

### 3. HOUSING INVENTORY COUNT GUIDANCE

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This section provides guidance for collecting data required for the HIC. The HIC is a point-in-time inventory of projects within your CoC that provide beds and units dedicated to serving persons who are homeless. It is intended to provide HUD and CoCs with information about the shelter and housing capacity of homeless crisis response systems. It should reflect the number of beds and units available for occupancy on the night designated for the count that are ***dedicated to serve persons who are homeless (and, for permanent housing projects, persons who were homeless at entry), per the [HUD homeless definition](#).***

CoCs are required to submit their HIC data through the [HUD HDX website](#). Additionally, CoCs must provide HIC data to the Consolidated Plan jurisdiction(s) located within the CoC, when requested. This includes providing HIC data at the geocode level for each jurisdiction required to report PIT count data in the Consolidated Plan. A CoC could cover one or more Consolidated Plan jurisdictions. In turn, HUD expects states and entitlement communities responsible for completing Consolidated Plans to participate in the HIC by contributing project-level information to CoC and HMIS leads to facilitate the completion of the HIC.

#### 3.1 Types of Homeless Projects to Include in the HIC

Beds and units included on the HIC are considered part of the CoC homeless assistance system. ***Beds and units in the HIC must be dedicated to serving persons experiencing homelessness, or***

*for permanent housing projects, dedicated for persons who were homeless at entry.* For the purposes of the HIC, a project with dedicated beds/units is one where:

- A. The primary intent of the project is to serve persons experiencing homelessness;
- B. The project verifies homeless status as part of its eligibility determination; and
- C. The actual project clients are predominantly people experiencing homelessness (or, for permanent housing, were experiencing homelessness at entry).

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 inventory dedicated to people experiencing homelessness and they should be included in the HIC.

While there might be occasional instances where a project with dedicated beds serves a non-homeless person, beds in these types of projects could still be counted as dedicated beds. For example, a provider of a project that is intended to serve persons who are both homeless and intoxicated might be unable to determine homeless status at entry due to a person's severe intoxication. After admission, the provider determines some participants are not homeless and helps them return to their housing. In this instance, the project bed could still be counted as a dedicated bed for persons experiencing homelessness.

For the HIC, CoCs will collect information about the beds and units in the CoC's homeless system, categorized by the Project Types described below. CoCs are required to include in the HIC **all** projects in the CoC that are categorized as one of these Project Types and that provide dedicated beds for persons who are homeless, not just those contributing client-level data in the local 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 Project Types included in the HIC, as identified in the [most recently published HMIS Data Standards](#) are:

- A. Emergency Shelter (ES)
- B. Transitional Housing (TH)
- C. Safe Haven (SH)
- D. Permanent Housing (PH)
  - 1) Permanent Supportive Housing (PSH)
  - 2) Rapid Re-housing (RRH)
  - 3) Other PH (OPH) – combines two project types from the HMIS Data Standards:
    - PH – Housing with Services (no disability required for entry); and
    - PH – Housing Only

For the purpose of the HIC, permanent housing inventory is divided into three groups: permanent supportive housing (PSH), rapid re-housing (RRH), and other permanent housing (OPH).

- 1) To be considered PSH, the project must provide long-term housing to individuals with disabilities and families who are experiencing homelessness in which one member of the household has a disability, and supportive services that are designed to meet the needs of the program participants must be available to the household.
- 2) To be considered a RRH bed and unit, the project must provide short-term or medium-term housing assistance (up to 24 months for ESG and CoC Program funded projects, or longer if permitted by waiver), the lease for units must be between the landlord and the program participant, the program participant must be able to select the unit they lease, and the provider cannot impose a restriction on how long the person may lease the unit, though the provider can impose a maximum length of time that grant funds will be used to assist the program participant in the unit.
- 3) To be considered OPH, the provider must provide long-term housing that is not otherwise considered PSH or RRH. HUD’s HMIS Data Standards defines two project types that represent the other permanent housing inventory – PH: Housing with Services and PH: Housing Only. PH: Housing with Services projects provide long-term housing and supportive services for persons experiencing homelessness, but do not limit eligibility to persons with a disability. PH: Housing Only projects provide long-term housing for persons experiencing homelessness, but do not make supportive services available as part of the project. It is critical to note that the CoC should look at the entire service package of these permanent housing projects, as opposed to what is funded by certain funding streams. CoCs should remember that these OPH beds should only be reported if they are dedicated to persons experiencing homelessness, as outlined in the first paragraph of this section.

In the FY2017 CoC Program Competition, HUD began funding joint component TH and RRH projects. CoCs should report these grants on the HIC by entering two separate projects – one for TH and one for RRH. **Inventory reported under each project should comport with the inventory instruction for its respective project type as described throughout this Notice.** For the TH project, this would mean including the available TH beds in the HIC, even if the TH beds are not occupied on the night of the PIT count, just as a CoC would for any other TH project. For RRH components, the CoC should report the number of beds in use on the night of the count, just as a CoC would for any RRH project. If the TH project does not have a fixed inventory and has no beds on the night of the count, the CoC should exclude the TH project from the HIC. For **both** projects of a joint component grant, select the HUD: CoC – Joint Component TH/RRH funding source option, regardless of the project type.

