

**SUBURBAN COOK COUNTY  
CONTINUUM of CARE for HOMELESS ASSISTANCE**

**SHELTERED HOMELESS POINT PREVALENCE SURVEY**

**January 27, 2011**

**Form A**

HUD requires the following information regarding the sheltered homeless population in suburban Cook County. All data should be reported for the night of January 27, 2011 **only**. Please complete a separate form for each program. For further instructions, see [page 5](#).

<b>Basic Information</b>	<b>Sheltered Count - 1/27/11</b>
Contact Person Full Name	
Contact Person Office Address	
City, State, Zip Code	
Contact Person Phone Number	
Contact Person E-mail Address	
Organization Name	
Program Name (same as in grant application)	
<b>HMIS users only:</b> <i>ServicePoint</i> Provider Name and <i>ServicePoint</i> Provider ID#	
Program Site Configuration Type (See Appendix for definition)	<input type="checkbox"/> Single site, single building <input type="checkbox"/> Single site, multiple buildings <input type="checkbox"/> Multiple sites
Site Address	
City, State, Zip Code	
Indicate if this address is confidential:	<input type="checkbox"/> Confidential
Geocode (See Appendix for definition)	
Housing Type (See Appendix for definition)	<input type="checkbox"/> Mass shelter/barracks <input type="checkbox"/> Dormitory/hotel/motel <input type="checkbox"/> Shared housing <input type="checkbox"/> Single Room Occupancy unit (SRO) <input type="checkbox"/> Single apartment (non SRO) units <input type="checkbox"/> Single homes/townhouses/duplexes
Program Type	<input type="checkbox"/> Emergency Shelter (ES) <input type="checkbox"/> Transitional Housing (TH) <input type="checkbox"/> HPRP (Rapid Re-Housing only) <input type="checkbox"/> Safe Haven (SH) <input type="checkbox"/> Permanent Supportive Housing (PSH)
Bed Type <i>For Emergency Shelter Use Only</i> ( See Appendix for definition)	<input type="checkbox"/> Facility-based beds <input type="checkbox"/> Voucher beds <input type="checkbox"/> Other beds

**HOUSING INVENTORY / CAPACITY on 1/27/11**

*HPRP Rapid Re-Housing programs and Motel Voucher programs count only beds/units actually occupied on 1/27/11.*

**See unit and bed type definitions in Appendix.**

	UNITS	BEDS
Number of <b>Units</b> for Households <b>with</b> Children		
Number of <b>Beds</b> for Households <b>with</b> Children		
Number of <b>Units</b> for Households <b>without</b> Children		
Number of <b>Beds</b> for Households <b>without</b> Children		
<b>Total number of Beds for Homeless persons on 1/27/11</b>		
Number of <b>Beds</b> for Chronically Homeless (PSH only) <i>(Include beds for CH families <b>AND</b> individuals)</i>		
Number of <b>Seasonal Beds</b> <i>(emergency only)</i> Start Date:(DD/MM/YYYY) _____ End Date:(DD/MM/YYYY) _____		
Number of <b>Overflow and Voucher Beds</b> <i>(emergency only – include only those beds actually occupied on night of 1/27)</i>		
When did this bed or voucher inventory become available for occupancy?	<input type="checkbox"/> (C)-On or before 1/31/2010 <input type="checkbox"/> (N)-Between 2/1/2010 & 1/31/2011 <input type="checkbox"/> (U)-Funded, but not available as of 1/31/2011	
Target Population A – Choose <b>ONE</b> <i>(See Appendix for definitions)</i>	<input type="checkbox"/> - SM <input type="checkbox"/> - SF <input type="checkbox"/> - SMF <input type="checkbox"/> - CO <input type="checkbox"/> - SM+HC <input type="checkbox"/> - SF+HC <input type="checkbox"/> - HC <input type="checkbox"/> - YM <input type="checkbox"/> - YMF <input type="checkbox"/> - SMF+HC	
Target Population B – Choose <b>ONE</b> <i>(See Appendix for definitions)</i>	<input type="checkbox"/> - DV <input type="checkbox"/> - VET <input type="checkbox"/> - HIV <input type="checkbox"/> - Not Applicable	

# Sheltered Homeless Count – January 27, 2011

## Form B

### PIT Subpopulation Report Certification

Please initial the statement below that most accurately describes the status of your HMIS Point-in-Time (PIT) Subpopulation data report, and attach the report to this 2011 Shelter Survey:

\_\_\_\_\_ I have attached a copy of the HMIS ART PIT Subpopulations report for this program. I have reviewed the report and verified that the report is accurate and matches the numbers entered on the 2011 Shelter Survey.

