (U) will also need to indicate whether or not the bed/unit inventory is expected to be available for occupancy by January 31, 2014.

Inventory designated as 'New' should represent an increase in capacity for the provider program from the previous year. In order to appropriately designate inventory type, the CoC

must compare the number of beds available at the time of the HIC in 2013 with the number of beds that were previously available at the time of the HIC in 2012.

If using HMIS data to generate the HIC, inventory that is fully funded but not yet available – i.e., inventory that is under development according to the HIC definition – may be entered into HMIS with an Inventory Start Date [2.9G] in the future that reflects the anticipated availability date; accordingly, inventory that is not yet fully funded either should not be entered into HMIS or could be entered without an Inventory Start Date in order to enable differentiation.

Household Type [2.9A]: The number of beds and units available for each of the following household types:

- Households without children: Beds and units are intended for households with adults only. This includes households composed of unaccompanied adults and multiple adults.
- Households with at least one adult and one child: Beds and units intended for households with (at least) one adult and one child.
- Households with only children: Beds and units intended for households composed exclusively of persons under age 18, including one-child households, multi-child households or other household configurations composed only of children. Note that the HMIS Data Standards do not, as of the date of this guidance, include a response category for households with only children for data element 2.9A. Information about the number of beds and units that are designated for households with only children should be obtained from an alternate source. For provider programs that have inventory designated for use by households with only children, care should be taken to ensure that this inventory is included on the HIC only in the category of households with only children, and not in the category for households with at least one adult and one child.

For provider programs that serve multiple household types, but where a precise number of beds are not designated exclusively for a particular type of household, the total number of beds may be distributed among the household types served by the provider program using one of the following methodologies:

- Divide the beds based on how the bed(s) were used on the night of the HIC. If the facility is not at full capacity on the night of the count, then extrapolate the distribution based on the pro-rated distribution of those who are served on the night of the count.
- Divide the beds based on average utilization. For example, a provider program has 100 beds that could be used by either households without children or households with at least one adult and one child. If one-half of the beds are used by persons in households without children on an average night and the other half are used by persons in households with at least one adult and one child, then include 50 beds for households without children, and for the 50 beds for households with at least one adult and one child in the HIC.
- Provider programs with a fixed number of units but no fixed number of beds can use a multiplier factor to estimate the number of beds (e.g., a program with 30 family units and an average family size of 3 equals 90 beds for households with at least one adult and one child).

Bed Type [2.9B] (*Emergency Shelter Only*): The Bed Type describes the type of beds offered by emergency shelter provider programs 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 or motel and made available by the homeless assistance program 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.

Note: In 2012, this data was also reported for transitional housing provider programs to distinguish between beds/units that a client must vacate when they exit the provider program from beds/units that a client may continue to occupy after provider program exit. Bed type will not be used to make this distinction for transitional housing provider programs in 2013.

Bed and Unit Availability [2.9C]: The number of beds and units that are available on a planned basis year-round, or seasonally (during a defined period of high demand), or on an ad hoc or temporary basis as demand indicates.

- Year-Round Beds/Units: Year-round beds and units are available on a year-round basis. For all of the relevant programs types other than rapid re-housing, CoCs should record all of the dedicated homeless beds and units available for homeless persons on the date of the inventory count (whether new, current, or under development), regardless of whether the program is a Contributory HMIS Program (see definition in Appendix B) or receives HUD funding, and regardless of whether or not the bed was occupied.
- Seasonal Beds (*Emergency Shelter Only*): Seasonal beds are not available during the whole year, but instead are available on a planned basis, with set start and end dates, during an anticipated period of higher demand.
- 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 and voucher beds that were occupied on the night of the inventory count.

Bed Inventory [2.9D]: The total number of beds available for occupancy on the night of the inventory count.

- For rapid re-housing provider programs (except SSVF, see next page): the number of beds and units should reflect the actual number of persons housed by the project who meet the following criteria:
 - Participant is actively enrolled in the provider program on the night of the inventory count; and
 - Participant is no longer literally homeless and is in permanent housing on the night of the inventory count.

