2025 Housing Inventory Count (HIC)

Housing Inventory Count Survey Instructions

2025 Housing Inventory Count (HIC) Survey

All surveys must be submitted by 11:59 PM on Friday, February 14, 2025.

History

Every year, the U.S. Department of Housing and Urban Development (HUD) requires each Continuum of Care (CoC) to count its housing inventory on the same night as the annually required Point-in-Time (PIT) count. This year, the counts will take place on the night of **January 23, 2025.**

The accuracy and response rate of this survey contribute to Chicago's overall competition for annual federal funding and Chicago's ability to acquire new resources to serve the homeless.

Instructions

This survey is required to be completed by all agencies and projects that have beds and units dedicated to serving homeless persons (regardless of funding source), and for permanent housing projects, dedicated to people who were homeless at entry.

 All HIC surveys must be submitted via Alchemer. Paper/PDF copies will not be accepted.

If you have questions regarding this survey or about the Chicago Homelessness Management Information System (HMIS), please contact the Help Desk by emailing helpdesk@allchicago.org.

The HIC Process Overview

This survey will ask projects to verify data found in the **2025 Housing Inventory Count Reference Table** helpdesk article. Providers will complete questions relating to the following elements of your project:

1. Project Information
2. New or Under-development Inventory
3. Project Type
4. Target Population
5. Units (Funded, Over-capacity, Total)
6. Beds (Funded, Over-capacity, Total)
7. Emergency Shelter Beds (<u>Emergency Shelter Projects only</u>)
8. HMIS Participation
9. Unit / Bed Occupancy (<u>Non-Participating Projects only</u>)

Login - HIC Information

We have created the **2025 Housing Inventory Count Reference Table** which will show each project's summary as it is currently in HMIS. The **username and password** are the HMIS ID associated with the Project.

Username: HMIS Project ID

Password: HMIS Project ID

Section 1: Project Information

Page description:

Section 1: Project Information

The following section is related to the basic information regarding the specific Project at your agency. Please be sure to complete all of the information based on one individual project at your agency.

Please complete a separate survey for each project within your agency.

Project HMIS ID *

[   ]

Project Name *****

1.
Contact Information *

First Name

Last Name

Title

Email Address *

Phone Number

Secondary Contact (please indicate a separate individual)

First Name

Last Name

Title

Email

Phone Number

2.

What is the Operating Start Date for this project?

Please provide the month, date and year (mm/dd/yyyy) in which the project first started serving clients. *

[   ] �

3.

Enter the Housing Type for this project.

For Clustered, Multiple Sites, and Scattered Sites projects: Please enter the complete address (including zip code) where the majority of beds & units are located OR the agency's complete mailing address.

Domestic Violence - Victim Service Providers (VSP) ARE NOT required to provide address information, however, the project must include a zip code.

*

○ Site-based/single site Address (include zip code):

[   ]

○ Site-based/clustered-multiple sites Address (include zip codes):

[   ]

○ Tenant-based/scattered sites (include zip codes):

[   ]

○ Domestic Violence - Address Confidential (only zip codes)

[   ]

You indicated this project is a Multiple Sites or Scattered Sites. Please indicate all the zip codes in which units are located in the City of Chicago.

☐ 60290	☐ 60617	☐ 60636	☐ 60655	☐ 60681
☐ 60601	☐ 60618	☐ 60637	☐ 60656	☐ 60682
☐ 60602	☐ 60619	☐ 60638	☐ 60657	☐ 60684
☐ 60603	☐ 60620	☐ 60639	☐ 60660	☐ 60686
☐ 60604	☐ 60621	☐ 60640	☐ 60661	☐ 60687
☐ 60605	☐ 60622	☐ 60641	☐ 60664	☐ 60688
☐ 60606	☐ 60623	☐ 60642	☐ 60659	☐ 60689
☐ 60607	☐ 60624	☐ 60643	☐ 60666	☐ 60694
☐ 60608	☐ 60625	☐ 60644	☐ 60668	☐ 60695
☐ 60609	☐ 60626	☐ 60645	☐ 60669	☐ 60697
☐ 60610	☐ 60628	☐ 60646	☐ 60670	☐ 60699
☐ 60611	☐ 60629	☐ 60647	☐ 60673	☐ 60685
☐ 60612	☐ 60630	☐ 60649	☐ 60674	☐ 60690
☐ 60613	☐ 60631	☐ 60652	☐ 60675	☐ 60691
☐ 60614	☐ 60632	☐ 60651	☐ 60677	☐ 60693
☐ 60615	☐ 60633	☐ 60653	☐ 60678	☐ 60696
☐ 60616	☐ 60634	☐ 60654	☐ 60680	☐ 60701

4.