\_\_\_\_\_ I have attached a copy of the HMIS ART PIT Subpopulations report for this program. I have reviewed the report and am working with HMIS staff to correct the HMIS data so that it will match the numbers entered on this 2011 Shelter Survey.

\_\_\_\_\_ Data for this program is not entered into HMIS.

Count of Homeless Persons Served on 1-27-11 by Household Type	# of Households	# of Persons
1. Households <b><u>with</u></b> at least One Adult and One Child		
2. Households <b><u>without</u></b> Children ( <i>unaccompanied individual adults, couples, households with <u>only</u> adults</i> )		
3. Households <b><u>with only</u></b> Children ( <i>only persons age 17 or under, including unaccompanied children, adolescent parents and their children, adolescent siblings, or other household configurations composed <u>only</u> of children</i> )		
4. Total Number of Homeless Households/Persons (Rows 1+2+3)		

5. Total Number of Homeless Persons by <b><u>Gender</u></b> :	
5a. Male	
5b. Female	
<b>Total</b>	
6. Total Number of Homeless Persons by <b><u>Age</u></b> :	
6a. Ages 0 -17	
6b. Ages 18 and over	
<b>Total</b>	

**Homeless Subpopulations - Total Number of Persons Served with the following Characteristics** *(Persons may have multiple characteristics)*

<b>7. Veterans</b>	
<b>8. Victims of Domestic Violence</b>	
<b>9. Unaccompanied Children (Age 17 years or younger)</b>	
<b>10. Total Number of Persons with <u>ANY</u> Disability</b> <i>(Mental illness, substance abuse, HIV/AIDS, physical disability, etc.)</i>	
<b>11. Total Number of Persons Presenting Disability by <u>Type of Disability</u>:</b> <i>(Persons may have multiple characteristics)</i>	
11a. Mental Illness	
11b. Substance Abuse (Alcohol and/or Drug Abuse)	
11c. HIV/AIDS	
<b>12. Chronically Homeless Individuals &amp; Families</b> <i>(See Appendix for definitions)</i>	
12a. Number of Unaccompanied CH Individuals	
12b. Number of Persons in CH Families	

## Further Instructions

### NEW THIS YEAR – Changes to Program Descriptors and Required Data Collection Elements:

Detailed definitions for each of these new items are included in the Appendix, starting on Page 6.

- For all programs, please note the additional category of “Program Site Configuration Type”
- For all programs, please note the additional category of “Housing Type”
- For Emergency Shelters ONLY, please note the additional category of “Bed Type”
- The definition of who is considered **Chronically Homeless now includes families**. Please pay special attention to these changes when completing the Subpopulations data.

### How to Complete the Sheltered Survey for both HMIS and non-HMIS Users:

In addition to completing this Sheltered Survey form...

- **Emergency Shelter** providers need to run the 0619 EV-SubCook Emergency Shelter PIT Subpopulations (SS) report in ART for each program for which you are completing a 2011 Shelter Survey.
- **All other programs in HMIS** will need to run the 0618 EV-SubCook PIT SubPopulations (EE) report in ART for each program for which you are completing a 2011 Shelter Survey.
- **Non-HMIS and HPRP** providers do not need to run an HMIS PIT SubPopulations report.

**Complete the Report Certification on Form B, page 3** of this survey.

The HMIS PIT Subpopulation reports can be found in ART in the “Public Folder/Common Share” folder. You must have an ART license to run the report.

- You will be prompted for the following input:

Enter Effective Date:	enter “Today” or today’s date
Enter PIT Date:	01/27/2011
Enter PIT Date PLUS 1 Day:	01/28/2011
Enter Provider(s) for Report:	select the program name

- Save the report as either an Excel or a PDF file.
- Please review the report for accuracy, paying particular attention to the subpopulation numbers. If the numbers on the report do not match the actual number and characteristics of the clients in your shelter on the night of January 27<sup>th</sup>, please make the necessary corrections in HMIS and then re-run the report the following day. You will need to wait for the overnight data warehouse re-build before your changes are reflected in the reports.
- If you need assistance running the report or reconciling the ART report with your actual numbers, please contact Jeremy or Peggy (708-345-4035 x03 or x02).
- Attach a copy of the HMIS PIT Subpopulations report to your 2011 Sheltered Survey.