For a detailed list of which projects to include in the HIC, please see [Appendix A](#).

### *3.1.1 VA Programs*

The Department of Veterans Affairs (VA) has designated components within its Grant and Per Diem (GPD) program and the component types for its GPD program. CoCs should continue to report GPD programs in the HIC. The following chart outlines what project types are associated with each GPD program component.

Component in GPD	Project Type in the HIC
Bridge Housing	Transitional Housing

Component in GPD	Project Type in the HIC
Low Demand	Safe Haven
Service Intensive Transitional Housing	Transitional Housing
Hospital to Housing	Transitional Housing
Clinical Treatment	Transitional Housing
Transition in Place	Permanent Housing - OPH

### 3.1.2 RHY Programs

It is important that CoCs coordinate with and include projects that provide shelter and housing to children and youth experiencing homelessness in the HIC. Coordination will lead to a more accurate understanding of the inventory available to serve children and youth experiencing homelessness in the CoC and will, hopefully, lead to improved service delivery. Specifically, CoCs should be sure to coordinate with local projects funded through the U.S. Department of Health and Human Services (HHS) Runaway and Homeless Youth (RHY) Program when planning and conducting their HIC. RHY projects provide youth experiencing homelessness with short-term shelter, longer-term transitional living programs and maternity group homes, and also support youth through street outreach efforts. By engaging RHY programs in the HIC, CoCs will be able to collect more complete data on the emergency shelter and transitional housing programs that provide dedicated beds and units for youth experiencing homelessness. However, CoCs **should not** include projects or beds/units in projects in the HIC that are dedicated for children who are in foster care, who are wards of the state, or who are otherwise under government custody or supervision. A list of current RHY grantees by city and state, created by technical assistance providers, is available on the [HUD Exchange](#). HUD also encourages CoCs to work with their Local Education Agencies (LEA) to participate in the count and assist CoCs to identify children and youth experiencing homelessness in their geographic areas.

### 3.1.3 HUD PIH Programs

HUD's Office of Public and Indian Housing (PIH) is the Office that administers several key affordable housing programs in HUD, including the Housing Choice Voucher (HCV) program and the Public Housing program. While most of these vouchers and programs would not be included in the Housing Inventory Count (HIC), when there are a certain number of vouchers set aside or a specific program that has beds dedicated to people currently or formerly experiencing homelessness per section 3.1 of this document then that should be recorded in the HIC. Examples include:

- A. A set aside or preference (including limited preference) where a certain number of vouchers or specific percent of turnover vouchers have been provided to people experiencing homelessness. This could be through the normal voucher allocation or through special purpose vouchers.
- B. Emergency Housing Vouchers (EHV) because participants are required to qualify as homeless. See Section 8 of [Notice PIH 2021-15 \(HA\)](#) for specific eligibility requirements. CoCs should include all EHV beds in the inventory unless there is a set portion of beds that are dedicated to a population that is at risk of homelessness.

Note: While HUD strongly encourages CoCs to include EHV beds in HMIS, HUD is not requiring EHV beds to be in HMIS. This is due to the strained capacity of CoCs at the time EHV beds were being leased up as they focused on reducing the threat and impact of COVID-19.

- C. Family Unification Program (FUP) and Fostering Youth Independence (FYI) vouchers where there is a portion of the inventory that is dedicated to serve people experiencing homelessness. Often the youth FUP vouchers serve people experiencing homelessness whereas the family FUP vouchers tend not to be.
- D. HUD-VA Supportive Housing (HUD-VASH) vouchers.
- E. Stability Vouchers because participants are required to qualify as homeless. See Section 8 of [Notice PIH 2022-24 \(HA\)](#) for specific eligibility requirements. CoCs should include all Stability Voucher beds in the inventory unless there is a set portion of beds that are dedicated to a population that is at risk of homelessness.

These programs should all be recorded in the HIC as “Other Permanent Housing” (OPH), except for HUD-VASH which should be reported as PSH.

### 3.2 Using HMIS Data for the HIC

HUD strongly encourages CoCs to use their HMIS data as a starting point to generate the HIC. CoCs must collect and enter project descriptor data for all CoC projects in the CoC’s HMIS, regardless of whether the CoC project participates in HMIS (i.e., makes a reasonable effort to record all universal data elements on all clients served in HMIS). Instructions for collecting and entering project descriptor data in the local HMIS can be found in the [most recently published HMIS Data Standards](#). CoCs that rely on an HMIS that is strictly programmed according to the HMIS Data Standards must manually input whether beds are associated with a presidentially-declared disaster.