Does this project receive any of the following HUD McKinney-Vento Funding?

HUD/CoC funded projects must enter the most recent grant identification number. *

☐ HUD: CoC - Homelessness Prevention

[ ] HUD: CoC - Permanent Supportive Housing *

[ ] HUD: CoC - Rapid Re-Housing *

[ ] HUD: CoC - Supportive Services Only *

[ ] HUD: CoC - Transitional Housing *

[ ] HUD: CoC - Safe Haven *

[ ] HUD: CoC - Single Room Occupancy *

[ ] HUD: CoC - Youth Homeless Demonstration Program *

[ ] HUD: CoC - Joint Component TH/RRH *

[ ] HUD: ESG - Emergency Shelter *

[ ] HUD: ESG - Homelessness Prevention *

[ ] HUD: ESG - Rapid Re-Housing *

[ ] HUD: ESG - Street Outreach *

☐ N/A: Not Applicable this project does not receive any HUD McKinney Vento Funding

You indicated the project receives HUH: CoC - Joint Component TH/RRH funding.

Please enter the HMIS ID number of the respective TH or RRH project connected

[   ]

5.
Please indicate if the project receives any of the following funding sources.

Please select all funding sources for this project, even if it only funds partial beds. Add the Grant ID number into the text field for each selected.
  *

☐ HUD: Unsheltered Special NOFO

[   ]   *

☐ HUD: Rural Special NOFO

[   ]   *

☐ DFSS: Chicago Department of Family and Supportive Services

[   ]   *

☐ IDHS: Illinois Department of Human Services

[   ]   *

☐ HHS RHY: Health and Human Services Runaway Homeless Youth

☐ HUD HOPWA: HUD Housing Opportunities for Persons with AIDS

☐ VA: Department of Veterans Affairs

☐ CHA: Chicago Housing Authority

☐ CLIHTF: Chicago Low-Income Housing Trust Fund

☐ HUD CDBG: HUD Community Development Block Grant

☐ HUD: HOME

[   ]   *

☐ HUD: HOME (ARP)

[   ]   *

☐ HUD: Pay for Success

[   ]   *

☐ HUD: PIH (Emergency Housing Voucher)

[   ]   *

☐ Corporate Donations

☐ Individual/Private Donations

☐ Program Fees

☐ PIH/Non-VASH: HUD Public and Indian Housing (PIH) Programs (non-VASH), including public housing and housing choice voucher inventory that is dedicated to homeless persons

☐ N/A: Our agency only receives HUD McKinney-Vento funds.

☐ Other - Write In

[   ]

You indicated the project receives HHS RHY funding.

Please select all the HHS RHY funding received. *Add the Grant ID number into the text field for each selected.* *

☐ HHS: RHY - Basic Center Program (prevention and shelter)

[   ]   *

☐ HHS: RHY - Maternity Group Homes for Pregnant and Parenting Youth

[   ]   *

☐ HHS: RHY - Transitional Living Program

[   ]   *

☐ HHS: RHY - Street Outreach Project

[   ]   *

☐ HHS: RHY - Demonstration Project

[   ]   *

☐ Other HHS RHY Funding

[   ]   *

You indicated the project receives HOPWA funding.

Please select the type of HOPWA funding received. *Add the Grant ID number into the text field for each selected.* *

☐ HUD: HOPWA - Hotel/Motel Vouchers

[   ]   *

☐ HUD: HOPWA - Housing Information

[   ]   *

☐ HUD: HOPWA - Permanent Housing (facility-based or TBRA)

[   ]   *

☐ HUD: HOPWA - Permanent Housing Placement

[   ]   *

☐ HUD: HOPWA - Short-Term Rent, Mortgage, Utility Assistance

[   ]   *

☐ HUD: HOPWA - Short-Term Supportive Facility

[   ]   *

☐ HUD: HOPWA - Transitional Housing (facility-based or TBRA)

[   ]   *

☐ Other HOPWA Funding

[   ]   *

You indicated the project receives VA funding.