**Please return this form along with a copy of the HMIS PIT Subpopulations Report to Hallan Hanson at the Alliance to End Homelessness in Suburban Cook County:**

Email: [hallan@suburbancook.org](mailto:hallan@suburbancook.org)

Phone: 708-345-4035 x05

FAX: 708-345-7855

**Forms are due back to the Alliance no later than March 8, 2011.**

## APPENDIX

### PROGRAM SITE CONFIGURATION TYPE –

- Single site, single building: Housing units (or service encounters) are at one site, in a single structure.
- Single site, multiple buildings: Housing units (or service encounters) are at one site, in multiple structures (e.g., single apartment complex with multiple buildings and program units in two or more buildings).
- Multiple sites: Housing units (or service encounters) are at multiple sites (e.g., scattered site housing, outreach).

**GEOCODE** – Each geographic area in Cook County is given a 6-digit geocode. For a scattered site program that falls into more than one geocode, indicate the geocode of the administrative offices. Geocodes for suburban Cook County are as follows:

Geographic Area Name	6-digit Geocode
Suburban Cook County (other than those listed here)	179031
Arlington Heights	170222
Berwyn	170606
Chicago Heights	171302
Cicero	171332
Des Plaines	171776
Hoffman Estates	173228

Geographic Area Name	6-digit Geocode
Mt. Prospect	174734
Oak Lawn	175148
Oak Park	175154
Palatine	175364
Schaumburg	176300
Skokie	176498

### HOUSING TYPE –

- Mass shelter/barracks: Multiple individuals and/or family households sleep in a large room with multiple beds.
- Dormitory/hotel/motel: Most individuals and/or families share small to medium sized sleeping rooms or have private sleeping rooms. Persons may or may not share a common kitchen, common bathrooms, or both.
- Shared housing: Most individuals and/or families reside in one or more shared housing units that house up to 8 individuals or 4 families. Each unit includes a kitchen and bath. Each family generally has a private sleeping room, though more than one individual may share sleeping space.
- Single Room Occupancy (SRO) units: Most individuals reside in a private unit with a sleeping/living room intended for one occupant that contains no sanitary facilities or food preparation facilities, or contains either, but not both, types of facilities.
- Single apartment (non-SRO) units: Most individuals and/or families reside in a self-contained apartment intended for one individual or family household that includes a private kitchen and bath.
- Single homes/townhouses/duplexes: Most individuals and/or families reside in a self-contained home/townhouse/duplex intended for one individual or family household.
- Not applicable: non-residential program. The program does not offer residential services to clients

### BED TYPE –

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

**HOUSEHOLDS WITH CHILDREN** – For each program, identify the total number of beds and/or units that are intended for households with (at least) one adult and one child, or households with only children, which includes unaccompanied children and households with multiple children only (e.g., juvenile parent and child).

**HOUSEHOLDS WITHOUT CHILDREN** – For each program, identify the total number of beds and/or units that are intended for households with adults only. This includes households composed of unaccompanied adults and multiple adults.

**CHRONICALLY HOMELESS BEDS** – (PERMANENT HOUSING ONLY) Identify the number of beds that are readily available *and* targeted to house chronically homeless individuals or **families**. (See below for definition of Chronically Homeless Individuals and Families)

**YEAR-ROUND** – Beds are available on a year-round basis.

**SEASONAL** – (*Emergency Shelters Only*) Beds/units are available on a planned basis, with set start and end dates, during an anticipated period of higher demand.

**OVERFLOW** – (*Emergency Shelters Only*) Beds/units 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.

**TARGET POPULATION A**– Identify the target population served by each program. The target population represents approximately 75 percent of the clients served by the program.

- **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** – Identify the subpopulation served by each program. The target population represents approximately 75 percent of the clients served by the program.

- **DV** – Domestic violence victims only
- **VET** – Veterans only
- **HIV** – HIV/AIDS populations only

**CHRONICALLY HOMELESS INDIVIDUALS AND FAMILIES**–

- **Number of Unaccompanied CH Individuals**: An unaccompanied homeless adult individual (persons 18 years or older) with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes 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. Disabling condition is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions." *Persons under the age of 18 are not counted as chronically homeless individuals.*
- **Number of Persons in CH Families**: A CH family has at least one adult member (persons 18 or older) who has a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes 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. Disabling condition is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions."