2024 Point in Time (PIT) & Housing Inventory Chart (HIC): AKHMIS Participating Provider

Contents

PURPOSE

This guide should be used for the purposes of completing the Institute for Community Alliances (ICA) PIT/HIC Online Entry Portal for your 2024 submissions.

PROCESS

THE WEBSITE

Providers will enter their HIC data into an online form on or after 1/30/2024.

A link to the online form will be made available for each Alaska Continuum of Care (either the Alaska Balance of State Continuum of Care or the Anchorage Continuum of Care) on the Institute for Community Alliances (ICA) website > Alaska HIC/PIT.

Providers in the **Alaska Balance of State Continuum of Care**, use: AK Balance of State HIC Sheltered 2024
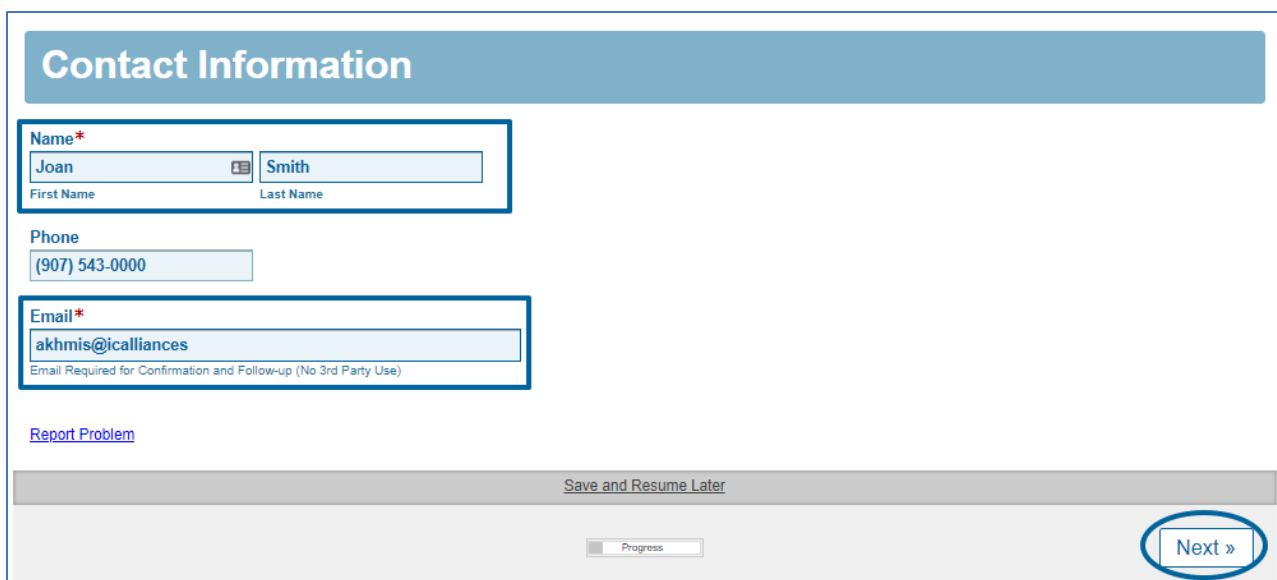
Providers in the **Anchorage Continuum of Care**, use: Anchorage HIC Sheltered 2024

Links for these two forms will be available on 01/30/2024 at [Alaska PIT/HIC](#)

All data should be entered by February 8, 2024.

CONTACT INFORMATION

The first page contains **Contact Information**; enter your Name, Phone, and Email Address (*indicates required fields) and click "**Next »**".

PROGRAM INFORMATION

The **Organization Name drop-down list** is pre-populated from the previous year's Housing Inventory Count (HIC) and domestic violence programs.

Select the project's Organization Name from the "Organization Name*" drop-down list. The Projects section will update with projects like "DV Shelter" and "Transitional Housing". If your project is listed, **select your project** to continue enter HIC/PIT information for that project. If your project is not listed, **select "Other" and enter the project's name in the box** to continue entering HIC/PIT information for that project.

NOTE: If you have more than one project to enter data for, you will complete this process for EACH project, i.e. one survey for shelter and one for transitional housing.

Hotel/motel stays paid for by your Organization *on the night of the PIT count are counted as an additional "Other" project that would need their own survey (one survey for all the hotel stays that night) ONLY if you provided any on that night (1/29/2024).*

Organization Name*	Organization Name*
Abused Women's Aid in Crisis (AWAIC)	Abused Women's Aid in Crisis (AWAIC)
Projects: Abused Women's Aid in Crisis (AWAIC)*	**Projects: Abused Women's Aid in Crisis (AWAIC)***
● DV Shelter (288)	○ DV Shelter (288)
○ Harmony House (290)	○ Harmony House (290)
○ Moving Forward RRH (768)	○ Moving Forward RRH (768)
○ Reclaiming Hope RRH (843)	○ Reclaiming Hope RRH (843)
○ Willa's Way (291)	○ Willa's Way (291)
○ Other:	● Other:
	RRH

IF THE PROJECT DID NOT SUBMIT HIC DATA IN THE PREVIOUS YEAR AND/OR IS NOT IN THE DROPDOWN LIST:

Select **"Other (my organization is not listed)"** and **complete** the requested fields.