Throughout this document, there are references to the HMIS project descriptor data element numbers found in the [most recently published HMIS Data Standards](#). These references are intended to assist CoCs that use their HMIS to complete their HIC to identify what HMIS data elements they can use as a starting point for their HIC. CoCs must still verify that the data generated from their HMIS for their HIC correspond with the requirements in this Notice. Prior to submitting HIC data in HDX, CoCs should coordinate with project staff to review, verify, and update, if necessary, the information collected about their project for the HIC.

### 3.3 Completing the Bed Inventory

The following sections identify the data necessary to complete the HIC, along with a brief description of each. If relevant, the data element number from the [most recently published HMIS Data Standards](#) is included in brackets, e.g., Project Information [2.02]. While not all of these data elements apply to every project, they are all needed in order to generate an accurate HIC.

#### 3.3.1 Organization and Project Information

In general, projects included in any HMIS-based reporting for HIC purposes should be limited to those projects that are identified in Data Element 2.02 Field 5 as “Continuum Projects” (i.e., considered part of the CoC homeless assistance system), as described in Section 3.1 of this Notice.

**Organization ID and Name [Data Element 2.01 Fields 1 and 2]:** The name and unique identifier of the organization providing shelter or housing to persons experiencing homelessness.

**Project ID and Project Name [Data Element 2.02 Fields 1 and 2]:** A unique project name and ID for each distinct CoC project.

**Status [Data Element 2.02, Fields 3 and 4]:** Whether the project remains active or should be marked as closed for the current HIC. Only projects 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).

**Project Type [Data Element 2.02, Field 6]:** The relevant type of project (e.g., emergency shelter).

**Target Population [Data Element 2.02, Field 7]:** The population served by the project, if applicable. A population is considered a "target population" if the project is designed to serve that population and at least three-fourths (75 percent) of the clients served by the project fit the target group descriptor. A single project is prohibited from having more than one Target Population. Information about project targeting for veterans, youth, and persons experiencing chronic homelessness should be collected at the bed level, per Bed and Unit Inventory data elements below. Note that there might be some projects that serve a target population of survivors of domestic violence but do not qualify as a "victim service provider." For the purposes of the HIC, "Survivors of Domestic Violence" includes projects that serve people currently experiencing homelessness because they are fleeing domestic violence, dating violence, sexual assault, or stalking.

Abbreviation	Description
DV	People who are Survivors of Domestic Violence
HIV	Persons living with HIV/AIDS
NA	Not Applicable

**HUD McKinney-Vento Funded [Data Element 2.06]:** Whether the project receives any HUD McKinney-Vento funding. HUD McKinney-Vento programs that provide funding for lodging projects include the following [corresponding HMIS data element 2.06 response options relevant to lodging projects are listed under each]:

Program	Funding Sources [Data Element 2.06]
Emergency Solutions Grants Program (ESG)	HUD: ESG – Emergency Shelter
	HUD: ESG – Rapid Re-Housing
	HUD: ESG-CV
	HUD: ESG Rapid Unsheltered Survivor Housing (RUSH)
Continuum of Care Program (CoC)	HUD: CoC – Safe Haven

Program	Funding Sources [Data Element 2.06]
	HUD: CoC – Transitional Housing
	HUD: CoC – Permanent Supportive Housing
	HUD: CoC – Rapid Re-Housing
	HUD: CoC – Single Room Occupancy
	HUD: CoC – Joint Component TH/RRH
	HUD: CoC – Youth Homeless Demonstration Program (YHDP) renewals
Youth Homeless Demonstration Program (YHDP)	HUD: YHDP
Special Notice of Funding Opportunity Grants to Address Unsheltered and Rural Homelessness(Special NOFO)	HUD: Unsheltered Special NOFO
	HUD: Rural Special NOFO

CoCs with HUD-funded Youth Homelessness Demonstration Program (YHDP) grants should report them based on the project type identified for each project in *e-snaps*. For example, if a YHDP recipient was funded for a host home program identified with a Transitional Housing (TH) project type then it will be included in the HIC as a TH project and the youth in that project will be included in the sheltered PIT count. CoCs must select the HUD: YHDP – Youth Homelessness Demonstration Program (YHDP) funding source options in response to the **HUD McKinney-Vento Funded** question for each YHDP project. As with other grants, CoCs only report residential projects in the HIC and exclude service only projects like HUD-funded Supportive Services Only (SSO) projects. After a YHDP grant renews under the CoC Program, the project will no longer be reported under the HUD: YHDP funding source but must be reported under the appropriate HUD: CoC – Youth Homeless Demonstration Program (YHDP) renewals funding source.