CoCs will typically need to verify participants' housing arrangements on the night of the inventory count with agencies operating rapid re-housing provider programs as this may not be tracked in HMIS.

Reporting on Supportive Services for Veteran Families (SSVF) Program Rapid Re-housing Inventory

Similar to HPRP, SSVF provider programs may offer both homelessness prevention and rapid re-housing assistance. Households are not reported as “served” unless a service record has been entered in HMIS. Therefore, CoCs must take additional steps to identify and count SSVF rapid re-housing inventory. CoCs should only count SSVF rapid re-housing beds/units that meet **all** of the following criteria:

- SSVF participant is actively enrolled in the provider program on the night of the inventory count;
- SSVF participant housing status at program entry is “literally homeless;”
- SSVF participant is no longer literally homeless and is in permanent housing on the night of the inventory count; **and**
- SSVF participant is receiving financial assistance and/or housing relocation and stabilization services on the night of the inventory count.

Chronic Homeless Bed Inventory [2.9E] (*Permanent Supportive Housing Only*): The number of permanent supportive housing beds that are readily available **and** targeted to house chronically homeless persons. A targeted bed implies that a chronically homeless person has priority for a bed, relative to all other homeless persons. The number of beds for chronically homeless persons is a subset of the total permanent supportive housing bed inventory for a given project and must be equal to or less than the total bed inventory (see Appendix B for definitions).

Unit Inventory [2.9F]: The total number of units available for occupancy on the night of the inventory count. Provider programs that do not have a fixed number of units (e.g., a congregate shelter program) may record the bed inventory, the number of residential facilities operated by the program, or the number of rooms used for overnight accommodation as the unit integer. For RRH provider programs, see instructions under bed inventory above.

Including Runaway Homeless and Youth (RHY) Programs

It is critical that CoCs coordinate with programs funded through the U.S. Department of Health and Human Services (HHS) Runaway and Homeless Youth (RHY) Programs when planning and conducting their HIC. RHY programs provide housing to homeless youth through short-term shelter, longer-term transitional living programs, and maternity group homes, and also support youth through street outreach efforts. CoCs should identify and contact RHY-funded youth homeless providers to participate in planning and conducting the HIC and PIT counts. By engaging RHY programs in the HIC and PIT count, CoCs will be able to gain a more accurate count of the emergency shelter and transitional housing programs that provide dedicated beds and units for homeless youth. For additional guidance see the Supplemental Guidance on Counting Homeless Youth.

Counting VASH Vouchers

CoCs should count the total number of VASH vouchers available for use on the night of the HIC and PIT count, regardless of whether or not the voucher is presently being used. Vouchers are designated for use in a particular geographic location. CoCs should contact their local public housing authority or VA medical center that administers the VASH vouchers to determine the total number of vouchers available in the CoC. When a single provider program operates in multiple CoCs, each CoC should have provider program descriptor data pertaining to that provider program in their HMIS; beds should be apportioned according to which CoC the housing units assisted by the vouchers are physically located in.

Inventory Start Date [2.9G]: The date when the bed and unit inventory information first applies. This may represent the date when a change in household type, bed type, availability, bed inventory or unit inventory occurs for a given program. For seasonal beds, this reflects the start date of the seasonal bed inventory. Although the start date is not submitted as part of the HIC for other (non-seasonal) bed types, it is needed in order to determine how many beds and units are available on the date of the HIC.

Inventory End Date [2.9H]: The date when the bed and unit inventory information as recorded is no longer applicable (i.e. the day after the last night when the record is applicable). This may be due to a change in household type, bed type, availability, bed inventory or unit inventory. For seasonal beds, this should reflect the projected end date for the seasonal bed inventory. Although the end date is not submitted as part of the HIC for other (non-seasonal) bed types, it is needed in order to determine how many beds and units are available on the date of the HIC.