Organization Name*

Other (my organization is not listed)

NOTICE: Any new organization wishing to be added to the Housing Inventory Count must be dedicated to serving homeless persons, 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 homeless persons;

    B. the project verifies homeless status as part of its eligibility determination; and

    C. the actual project clients are predominantly homeless (or, for permanent housing, were homeless at entry).

New Organization Name*

Enter Organization Name (ex: Catholic Worker House)

New Project Name*

Enter Project Name (ex: Men's Emergency Shelter)

PROJECT DETAILS

Answer all questions in this section - some of the questions include **conditional logic** that will make questions appear and disappear.

If the answer is "No" for "**Was the project you selected operational on the night of the count?**"**,** an additional question will ask if it was "Under Development" or "Closed".

> **Was the project you selected operational on the night of the count?***
> ○ Yes ◉ No
>
> **What is the status of the project?***
> ○ UNDER DEVELOPMENT (This project will be open before the end of the year.)
> ○ CLOSED (This project is no longer in operation.)

Select "Yes" for the *Are you a **Victim Service Provider**? When "Yes" is selected for Victim Service Provider, the additional question about whether or not the project uses HMIS will be replaced by an additional question about whether or not the uses an HMIS-Comparable Database.

> **Are you a Victim Service Provider?***
> ○ Yes ◉ No
>
> **Do you use ServicePoint (HMIS) to enter client data for this project?***
> ○ Yes ◉ No

> **Are you a Victim Service Provider?***
> ◉ Yes ○ No
>
> **Do you use an HMIS-Comparable Database to enter client data for this project?***
> ◉ Yes ○ No

Select the Project Type that most closely resembles your project.

> **Project Type***
> ○ Emergency Shelter (ES)
> ○ Transitional Housing (TH)
> ○ Rapid Re-Housing (RRH)
> ○ Permanent Supportive Housing (PSH)
> ○ Other Permanent Housing (OPH) - [Disability NOT Required for Entry]
> ○ Safe Haven (SH)
> Reminder: Joint TH/RRH Projects are entered as two separate projects.

ADDRESS AND GEOCODE

NOT A VICTIM SERVICES PROVIDER

If the "**Housing Type**" is either "Site-Based: Single Site" or "Site-Based: Clustered/Multiple Sites", complete the "Project Main Site Address". If it is a clustered site, use the address that is considered primary. For "Tenant-Based: Scattered Site", complete the Zip Code field with the zip code where the majority of housing resides.

VICTIM SERVICES PROVIDER

Simply complete the Geocode.

The **Project Geocode** dropdown is prepopulated with the Alaska geocodes. Select the one that makes sense for your project.

TARGET POPULATIONS

For target population, select "DV – Domestic Violence Victims".

Click **Next** at the bottom of the page to move to the next page.

FUNDING SOURCES

Under "**Funding Sources**", please make sure to **select all that apply** for the specific project for which you are completing this form.

McKinney-Vento Funding: *
- ☑ N/A - Not Applicable
- ☐ HUD: ESG - CV
- ☐ HUD: ESG - Emergency Shelter
- ☐ HUD: ESG - Rapid Re-housing
- ☐ HUD: ESG - Rapid Unsheltered Survivor Housing (RUSH)
- ☐ HUD: CoC - Joint Component TH/RRH
- ☐ HUD: CoC - Permanent Supportive Housing
- ☐ HUD: CoC - Rapid Re-Housing
- ☐ HUD: CoC - Safe Haven
- ☐ HUD: CoC - Single Room Occupancy
- ☐ HUD: CoC - Transitional Housing
- ☐ HUD: CoC - Youth Homeless Demonstration Program (YHDP)
- ☐ HUD: Unsheltered Special NOFO
- ☐ HUD: Rural Special NOFO