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

**Additional Federal Funding Sources [Data Element 2.06]:** HUD requires CoCs to report on additional federal funding sources in the HIC in the “Additional Federal Funding Sources” field. If there are multiple additional federal funding sources, CoCs will select all that apply for each project. If there are no additional federal funding sources, the CoC should not select any option. These funding sources are:



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**Funding Sources [Data Element 2.06]**

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HUD: HUD/VA Supportive Housing (HUD/VASH)

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VA: Supportive Services for Veteran Families Program (SSVF)

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VA: Grant and Per Diem Program (GPD) – Bridge Housing

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VA: Grant and Per Diem Program (GPD) – Low Demand

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VA: Grant and Per Diem Program (GPD) – Hospital to Housing

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VA: Grant and Per Diem Program (GPD) – Clinical Treatment

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VA: Grant and Per Diem Program (GPD) – Service Intensive Transitional Housing

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VA: Grant and Per Diem Program (GPD) – Transition in Place

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VA: CRS Contract Residential Services (HCHV CRS: EH)

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VA Community Contract Safe Haven Program (HCHV/SH)

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HHS: RHY Basic Center Program (BCP)

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HHS: RHY Transitional Living Program (TLP)

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HHS: RHY Maternity Group Homes for Pregnant and Parenting Youth (MGH)

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HHS: RHY Demonstration Project

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HUD: Housing Opportunities for Persons With AIDS (HOPWA) shelter and housing programs. This includes the following HMIS data element 2.06 response options:

- HUD: HOPWA – Hotel/Motel Vouchers
  - HUD: HOPWA – Permanent Housing Placement (facility based or TBRA)
  - HUD: HOPWA – Short-Term Supportive Facility
  - HUD: HOPWA – Transitional Housing (facility-based or TBRA)
  - HUD: HOPWA – CV
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HUD Public and Indian Housing (PIH) programs (non-VASH), including public housing and housing choice voucher inventory that is dedicated to persons experiencing homelessness

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HUD: PIH (Emergency Housing Voucher)

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HUD: HOME

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HUD: HOME (ARP)

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Other

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CoCs should identify each federal funding source that currently supports the project, even if a source only partially funds the beds and units.

**Note:** CoCs should not report VA-funded Mental Health Residential Rehabilitation Treatment Program – Domiciliary Care for Homeless Veterans (VADOM) and Compensated Work Therapy, Transitional Residence (CWT/TR) grants inventory in the HIC. The VA and



HUD determined that VADOM and CWT/TR inventory are more appropriately identified as institutions and should not be included in the HIC or PIT count. CoCs also do not need to include non-federal funding sources in the “other” funding field.

**Housing Type [Data Element 2.02, Dependent D]:** CoCs indicate the “Housing Type” in the organization and project information section. All of the inventory for the project must fall within the selected Housing Type. If a project has multiple Housing Types, it must be split into separate projects. The Housing Type options are:

Housing Type	Description
1. Site-based/ single site	All clients are housed in a single project facility.
2. Site-based/ clustered- multiple sites	Clients are housed in project facilities that are scattered across multiple locations, but more than one client is housed in each project facility. The facility locations are owned, operated, or sponsored by the project.
3. Tenant- based/ scattered site	Clients have leases or occupancy agreements and are housed in residences that are not owned or managed by the project.

**Victim Services Provider [Data Element 2.01, Field 3]:** Identify whether the organization is a victim services provider and is prohibited from HMIS participation by VAWA and/or the McKinney-Vento Homeless Assistance Act. Refer to HUD’s [Homeless Management Information System \(HMIS\) Comparable Database Decision Tree](#) resource, prepared by technical assistance providers to help communities understand their data collection requirements. If an organization is not a VSP but is otherwise prohibited from entering data for a specific project, the CoC should create a separate organization record for the organization that it will associate with all projects that are prohibited from participating in HMIS. HUD is clarifying that, while DV providers are exempt from entering address information, they are expected to enter a ZIP code (see Appendix B for a definition of victim service provider).

**Geocode, Address, and ZIP Code [Data Element 2.03, Fields 2-7]:** Geocode, Address, and ZIP Code fields should reflect the location of the project’s principal site or, for multiple site projects, the location in which the majority of the project’s clients are housed. A list of geocodes can be found at: <https://www.hud.gov/sites/dfiles/CPD/documents/CoC/FY-2023-GeoCodes-Report.pdf>.

CoCs are required to enter an address for all projects that are site-based (options 1 and 2, from the housing type chart above). If a site-based project has multiple sites, the CoC should enter the address for the site where most beds and units are located.

Tenant-based scattered site projects are only required to complete the geocode and ZIP Code fields based on where the majority of the clients are housed and may use the administrative address if they wish to complete the remainder of the address fields. Victim Service Providers are only required to complete the geocode and ZIP Code fields.

**HMIS Participating [Data Element 2.08, Field 1]:** CoCs must report the HMIS participation status of the entire project. Either the project completely participates in HMIS or it does not. If part of a project’s inventory participates in HMIS and another part does not,

it should be split into two projects, one representing the inventory participating in HMIS and one representing the inventory not participating in HMIS.

For the purpose of reporting in the HIC, a bed is considered “an HMIS participating bed” if the project 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.

HUD will compare the beds associated with projects that indicate they are HMIS participating to all beds in the HMIS minus beds associated with victim service providers. Note that HUD expects CoCs to work with all projects, including those that target survivors of domestic violence but are not victim service providers, to collect data in HMIS.