HMIS Participating Beds [2.9I]: The number of beds participating in HMIS on the date of the HIC (based on HMIS Participation Start Date and HMIS Participation End Date) by household type. The number of HMIS participating beds must be identified for year-round, seasonal, and overflow beds. A bed is considered “an HMIS participating bed” if the provider program makes a reasonable effort to record all universal data elements on all clients served in that bed and discloses that information through agreed upon means to the HMIS Lead Agency at least once annually. For provider programs that serve a mixed population without a fixed number of beds per household type, record participating beds according to instructions provided under Household Type instructions above.

HMIS Participation Start Date [2.9J]: The date when the HMIS participating bed information first applies (i.e., the date when a change in the number of HMIS participating beds occurs for a provider program’s Bed and Unit inventory record). The HMIS Participation Start Date is the earliest provider program entry date that could be associated with a client using the bed or unit. The date is not submitted as part of the HIC, but it is needed to determine how many beds were participating in HMIS on the date of the HIC.

HMIS Participation End Date [2.9K]: The date when the HMIS Participation information record is no longer applicable (i.e. the day after the last night when the number of HMIS participating beds is applicable for a provider program’s Bed and Unit Inventory record). The date is not submitted as part of the HIC, but it is needed to determine how many beds were participating in HMIS on the date of the HIC.

Provider Programs That Operate In More Than One CoC

In some cases, a provider program may operate in more than one CoC. When this occurs, each CoC should have provider program descriptor data pertaining to that provider program recorded in the HMIS serving the CoC; beds should be apportioned between the CoCs based on their physical locations as of the date of the HIC. For scattered-site housing provider programs operating in a CoC with multiple Geocodes, record the Geocode where the majority of beds are located or where most beds are located as of the date of the HIC.

Beds with an Inventory Type of 'Under development' should be divided between CoCs based on location of projected use, if that information is available. If information about the location of projected use is not available, all of the beds may be allocated to the CoC in which the provider program's principal service site or administrative office is located.

3.4 Point-in-Time Counts for Each Provider Program

Each provider program recorded in the HIC must provide a PIT count. This number should be the unduplicated number of persons served on the night of the count in the beds reported for the provider program. This includes all persons who entered the provider program on or before the date of the HIC and PIT count, and who are either still in the provider program or exited after the date of the count. Although rapid re-housing and permanent supportive housing programs are not included in the CoC-wide PIT count, all rapid re-housing and permanent supportive housing programs must provide a point-in-time count for the HIC.

As discussed earlier, the HIC and the PIT are integrally related. The number of persons reported in each Sheltered Provider Program Type (emergency shelter, Safe Havens, and transitional housing) on the PIT **should match** the sum total of sheltered persons reported in the PIT count on the HIC for programs of that type. Any discrepancies between the number of sheltered persons counted on the HIC and the number of sheltered persons counted on the PIT will result in a validation warning requiring the CoC to enter a note explanation in the PIT module of HDX.

The use of HMIS data to generate these counts for provider programs with 100 percent of beds participating in HMIS is strongly encouraged. CoCs should verify with provider program staff that HMIS data is complete and correct for the night of the HIC and PIT count, and that Program Exit Dates have been entered for all persons who exited on or before the date of the count.

3.5 Unmet Need

Every CoC must report the level of unmet need for homeless assistance that exists in their community. To complete the unmet need estimates, the CoC needs to know the total number of existing emergency shelter, transitional housing, and Safe Haven beds; as well as the number of emergency shelter, transitional housing, and Safe Haven beds that are under development. In addition, the CoC should determine the number of unused rapid re-housing slots and vacant permanent supportive housing beds on the night of the HIC. More guidance on using this information to determine the CoC's unmet need can be found on the HUD HRE [calculating unmet need resource page](#).

4. POINT-IN-TIME COUNT GUIDANCE

HUD requires that CoCs conduct an annual count of homeless persons who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night. CoCs also must conduct a count of unsheltered homeless persons every other year (odd numbered years). **In 2013, CoCs are required to conduct both a sheltered and unsheltered count during the last ten days of January.** CoCs that wish to perform their required PIT count on a date outside of the last ten days of January 2013 must request a PIT waiver from HUD. (CoCs do not need HUD permission or a waiver to conduct supplemental PIT counts.)

The PIT count should be completed using unduplicated counts or statistically reliable estimates of homeless persons in sheltered and unsheltered locations on a single night. CoCs will submit their 2013 PIT data through the HUD HDX website. HUD requires that PIT counts be conducted in compliance with HUD counting standards, as documented in HUD's [A Guide to Counting Sheltered Homeless People](#) and [A Guide to Counting Unsheltered Homeless People](#) available on HUD's HRE. If you are uncertain about whether your community's standards meet HUD's requirements as outlined in these guides please submit a question to the [HUD Virtual Help Desk](#) requesting clarification of your counting methodologies.

PIT data collection requirements for 2013 include changes to better assist in understanding the characteristics of persons experiencing homelessness, and measuring progress in ending homelessness among families, children, and youth, as outlined in [Opening Doors: Federal Strategic Plan to Prevent and End Homelessness](#).

The following sections detail PIT data collection requirements for CoCs in 2013.

4.1 People Who Should be Included in the PIT

For the sheltered count, CoCs should include all individuals or families who meet the criteria described in paragraph 1.ii of the [Homeless Definition Final Rule](#). This includes individuals and families ***“living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals)”*** on the night designated for the count. This includes persons residing in Safe Haven provider programs. Note that RRH is considered a permanent housing provider program. However, homeless households currently residing on the street, in an emergency shelter, transitional housing, or Safe Haven, but are also enrolled in a RRH program and awaiting placement should be counted based on where they resided on the night of the count. RRH assisted households who are still unsheltered on the night of the count should be included as part of the unsheltered count. For a detailed listing of all provider programs to include in the PIT count, please see Appendix A.

Sheltered Person Counts on the HIC and PIT Should Be Equal

It is important for CoCs to closely coordinate their HIC and PIT counts and report only those persons who are considered homeless and staying in projects identified on the HIC. The total number of persons reported in all Emergency Shelter, Transitional Housing, and Safe Haven provider programs on the HIC *should* match the total number of sheltered persons reported in the PIT Population tab in the HDX.

For the unsheltered count, CoCs should include all individuals or families who meet the criteria described in paragraph 1.i of the [Homeless Definition Final Rule](#). This includes individuals and families **“with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground”** on the night designated for the count. CoCs will also need to collect more complete subpopulation information from unsheltered persons than what was collected in previous years, so it is important to implement a methodology that accommodates the new PIT data collection requirements.

4.2 People Who Should NOT be Included in the PIT

Persons residing in the following settings on the night of the count should not be included in the sheltered PIT count:

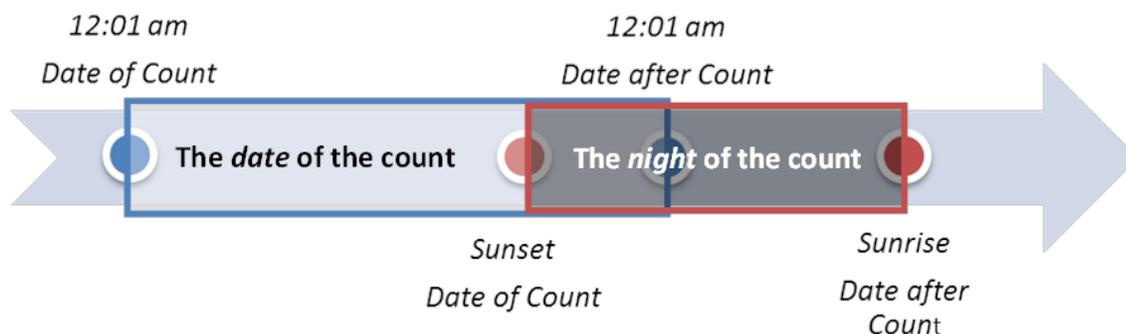
- Persons residing in permanent supportive housing programs, including persons housed using Veterans Affairs Supportive Housing (VASH) vouchers.
- Persons counted in any location not listed on the HIC (e.g., staying in programs with beds/units not dedicated for persons who are homeless, such as detox centers).
- Persons temporarily staying with family or friends (i.e., “doubled-up” or “couch surfing”).
- Persons residing in their own unit (i.e., permanent housing) with assistance from a RRH provider program as of the night of the count.