Please select all the VA funding received. *Add the Grant ID number into the text field for each selected.* *

☐ VA: CRS Contract Residential Services

[   ]   *

☐ VA: Grant Per Diem - Bridge Housing

[   ]   *

☐ VA: Grant Per Diem - Low Demand

[   ]   *

☐ VA: Grant Per Diem - Hospital to Housing

[   ]   *

☐ VA: Grant Per Diem - Clinical Treatment

[   ]   *

☐ VA: Grant Per Diem - Service Intensive Transitional Housing

[   ]   *

☐ VA: Grant Per Diem - Transition in Place

[   ]   *

☐ VA: Grant Per Diem - Case Management/Housing Retention

[   ]   *

☐ VA: Supportive Services for Veteran Families Program

[   ]   *

☐ VA: Community Contract Safe Haven Program

[   ]   *

☐ Other VA Funding

[   ]   *

Please provide the Start Date for when the selected Funding Sources started. Please use the following format : (Funding Source)(Start Date) *

Section 2: Inventory in Development

The following section asks about New and Under Development Beds and/or Units.

If your project's capacity increased in beds and/or units from January 26, 2024 to January 23, 2025; the inventory will be considered as "Current".

Current Beds/Units: Your current beds are any available for occupancy on the night of January 23, 2025.

Under Development Beds/Units: Any beds and/or units that are fully funded in FY24 and will be available for occupancy on or after January 24, 2025.

6. **Will this project have new, fully funded Beds and/or Units ready for occupancy on or after January 24, 2025?** *

○ Yes - Our project will have new fully funded Beds and/or Units that are not currently available for occupancy but will be available on or after January 24, 2025.

○ No - Beds and/or Units are current.

You indicated this project will have new, fully funded Beds and/or Units that will be ready for occupants on or after January 24, 2025.

Please record the total number of new Beds and/or Units below. *

Number of Beds in development	
Number of Units in development	

Beds and units in development should not be included in the upcoming Bed and Unit sections (5-6). Sections 5-6 should only include beds and units available on January 23rd, 2025

Section 3: Project Type

Section 3: Project Type

The Project Types included in the HIC, as identified in the most recently published HMIS Data
Standards are:

A. Emergency Shelter - Entry Exit
B. Emergency Shelter - Night by Night
B. Transitional Housing (TH)
C. Safe Haven (SH)
D. Permanent Housing (PH)
    1) Permanent Supportive Housing - disability required for entry (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

Project Type Descriptions Article

**Please carefully go through all the funding information available for your project to
ensure that the right project type is selected.**

This section is important to complete. Depending on the Project Type selected, the survey
will populate additional questions needed for the HIC.

7.

Project Type

Please select the appropriate HUD project type for your project:
(For projects that are not receiving funding from HUD, an appropriate project type must be selected.) *

- ○ Emergency Shelter - Entry Exit

- ○ Emergency Shelter - Night by Night

- ○ Transitional Housing

- ○ Safe Haven

- ○ PH - Permanent Supportive Housing (disability required for entry)

- ○ PH - Rapid Re-Housing

- ○ PH - Housing with services

- ○ PH - Housing only

Section 4: Target Population

Section 4: Target Population

The following section is designed to identify projects who have HUD Target Populations. In order for projects to indicate a HUD Target Population, they must meet the following requirements:

1. The project intends to serve that specific population
2. At least three-fourths (75%) of the clients served by the project fit the target group descriptor.

Only one descriptor can be selected for the HUD Target Population per project. If this project doesn't target a specific population, please select N/A.

Target Population

- DV: Survivor of Domestic Violence
- HIV: Persons with HIV/AIDS
- N/A: Not Applicable - Project does not have a HUD Target Population

8. **Please select the correct Target Population for this Project.** *

- ○ DV: Survivor of Domestic Violence

- ○ HIV: Persons with HIV/AIDS

- ○ N/A: Not Applicable - Project does not have a HUD Target Population

You indicated that you are a DV Service Provider. Please select what comparable data base your agency/project is using. *

- ○ InfoNet

- ○ Other - Write In (Required)

    [   ]

Section 5: Units

Section 5: Units

The following section asks about units within this Project. Please review to ensure the total includes all available units in **this project.**

For the HIC, please review the following definitions when referring to a **UNIT.**

Unit: A unit is intended to be separated living quarters. This could be a single room with separate living quarters or an apartment. Units should be viewed as the count of households that can be served. If the project is serving **Single** clients then the Unit and Bed inventory <u>Must</u> be 1:1

Funded Unit: Please indicate the total funded number of units available and the project's funding source.