**Comparable Database Participating:** Victim service providers are prohibited by VAWA from entering data into HMIS. CoCs must report whether victim service providers in their geography are participating in a comparable database. All CoC and ESG Program funded projects operated by a victim service provider are required to collect data in a comparable database. For more information about comparable databases please refer to the [HMIS Comparable Database Manual](#), a resource prepared by technical assistance providers.

For projects operated by victim service providers, the CoCs must report the comparable database participation status of the entire project. Either the project completely participates in a comparable database or it does not. If part of a project’s inventory participates in a comparable database and another part does not, it should be split into two projects, one representing the inventory participating in a comparable database and one representing the inventory not participating in a comparable database.

For the purpose of reporting in the HIC, a bed is considered “a comparable database participating bed” if the bed is available for occupancy on the night the count is conducted. Throughout the year the project must make a reasonable effort to record all universal data elements on all clients served in that bed and updates that information in the comparable database at least once annually.

### *3.3.2 Bed and Unit Inventory Information*

**Inventory Type:** Using **Inventory Start Date** and **Inventory End Date [Data Element 2.07, Fields 1 and 2]**, identify whether the bed inventory is current or under development.

- 1) **Current inventory (C):** Beds and units that were available for occupancy on the night of the CoC’s PIT count.
- 2) **Under development (U):** 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 31, 2024, CoCs must identify whether the bed/unit inventory is expected to be available for occupancy by January 31, 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.

**Note:** When using HMIS data to generate the HIC, inventory that is under development could be entered into HMIS with an Inventory Start Date [Data Element 2.07, Field 1] in the future that reflects the anticipated availability date; accordingly, inventory that is not yet fully funded should not be included in the HIC and either should not be entered into HMIS or entered in such a way as to enable differentiation (e.g. via customized fields).

**Disaster-Related Beds:** Beds that were funded specifically because of a presidentially-declared disaster. This information is not required to be captured in a CoC's HMIS.

**Bed Type [Data Element 2.07, Field 5] (*Emergency Shelter Only*):** The Bed Type describes the type of beds offered by emergency shelter projects according to the following mutually exclusive options:

- 1) **Facility-based:** Beds (including cots or mats) located in a residential homeless assistance facility dedicated for use by persons who are homeless.
- 2) **Voucher:** Beds located in a hotel or motel and made available by the homeless assistance project through vouchers or other forms of payment.
- 3) **Other:** Beds located in a church or other facility not dedicated for use by persons who are homeless.

The Bed Type must be consistent with the Housing Type (i.e., a Facility-based emergency shelter project cannot have a Housing Type of “tenant based/scattered site”).

**Household Type [Data Element 2.07, Field 4]:** Enter the counts of bed inventory, unit inventory, and HMIS bed inventory (detailed below) based on availability for each of the following household types:

- 1) **Households without children:** Beds and units typically serving households with adults only. This includes households composed of unaccompanied adults (including unaccompanied youth age 18-24) and multiple adults (including households with multiple youth ages 18 to 24). (Housing covered by the Fair Housing Act cannot deny admission to families with children.)
- 2) **Households with at least one adult and one child:** Beds and units typically serving households with (at least) one adult (including youth ages 18 to 24) and one child.
- 3) **Households with only children:** Beds and units typically serving households composed exclusively of persons under age 18, including one-child households, multi-child households or other household configurations composed only of children. For projects that have inventory designated for use by households with only children, care should be taken to ensure that this inventory is included in 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.
- 4) **Bed Inventory [Data Element 2.07, Field 14]:** The total number of beds available for occupancy on the night of the inventory count for each of the above-listed household types. For all of the relevant project types other than rapid re-housing (see Section 3.3.4), CoCs must include all of the dedicated homeless beds and units available for persons experiencing homelessness on the date of the inventory count, whether beds are current or under development (separate records will be created for each inventory type), regardless of whether the project participates in HMIS or not

(separate records will be created for each inventory type), regardless of whether the project receives HUD funding, and regardless of whether the bed was occupied. CoCs need to remember that HIC beds can only be reported once, even if funding for the housing and services are from multiple sources that may be associated with different project types. For example, when SSVF funds are provided to pay for a crib or move-in costs for a household who is served in HUD-VASH, the inventory should only be reported in the HIC under the PSH inventory.

For inventory that was active on the night of the PIT count, CoCs should report the actual number of beds available for occupancy on that night in their HIC, even if it differs from the number projected in grant applications or calculated through some other approach to determining typical capacity.

This applies to projects both with and without a fixed number of beds. If a project has a fixed number of units/vouchers, but not a fixed number of beds, CoCs should estimate the number of beds available on the night of the PIT count by multiplying the number of units by the average household size observed on the PIT night.

For projects 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 project using one of the methodologies described below. These same approaches can be used for determining the household type-distribution among dedicated beds for youth, veterans, and people who are chronically homeless.