4.3 The Timing of the PIT Count

A critical step to ensuring that the same number of persons is reported on the HIC and the PIT is ensuring that both counts are conducted during the same time period. HUD requires that CoCs identify the date on which the count was conducted; however, the term ‘night’ signifies a single period of time from sunset to sunrise, which spans two actual dates. The ‘night of the count’ begins at sunset on the date of the count and ends at sunrise on the following day, as shown in the illustration below.

night /nīt/ (noun) 1. The period of darkness in each twenty-four hours; the time from sunset to sunrise. 2. This is the interval between two days.

The Night of the Count - Illustrated



Very often, unsheltered counts are conducted at times that may be collectively referred to as ‘the middle of the night.’ For example, before sending the individuals conducting the unsheltered count out at 3:00 a.m. in January, it is important to identify that if ‘the date of the count’ is January 25th, then ‘the night of the count’ starts at sunset on January 25th, and ends at sunrise on January 26th – so while the night of the count is the 25th, the unsheltered count may actually be conducted on the following date.

For the sheltered count, include all persons who:

- entered on or before the date of the count and
- exited after the date of the count (or have not yet exited).

4.4 Population Data

As in prior years, CoCs must collect and report information on the following three household types for both sheltered and unsheltered persons, and for sheltered persons in emergency shelter, transitional housing, and Safe Haven provider programs:

- Persons in households with at least one adult and one child. This category includes households with one adult and at least one child under age 18.
- Persons in households without children. This category includes single adults, adult couples with no children, and groups of adults.
- Persons in households with only children. This category includes persons under age 18, including children in one-child households, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

For **households with at least one adult and one child** and **households without children**, CoCs must report the total number of households. For **households with only children**, CoCs must report both the number of one-child households and the number of multi-child households (a new requirement for 2013). The number of one-child households replaces the number of “unaccompanied children” previously reported in the PIT subpopulation counts.

In order to better understand homelessness among transition-aged youth, beginning in 2013, CoCs also will need to report the total number of persons by age category and household type, per below:

- Persons in households with at least one adult and one child
 - The number of children under age 18;
 - The number of adults ages 18 to 24; and
 - The number of adults over age 24.
- Persons in households without children
 - The number of adults ages 18 to 24; and
 - The number of adults over age 24.

Appendix C illustrates the new household and age reporting requirements in a table for reference.

4.5 Subpopulation Data

CoCs must collect and report counts of specific subpopulations among sheltered and unsheltered persons. For the 2013 PIT count, HUD has moved the count of unaccompanied children to the

population data tables (see above and Appendix C) and added the number of chronically homeless families and female Veterans to the subpopulation counts. CoCs must collect data and report on the number of sheltered and unsheltered persons according to the chart below. Reporting on the number of sheltered and unsheltered victims of domestic violence will be optional.

2013 PIT Subpopulation Data		
Subpopulation Type	Required for Sheltered Persons	Required for Unsheltered Persons
Chronically Homeless Individuals	✓	✓
Chronically Homeless Families	✓	✓
Persons in Chronically Homeless Families	✓	✓
Veterans	✓	✓
Female Veterans	✓	✓
Severely Mentally Ill	✓	✓
Chronic Substance Abuse	✓	✓
Persons with HIV/AIDS	✓	✓
Victims of Domestic Violence	<i>Optional</i>	<i>Optional</i>

Appendix D illustrates the new subpopulation reporting requirements in a table for reference.

Determining Subpopulation Status

To assure accurate data collection, HUD requires CoCs collect subpopulation data consistent with Federal definitions (see Appendix B). This, in turn, allows CoCs and HUD to accurately measure progress against [Opening Doors: Federal Strategic Plan to Prevent and End Homelessness](#).