Total Unit Inventory: The number of funded units and over-capacity units will equal the total unit Inventory.

Units added in questions 10-12 **must** equal the total Units added in question 9

9.
Total Number of Units *

10.
Number of Units reserved for households with at least 1 adult and 1 child (Family Units) *

11.

Number of Units reserved for single adult households (Singles) *

[ ]

12.

Number of Units reserved for child-only households (Minors) *

[ ]

13. Did this project's Unit Inventory change from what was reported on the Housing Inventory Count Reference Table?
 *****

○ Yes

○ No

Please provide an explanation for your project's Unit Inventory change. *

[ ]

Section 6: Beds

Section 6: Beds

The following section asks about beds within this Project. Please review to ensure the total includes all available beds in **this project.**
For the HIC, please review the following definitions when referring to a **BED**.

Bed: A piece of furniture for sleep, typically a framework with a mattress intended for an individual to sleep in. An example of another type of bed would be a cot or mat. Beds should be viewed as the count of individual clients that can be served. If the project is serving **Families** then the Unit and Bed inventory Can Not be 1:1

Funded Bed: The total number of beds available and required by the funding source(s) for the project.

Total Bed Inventory: The number of funded beds and over-capacity beds will equal the total bed inventory.

Beds added in questions 15-17 must equal the total Beds added in question 14

14.

Total Number of Beds *

15.

Number of beds reserved for households with at least 1 adult and 1 child (Family Beds) *

16.

Number of beds reserved for single adult households (Singles) *

17.

Number of beds reserved for child-only households (Minors) *

[   ]

18. Of the Total Beds reported, are any beds dedicated to the following three subpopulations: Individuals experiencing Chronic Homeless, Veterans, and Youth?

All beds funded by HUD or another Federal Partner dedicated to the listed subpopulations below must be reported as Dedicated Beds:

- **Any Other Veterans**
  - The number of beds that are dedicated to housing Veterans experiencing homelessness and their household members.
- **Any Other Youth**
  - The number of beds that are dedicated to youth-led households (persons up to age 24) experiencing homelessness and their household members.
- **Any Other Chronically Homeless (PSH Only)**
  - The number of beds that are dedicated to housing persons experiencing chronic homelessness and their household members.

The total dedicated bed count (cumulative total of the following dedicated bed questions) should not exceed the total bed count for question 14 on the survey.

If the cumulative total of dedicated beds for the following questions is less than the total bed count for question 14 then the remaining beds will be considered "Non-dedicated beds" *

- ○ Yes

- ○ No

19.

Please report if your project has any Youth Dedicated Beds. Indicate '0' if not applicable. *

	Beds Dedicated to Youth
Single Individuals	
Households with At Least 1 Child and 1 Adult	

20.

Please report if your project has any Veteran Dedicated Beds. Indicate '0' if not applicable. *

	Beds Dedicated to Veterans
Single Individuals	
Households with At Least 1 Child and 1 Adult	

21.

Please report if your project has any Chronic Homeless Dedicated Beds. Indicate '0' if not applicable. *

	Beds Dedicated to Chronic Homeless
Single Individuals	
Households with At Least 1 Child and 1 Adult	

22. Did this project's Bed Inventory change from what was reported on the Housing Inventory Count Reference Table?

*

○ Yes

○ No

Please provide an explanation for your project's Bed Inventory change. *

Section 7: Emergency Shelter Beds (ES types only)

Section 7: Emergency Shelter Beds (ES types only)

The following page is only applicable to projects that are considered as an Emergency Shelter - HUD Type.

Each ES project must confirm the Bed Type, Bed and Unit Availability as well as Overflow Beds. For the purpose of the HIC, please review the following definitions.

Bed Type: The following Bed Type describes the types of beds offered by emergency shelter projects

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

Bed Availability

1. Year-Round: year-round beds and units available on a year-round basis.
2. Seasonal Beds: Seasonal beds are not available year-round but instead are available on a planned basis, with set start and end dates. Please identify only the total number of seasonal beds available for occupancy on the night of the count.

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. If there is no fixed number of overflow beds, please report the number of overflow beds that were occupied on the night of the count.

23.

Did your project's bed availability change during 2024? Meaning, did you alter the number of year-round or seasonal beds?
*

○ Yes

○ No

24.

Did your project's bed type change during 2024? *

- ○ Yes

- ○ No

25.

Did your project's number of overflow beds change during 2024? *

- ○ Yes

- ○ No

You indicated the Bed Availability has changed, please record the correct Bed Availability.

Year-Round Beds: Year-round beds are available on a year-round basis.

Seasonal Beds: Seasonal beds are not available year-round, but instead are available on a planned basis, with start and end dates, during an anticipated period of higher demand. Please identify only the total number of seasonal beds available for occupancy on the night of the count (1/23/2025).

*

Number of Year Round Beds Available	
Number of Seasonal Beds Available	

You indicated the Bed Type (for Emergency Shelters Only) has changed, please indicate the correct type of beds offered by the Emergency Shelter.

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 project through vouchers or other forms of payment

Other: Beds located in a church or other facility not dedicated for use by persons who are homeless. *

- ○ Facility Based
- ○ Voucher
- ○ Other (please indicate what types of beds)

[_____]

You indicated the number of Overflow Beds was not correct, please record an up to date number.

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. If there is no fixed number, please report the number of overflow beds that were occupied on the night of the count. *

Overflow Beds [_____]

Section 9: HMIS Participation

Page description:

Section 9: HMIS Participation

This section is related to the Project's Homeless Management Information System (HMIS) participation.

HMIS Bed Participating*: 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 the Data Quality Assessment on a quarterly basis.*

The Project will be able to identify 4 levels of HMIS Bed Participation:

1. Yes - All Beds Participate in HMIS
2. A portion of the beds in this project does not use HMIS
3. No - This Project does not participate in HMIS
4. No - This Project does not participate in HMIS because it is a Domestic Violence Project

Please ensure the Total Beds number is correct, and if needed, discuss this information with your agency's Agency Technical Administrator (ATA).

If a part of a project's inventory does not participate in HMIS, it will be separated into two HMIS projects.

If you would like further information on the HMIS system, please contact helpdesk@allchicago.org.

26. **Please select the appropriate HMIS Bed Participation for this Project.** *

- ○ Yes - All Beds Participate in HMIS

- ○ A portion of the beds in this project does not use HMIS - the number of non-participating HMIS beds are:(Total should not be included in the counts in Sections 5 and 6)

  [   ]

- ○ No - None of the Beds in this project participate in HMIS

- ○ No - This project is a Domestic Violence Project

You indicated your project does not participate in HMIS or a portion of beds are participating.

Please record why the project or beds do not participate in HMIS. If your project is interested in learning more about HMIS, please indicate so in the box below and we will reach out to discuss further.
*

Section 10: Night of January 23, 2025 (Non-Participating Projects Only)

Page description:
Section 10: Night of January 23, 2025 (Non-Participating projects only)

The following section asks about unit/bed occupancy and utilization within this project on the night of January 23, 2025.

27. **How many Clients were served in the project on January 23, 2025?**

This would be the total count of individual clients active in the project on January 23, 2025

For Permanent Housing projects (PSH, RRH, Other PH), clients must have moved into housing on or before January 23, 2025, to be counted. Clients that are not housed should not be included in this count.
*

Number of Clients [   ]

28. **How many Households were served in the project on January 23, 2025?**

This would be the total count of individual clients active in the project on January 23, 2025

For Permanent Housing projects (PSH, RRH, Other PH), the Head of Household must have moved into housing on or before January 23, 2025, to be counted. Households that are not housed should not be included in this count.
*

Number of Households [   ]

Thank You!

Thank you for completing the 2025 Housing Inventory Count(HIC). An email confirmation with a copy of your submission will be sent to the email address provided in the survey. Please be sure to review your spam/junk folder.

Thank you for your commitment to ending homelessness in the City of Chicago.