- 1) Divide the beds based on how the bed(s) were used on the night of the count. If the facility is not at full capacity on the night of the count, then extrapolate the distribution based on the prorated distribution of those who are served on the night of the count.
- 2) Divide the beds based on average utilization. For example, a project has 100 beds that could be used by either households with only children or households with at least one adult and one child. If one-half of the beds are used by persons in households with only 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 with only children, and 50 beds for households with at least one adult and one child in the HIC.
- 3) Projects 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 units and an average household size of 3 equals 90 beds for households with at least one adult and one child).

**Unit Inventory [Data Element 2.07, Field 15]:** The total number of units available for occupancy on the night of the inventory count for each of the above-listed household type. Projects 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. For RRH projects, see instructions under Section 3.3.4.

**Dedicated Bed Inventory [Data Element 2.07, Fields 7-13]:** All beds that have been funded by HUD or another federal partner that are dedicated to one or more of the following subpopulations must be recorded in the appropriate category. A bed may be counted more than once across categories of dedicated beds (e.g., a project may have beds dedicated for persons who are both chronically homeless and a veteran). The number of beds for each subpopulation is a subset of the total bed inventory for a given project and must be equal to or less than the total bed inventory. A dedicated bed is a bed that must be filled by a person in the subpopulation category (*or a member of their household*) unless there are no persons from the subpopulation who qualify for the project located within the geographic area (see Appendix B for key terms).

CoCs must report their inventory that is dedicated to veterans, youth, and people experiencing chronic homelessness by household type, instead of providing a single number of dedicated beds. For instance, if a project has 10 beds dedicated to serving youth, instead of merely reporting 10 beds dedicated to youth, the CoC must report based on how the 10 dedicated beds are distributed across youth households with at least one adult and one child and youth in households without children. None of the beds serving youth under 18 can be veteran beds. For these reasons, CoCs will not report veteran and youth beds under this category. For projects where the typical use of beds by different youth household types varies, but where a precise number of beds are not typically being used by a particular type of household, the CoC must refer to the section above on Household Type to determine how to distribute their beds by household type.

When reporting on dedicated beds for veterans, youth, and people experiencing chronic homelessness, CoCs should report all of the beds associated with the unit that is being provided to someone because they meet the criteria for which it is dedicated. For example, if a project dedicates its beds and units to veteran families, the CoC should count all of the beds in each unit, even those occupied by family members who are not veterans, as part of their veteran bed inventory.

CoCs must report all dedicated beds for veterans, youth, and people experiencing chronic homelessness, even if a person who does not match that subpopulation happens to be in that inventory on the night of the count. HUD recognizes that there may be times when a dedicated bed may become available but there may not be someone to fill the bed who matches that subpopulation. CoCs may continue to use that inventory for another person based on their own prioritization policies unless prohibited by law, contract or grant agreement.

**Permanent Supportive Housing Chronic Homeless Bed Inventory:** The number of PSH beds that are dedicated to house people experiencing chronic homelessness and their household members (if applicable) for each of the household types: households without children, households with at least one adult and one child, and households with only children. A dedicated bed is a bed that **must** be filled by a person experiencing chronic homelessness (or a member of their household), which is a higher standard than simply *prioritizing* persons experiencing chronic homelessness for available beds, e.g., per CPD Notice 16-11, *Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing*. This category should be used for any beds that are

dedicated to people experiencing chronic homelessness without regard for their veteran status or age.

**Veteran Bed Inventory:** 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.

**Youth Bed Inventory:** 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 homeless or veteran status.

**Emergency Shelter Bed and Unit Availability [Data Element 2.07, Field 6]:** Detailed household-level bed and unit-inventory counts by household type must be provided as described above for all year-round emergency shelter beds and units. For emergency shelter beds that are provided on a seasonal (during a defined period of high demand) or on an ad hoc or temporary basis as demand indicates, CoCs must enter a total count of such beds.

- 1) **Seasonal Beds:** Seasonal beds are not available year-round, but instead are available on a planned basis, with set start and end dates, during an anticipated period of higher demand. For the HIC, identify only the total number of seasonal beds available for occupancy on the night of the inventory count and indicate the start and end date for the season.
- 2) **Overflow Beds:** 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 the total number of overflow beds that were available for occupancy on the night of the inventory count. If there is no fixed number of overflow beds, CoCs may instead report the number of overflow beds that were occupied on the night of the inventory count.

### *3.3.3 Point-in-Time Counts for Each Project*

Each project 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 project. This includes all persons who entered the project on or before the date of the HIC and PIT count, and who are either still in the project or exited after the date of the count. Although permanent housing projects are not included in the CoC-wide PIT count of persons experiencing homelessness who are sheltered and unsheltered, all permanent housing projects must provide a PIT count for the HIC. Rapid re-housing (RRH) projects should only count persons who are residing in permanent housing and being assisted by the RRH project on the night of the count. Tenant-based permanent supportive housing (PSH) projects may take this same approach, unless the PSH project (e.g., a TBRA project) has a more set number of vouchers available. If the PSH project has a set number of beds/units available, then the PSH project may choose to report that inventory number.