Without defining proper data collection protocols, CoCs may inaccurately identify individuals and families who are chronically homeless or who are Veterans, given the specific criteria pertaining to the definitions of these subpopulations. Therefore, CoCs should closely examine and seek to ensure data collection questions, tools, and methodologies are specific enough to accurately identify Veterans and persons who are chronically homeless.

HUD recommends use of the following questions to determine whether a sheltered or unsheltered person is chronically homeless or a Veteran.

Chronic Homeless Status

Recommended questions:

1. Homeless experience:
 - a. Have you been living in an emergency shelter and/or on the streets (including bus stations, underpasses, encampments, abandoned buildings, etc.) for the past year or more?

- b. [If not] How many different times have you had to stay in a shelter or lived on the streets in the past three years? [To be considered chronically homeless for HUD's purposes a person must have had four or more episodes in the past three years]
 - c. In addition to right now, how long would you say that you've stayed in these kinds of places over the past three years?
2. Disability status:
- a. Do you have an alcohol or drug problem, a serious mental health problem, a developmental disability, or a chronic physical illness or other disability?
 - b. If yes, does this limit your ability to get or keep a job or take care of personal matters, such as taking care of yourself, taking medications a doctor has prescribed, taking care of your children, going shopping, or getting around in the community?

Veteran Status

Recommended questions:

1. Have you served on active duty in the U.S. Armed Forces (e.g. served in a full-time capacity in the Army, Navy, Air Force, Marines Corps, or Coast Guard)?
2. Were you ever called into active duty as a member of the National Guard or as a Reservist?

Suggested supplemental question:

1. If you are unsure if you are a Veteran, have you ever received health care or benefits from a VA center?

4.6 Engaging Homeless Youth Providers in the PIT Count

Counting sheltered and unsheltered homeless children and youth can be challenging. CoCs are strongly encouraged to coordinate with their Local Education Agencies' (LEAs) homeless liaisons and Runaway and Homeless Youth (RHY) service providers, as well as any service organizations that assist homeless children and youth, to determine how best to conduct a comprehensive count of homeless children and youth in their area. Many homeless children and youth do not use homeless residential services, and thus, may not appear in HMIS; while others may be in unsheltered locations that are difficult to find during street counts. It may be helpful to recruit current or formerly homeless children and youth to assist in conducting the count, as they may be able to identify areas where homeless children and youth congregate, as well as assist in conducting interviews. For additional guidance see the Supplemental Guidance on Counting Homeless Youth.

4.7 Using HMIS Data for the PIT

CoCs are strongly encouraged to use HMIS to generate PIT data for provider programs with 100 percent of their beds participating in HMIS. Before submitting data, CoCs should verify with provider program staff that HMIS data is complete and correct for the night of the PIT count; and, that exit dates have been entered for all persons who exited the provider program on or before the date of the PIT.

4.8 Point-in-Time Methodology

For the 2013 PIT count, CoCs will be required to identify in HDX the methodologies that were used to conduct both the sheltered and unsheltered counts. In addition, CoCs will need to indicate the methods used to count sheltered (survey, HMIS, extrapolation) and unsheltered (public places

count, interviews, service-based counts, HMIS) homeless persons during their sheltered and unsheltered counts, and provide a narrative description.

APPENDIX A – SUMMARY OF PROVIDER PROGRAMS TO INCLUDE IN THE HIC AND PIT COUNT

HIC Provider Program Type	Provider Programs to Include	Instructions	Include PIT data on the HIC?	Include PIT data in PIT sheltered count?
Emergency Shelter	Emergency shelters for homeless persons	Include all emergency shelters funded by HUD ESG and/or other federal, state and local public and private sources	Yes	Yes
	Hotel/motel vouchers	Include only vouchers paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals	Yes	Yes
	VA-funded Health Care for Homeless Veterans (HCHV) provider programs, including: <ul style="list-style-type: none"> • VA Community Contract Emergency Housing (prefix HCHV/EH) • Health Care for Homeless Veterans VA Community Contract Residential Treatment Program (prefix HCHV/RT) 	Include all VA-funded HCHV/EH and HCHV/RT provider programs Must identify provider program in HIC with VA prefix (e.g., HCHV/EH-ABC Shelter) Include prefix even if the provider program only receives a portion of its funding from the VA	Yes	Yes

HIC Provider Program Type	Provider Programs to Include	Instructions	Include PIT data on the HIC?	Include PIT data in PIT sheltered count?
	VA-funded VA Mental Health Residential Rehabilitation Treatment Program – Domiciliary Care for Homeless Veterans (prefix VADOM) provider programs	<p>Include all VA-funded VADOM provider programs</p> <p>Must identify provider program in HIC with VA prefix (e.g., VADOM-ABC Domiciliary Program)</p> <p>Include prefix even if the provider program only receives a portion of its funding from the VA</p>	Yes	Yes
Transitional Housing	HUD-funded transitional housing projects renewing in 2012 CoC competition	Include all transitional housing provider programs funded by HUD that are renewing in 2012 CoC competition	Yes	Yes
	HUD-funded transitional housing projects <i>not</i> renewing in 2012 CoC competition	<p>Include all transitional housing provider programs funded by HUD SHP still operating, but not renewing in 2012 CoC competition</p> <p>Identify if provider program is using RRH model</p>	Yes	Yes
	Other transitional housing provider programs for homeless persons <i>that do not</i> use an RRH model	Include all transitional housing provider programs for homeless persons funded by other Federal, State, and local public and private sources	Yes	Yes
	HUD-funded Rapid Re-Housing Demonstration (RRHD) provider programs	Identify provider program as using RRH model	Yes	Yes

HIC Provider Program Type	Provider Programs to Include	Instructions	Include PIT data on the HIC?	Include PIT data in PIT sheltered count?
	VA-funded transitional housing provider programs, including: <ul style="list-style-type: none"> • VA Grant and Per Diem (prefix GPD) • VA Compensated Work Therapy – Transitional Residence (prefix CWT/TR) 	Include all VA-funded GPD and CWT/TR provider programs Must identify provider program in HIC with VA prefix (e.g., GPD - ABC Program) Include prefix even if the provider program only receives a portion of its funding from the VA Identify if provider program is using RRH model	Yes	Yes
Rapid Re-housing	HUD-funded rapid re-housing projects renewing in 2012 CoC competition	Include all former HUD-SHP funded transitional housing provider programs that are renewing in 2012 CoC competition and being reclassified as rapid re-housing	Yes	No
	Other rapid re-housing provider programs for homeless persons	Include all rapid re-housing provider programs for homeless persons funded by HUD ESG, and/or other Federal, State and local public and private sources	Yes	No
	VA-funded Supportive Services for Veteran Families (SSVF) provider programs (prefix SSVF)	Must identify provider program in HIC with VA prefix (e.g., SSVF - XYZ Program) Include prefix even if the program only receives a portion of its funding from the VA	Yes	No

HIC Provider Program Type	Provider Programs to Include	Instructions	Include PIT data on the HIC?	Include PIT data in PIT sheltered count?
Safe Haven	HUD-funded Safe Haven programs	Include all Safe Haven provider programs funded by HUD SHP and HUD CoC Program	Yes	Yes
	VA-funded Health Care for Homeless Veterans (HCHV) VA Community Contract Safe Haven Program (prefix HCHV/SH)	<p>Include all VA-funded HCHV/SH provider programs</p> <p>Must identify provider program in HIC with VA prefix (e.g., HCHV/SH - ABC Program)</p> <p>Include prefix even if the program only receives a portion of its funding from the VA</p>	Yes	Yes
Permanent Supportive Housing	Permanent supportive housing provider programs for homeless persons	<p>Include all permanent supportive housing programs funded by HUD S+C Program, SHP, SRO Program, CoC Program, and/or other Federal, State and local public and private sources</p> <p>For scattered site provider programs, include total number of units available for occupancy or total number of vouchers available for use in the CoC on night designated for the count</p>	Yes	No
	HUD-funded Veterans Affairs Supportive Housing (prefix VASH)	<p>Include all HUD-funded provider programs utilizing VASH vouchers</p> <p>Must identify provider program in HIC with VA prefix (e.g., VASH - ABC Program)</p> <p>Include total number of VASH vouchers available for use in the CoC on night designated for count</p>	Yes	No