### **Sheltered Person Counts on the HIC and PIT Must 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 an emergency shelter, transitional housing, or Safe Haven project identified on the HIC. The total number of persons reported in all emergency shelter, transitional housing, and Safe Haven projects on the HIC *must* match the total number of sheltered persons reported in the PIT Population tab in the HDX.

As discussed earlier, the HIC and PIT count are integrally related. The sum total number of persons reported in emergency shelter, Safe Havens, and transitional housing projects in the PIT fields of the HIC **must match** the sum total of sheltered persons reported in the PIT count. As such, CoCs should conduct their annual housing inventory count on the same night as the CoC's designated PIT count night or as close as possible to the designated PIT count night. Any discrepancies between the sum total number of sheltered persons counted on the HIC and the number of sheltered persons counted on the PIT count will result in a validation error requiring the CoC to make corrections.

HUD strongly encourages the use of HMIS data to generate these counts for projects with 100 percent of beds participating in HMIS. CoCs must verify with project staff that HMIS data are complete and correct for the night of the HIC and PIT count, and that Project Entry and Project Exit Dates have been entered for all persons who entered or exited on or before the date of the count.

#### ***3.3.4 Supplemental Inventory Instruction***

Some common areas of confusion with regard to how to report some inventory are listed below:

**Rapid re-housing and tenant-based permanent supportive housing projects:** On any given night, an RRH or tenant-based PSH project will have current participants who are still homeless (e.g., staying in an emergency shelter) and seeking permanent housing, and participants who have located and are residing in permanent housing.

For the purpose of reporting in the HIC, CoCs should count RRH beds and units based on the actual number of current project participants who are:

- 1) Actively enrolled in the project on the night of the inventory count, including persons who are only receiving supportive services in the RRH project; and
- 2) Are in permanent housing on the night of the inventory count. [HMIS data element 3.20 Housing Move-In Date should be used to identify RRH participants who are in permanent housing on the night of the inventory count].

This generally means that the RRH beds and units in use will equal the number of people served on the night of the count. RRH projects that do not have any participants in permanent housing on the night of the inventory count (e.g., all participants are still in emergency shelter) should report zero (0) beds and zero (0) participants.

**VA Supportive Services for Veteran Families (SSVF) projects:** SSVF projects may offer both homelessness prevention and rapid re-housing assistance. Effective October 1, 2014, SSVF projects should be recording homelessness prevention and rapid re-housing



participants in separate projects in HMIS. CoCs should not include the homelessness prevention component of SSVF in the HIC, nor should they count in the project-level person count any persons receiving SSVF homelessness prevention services on the night the inventory is conducted.

**VA SSVF Emergency Housing Assistance (EHA) inventory:** CoCs should count SSVF EHA beds on the HIC. Although they are funded through SSVF RRH, CoCs cannot combine ES and RRH bed inventories in a single HIC project record, so they will need to add a new ES project to their HIC to account for SSVF EHA based on the guidance below.

- **Project Type:** Emergency Shelter (ES)
- **Emergency Shelter Bed and Unit Availability:** Overflow Beds. EHA beds should be listed as overflow beds because they are not guaranteed to exist in set numbers year-round or on a seasonal basis. That is, the number of beds on the HIC for these projects will always be fully utilized and will likely always equal the number of people served (unless there are people sharing beds).
- **Year-Round Bed Inventory:** 0 year-round beds
- **Funding Source:** VA: Supportive Services for Veteran Families Program (SSVF)
- **HMIS Participation & HMIS Project ID:** This will depend on how the SSVF project accounts for EHA resources in HMIS.
  - If the SSVF project logs EHA as “services” in the RRH component of the project in HMIS, then the EHA ES HIC inventory should be listed as non-HMIS-participating, and the HMIS Project ID should be the same as the SSVF RRH project's HMIS Project ID with "-EHA" on the end.
    - For example: If the SSVF RRH project's HMIS Project ID is 4, then we recommend that you list "4-EHA" as the SSVF EHA project's HMIS Project ID in the HIC.
  - If the SSVF project reports EHA as its own ES project in HMIS (which is allowed but not required), then the EHA ES HIC project should be listed as HMIS-participating. The HMIS Project ID in the HIC should then match the Project ID in HMIS.
- **Project Inventory PIT Count:** Should reflect the total number of people served by EHA on the night of the count. Further resources on pulling the number of people served from HMIS are provided on HUD Exchange including [HIC and PIT Count Data Submission Guidance](#) which was developed by a technical assistance provider.

**VA Grant and Per Diem (GPD) projects:** VA designated components within its GPD program. CoCs should continue to report GPD programs in the HIC. See [Section 3.1.1](#) for a detailed chart outlining what project types are associated with each GPD program component.