APPENDIX B – DEFINITIONS

Chronic Substance Abuse – This category on the PIT includes persons with a substance abuse problem (alcohol abuse, drug abuse, or both) that is expected to be of long-continued and indefinite duration and substantially impairs the person's ability to live independently.

Chronically Homeless Individual - An unaccompanied homeless adult individual (persons 18 years or older) with a disabling condition (see definition below) who has either been continuously homeless for a year or more OR has had at least four (4) separate occasions of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter/Safe Haven during that time. Persons under the age of 18 are not counted as chronically homeless. For purposes of the PIT, persons living in transitional housing at the time of the PIT count should not be included in this subpopulation category.

Chronically Homeless Family – A household with at least one adult member (persons 18 or older) who has a disabling condition (see definition below) and who has either been continuously homeless for a year or more OR has had at least four (4) separate occasions of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter/Safe Haven during that time. The subpopulation count should include all members of the household. For purposes of the PIT, persons living in transitional housing at the time of the PIT count should not be included in this subpopulation category.

Contributory HMIS Program – A program that contributes Protected Personal Information (PPI) or other client-level data to an HMIS.

Disabling Condition – Any one of (1) a disability as defined in Section 223 of the Social Security Act; (2) a physical, mental, or emotional impairment which is (a) expected to be of long-continued and indefinite duration, (b) substantially impedes an individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions; (3) a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act; (4) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome; or (5) a diagnosable substance abuse disorder.

Persons with HIV/AIDS – This subpopulation category of the PIT includes persons who have been diagnosed with AIDS and/or have tested positive for HIV.

Protected Personal Information (PPI) – Information about a client: (1) whose identity is apparent from the information or can reasonably be ascertained from the information; or (2) whose identity can, taking into account any methods reasonably likely to be used, be learned by linking the information with other available information or by otherwise manipulating the information.

Severely Mentally Ill (SMI) – This subpopulation category of the PIT includes persons with mental health problems that are expected to be of long-continued and indefinite duration and substantially impairs the person's ability to live independently.

Veteran – This subpopulation category of the PIT includes persons 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.

Victims of Domestic Violence – This subpopulation category of the PIT includes persons who have been victims of domestic violence at any point in the past.

APPENDIX C – HOUSEHOLD AND AGE REPORTING REQUIREMENTS FOR THE PIT COUNT

Households with at least one adult and one child				
	Sheltered		Unsheltered	Total
	ES	TH		
Total number of households				
Total number of persons				
Number of persons (under age 18)				
Number of persons (age 18-24)				
Number of persons (over age 24)				

Households without children					
	Sheltered			Unsheltered	Total
	ES	TH	SH		
Total number of households					
Total number of persons					
Number of persons (age 18-24)					
Number of persons (over age 24)					

Households with only children				
	Sheltered		Unsheltered	Total
	ES	TH		
Total number of households				
Total number of one-child households				
Total number of multi-child households				
Number of children in multi-child households				

APPENDIX D – SUBPOPULATION REPORTING REQUIREMENTS FOR THE PIT COUNT

Homeless Subpopulations			
	Sheltered		Unsheltered
	ES	SH	
Chronically Homeless Individuals			
Chronically Homeless Families			
Persons in Chronically Homeless Families			

	Sheltered			Unsheltered
	ES	TH	SH	
Veterans				
Female Veterans				
Severely Mentally Ill				
Chronic Substance Abuse				
Persons with HIV/AIDS				
Victims of Domestic Violence (optional)				