**HUD-VA Supportive Housing (VASH) Vouchers:** CoCs must count the total number of VASH vouchers available for use on the night of the HIC and PIT count, regardless of whether the voucher is presently being used. This requirement applies to any HUD-VASH vouchers, including Tribal HUD-VASH grant funding that has been allocated to support rental assistance for homeless Native American Veterans. 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 project operates in multiple CoCs, each CoC should have project descriptor data pertaining to that project in their HMIS; beds should be apportioned according to the CoC in which the housing units assisted by the vouchers are physically located.

In 2020, VA developed a process to release HUD-VASH data from its HOMES database to CoCs through the local VA Medical Centers (VAMCs). The exported data are limited to data on veterans receiving assistance and does not provide additional household member details (because the HOMES database does not collect household member data). CoCs are not required to use the data from this export, and if CoCs have an existing process for including HUD-VASH data in their HMIS and HIC, they can continue to use this process. CoCs can also work with their PHA to gather household information. They can use this data from the PHA to derive household characteristic data in lieu of the VA export data or to supplement the data. If a CoC is using the data exported from VA, they can use one of the following approaches to count households:

1. If CoCs are confident that the household breakdowns in the HMIS-participating HUD-VASH project are comparable to those in the other HUD-VASH projects, they could apply a multiplier based on household size and composition from the other HMIS PSH data to extrapolate for the HUD-VASH household data. Please note, however, that there may be a number of factors that could make this extrapolation method less accurate and therefore less desirable. For example, if the HMIS-participating project houses a small percentage of all households served by HUD-VASH projects, or if it tends to serve a different household type than the others, then it would not make sense to use its household data as an extrapolation source for the non-HMIS-participating projects.
2. If CoCs are either not confident that the households in HUD-VASH are like households in other HMIS-participating PSH projects or, based on level of effort to perform the extrapolation, they would prefer not to use that option, they could simply report that each veteran represents a unique household and count them in Households without Children. This means that for some communities HUD/VASH beds will be counted as serving families with children and in some communities they won't.

**RHY Basic Center Program (BCP) projects:** BCP projects may offer both emergency shelter and homelessness prevention. Projects providing both should be set up as two separate projects (i.e., BCP Emergency Shelter and BCP Prevention) and should be recording homelessness prevention and rapid re-housing participants in separate projects in HMIS. CoCs should not include in the HIC persons receiving BCP homelessness prevention services on the night the inventory is conducted or counted as part of the PIT count. See [Section 3.1.2](#) for more information about RHY Programs.

**Projects serving runaway and homeless youth, including RHY-funded projects:**

Generally, RHY projects should be included in the HIC. While eligibility for these programs sometimes differs from HUD eligibility requirements, HUD has decided to include these projects in the HIC. However, CoCs must exclude beds that are dedicated for persons who are wards of the state, including children who are in foster care or who are otherwise under government custody or supervision. If beds are not specifically dedicated to wards of the

state, then the CoC must pro-rate beds based on who is occupying the bed on the night of the count, excluding those beds occupied by persons who are wards of the state, or pro-rate beds based on average utilization of persons who are and are not wards of the state. CoCs, using HMIS as a starting point to generate the HIC, could use **R2 RHY-BCP Status** to identify which BCP beds to include in the HIC. See [Section 3.1.2](#) for more information about RHY Programs.

**Projects Assisted under the Indian Housing Block Grant (IHBG) or Indian Community Development Block Grant (ICDBG) Programs:** Any projects owned or operated by an Indian Tribe or TDHE assisted under the IHBG or ICDBG programs that are also limited to serving persons experiencing homelessness should be included in the HIC. CoCs should identify these projects in the “Other” funding source category in the HIC.

**Projects That Operate in More Than One CoC:** CoC codes are published annually by HUD in the CoC Program NOFA and are associated with specific geographic areas. In some cases, a project might operate in more than one CoC (e.g., some ESG projects and projects funded by non-HUD sources). The most recently published HMIS Data Standards require that HMIS allow for multiple codes to be selected per project when projects are funded to operate in multiple CoCs via **Continuum of Care Information [2.03]**. In such cases, the **Client Location [3.16]** data element must be used to associate each client with the correct CoC where they are being assisted. Ordinarily, projects that are physically located in multiple CoCs must be recorded as a distinct project within each CoC’s HMIS. Each CoC should have project descriptor data pertaining to that project recorded in the HMIS serving the CoC; and beds should be apportioned between the CoCs based on their physical locations as of the date of the HIC.

Beds with an Inventory Type of “Under development” must 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 project principal service site or administrative office is located.

CoCs must note that projects funded by the CoC Program are awarded for specific geographic areas and the projects are limited to the areas identified and approved in their Project Application, except for tenant-based rental assistance where a survivor of domestic violence might move out of the area and continue to receive their rental assistance. ESG recipients might fund activities outside their boundaries (potentially in more than one CoC’s geography) if the activities benefit the ESG recipients’ population. If a client is housed in a different CoC, the housing inventory and households should be reported by the CoC that is paying for the project. CoC program recipients cannot pay for site-based facilities outside their CoC geography. Site-based facilities should only be reported in the CoC where the facility is located.