Other Funding Sources: *
- ☐ N/A - Not Applicable
- ☐ Shelter Assistance Fund (SAF)
- ☐ HHS: RHY Basic Center Programs (BCP)
- ☐ HHS: RHY Demonstration Project
- ☐ HHS: RHY Maternity Group Homes for Pregnant Youth (MGH)
- ☐ HHS: RHY Transitional Living Program (TLP)
- ☐ HUD: HOME
- ☐ HUD: HOME (ARP)
- ☐ HUD: HOPWA - CV
- ☐ HUD: HOPWA - Hotel/Motel Vouchers
- ☐ HUD: HOPWA - Permanent Housing Placement (facility or TBRA)
- ☐ HUD: HOPWA - Short-Term Supportive Facility
- ☐ HUD: HOPWA - Transitional Housing (facility or TBRA)
- ☐ HUD: HUD/VA Supportive Housing (HUD-VASH)
- ☐ HUD: Public and Indian Housing (PIH) programs (non-VASH)
- ☐ HUD: PIH (Emergency Housing Voucher)
- ☐ VA Community Contract Safe Haven Program (HCHV/SH)
- ☐ VA: CRS Contract Residential Services
- ☐ VA: Grant and Per Diem Program (GPD) – Bridge Housing
- ☐ VA: Grant and Per Diem Program (GPD) – Clinical Treatment
- ☐ VA: Grant and Per Diem Program (GPD) – Hospital to Housing
- ☐ VA: Grant and Per Diem Program (GPD) – Low Demand
- ☐ VA: Grant and Per Diem Program (GPD) – SITH
- ☐ VA: Grant and Per Diem Program (GPD) – Transition in Place
- ☐ VA: Supportive Services for Veteran Families Program (SSVF)
- ☑ Other:

Private donations

Workaround: If an incorrect project type is selected and then changed but does not update, click **Save and Resume** Later at the bottom of the form and follow the provided link to continue the submission.

HOUSING INVENTORY COUNT (HIC)

The "**Disaster-Related Beds**" field defaults to a "No" answer.

Disaster-Related Beds? *
- ○ Yes   ● No
Beds that were funded specifically because of a Presidentially-declared Disaster.

Bed Type (Emergency Shelter Only) *
- ● FACILITY-BASED: Beds located in a residential homeless assistance facility dedicated for use by persons who are homeless.
- ○ VOUCHER: Beds located in 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.

If completing information for an **Emergency Shelter project, select the type of beds** available within the project.

Note: If the project paid for a person (or multiple people) to stay at a hotel or motel on this night, do another survey for the hotel stay(s) and then select "VOUCHER" on this list.

YEAR-ROUND BED INVENTORY

BED TYPE	# UNITS	# BEDS
Single Beds (Adults Over 18)	**DOES NOT APPLY**	131
Children Only Beds (Unaccompanied Under 18)	**DOES NOT APPLY**	0
Family Beds (Adults w/Children)	6	40

Record the **beds and units (if applicable) available year-round** – this does not include the number of overflow beds or seasonal beds for Emergency Shelter projects.

*Note that the "Children Only Beds" is for <u>Unaccompanied</u> children and Single Beds for adults are for adults only. **If the beds can be for either adults or children (with adults), they should be entered as "Family Beds".***

*Also note that if the project served households with children, the "Units" section will need to be completed as well. **"Units" is the number of rooms and/or apartments, etc.***

OVERFLOW BED INVENTORY

	# BEDS
Overflow Beds	15

If the project has **beds that are available, if needed, because the project is over capacity**, include the number of overflow beds available. *These are beds that are not included in the "Year-Round Bed Inventory" section and are not included in the "Seasonal Bed Inventory" section because overflow beds are available any time during the year, whereas seasonal beds are only available during specific times of the year.*

SEASONAL BED INVENTORY

	# BEDS
Seasonal Beds	10

Bed Availability Dates

Seasonal Start Date *
Oct ∨ | 01 ∨ | 2022 ∨

Seasonal End Date *
Apr ∨ | 15 ∨ | 2023 ∨

If the project has **beds that are only available during specific times of the year**, include the number of seasonal beds available. If a number is entered into the seasonal beds section, it will also ask for the **dates those beds are available**.

These beds are beds that are not included in the "Year-Round Bed Inventory" section and are not included in the "Overflow Bed Inventory" section because seasonal because are only available during specific times of the year. Seasonal-only shelters should put all their beds here (unless they also have overflow beds to report).

VETERAN BED INVENTORY

BED TYPE	# BEDS
Single Beds (Adults Over 18)	0
Family Beds (Adults w/Children)	0

Include beds in this section **only if the beds are dedicated or prioritized to serve veterans and veteran families**. *This does not mean that if a veteran is in your project on the night of the count, the bed should be counted as a veteran bed.* The bed should only be counted if **it can only be filled by a veteran or veteran family**. If this is not applicable, enter zeroes in this section.

YOUTH BED INVENTORY

BED TYPE	# BEDS
Single Beds (Adults Over 18)	0
Children Only Beds (Unaccompanied Under 18)	0
Family Beds (Adults 18-24 w/Children)	0

Include beds in this section **only if the beds are dedicated or prioritized to serve youth under age 25.** *This does not mean that if a youth under age 25 is in the project on the night of the count, the bed should be counted as a youth bed.* The bed should only be counted if **it can only be filled by a youth under age 25**. If this is not applicable, enter zeroes in this section.

REVIEW OF BED INVENTORY

Review of Bed Inventory

Please review your Total Beds Reported amount before continuing, if incorrect you must update your Total Bed Inventory bed amounts above. *(Including Overflow/Seasonal Beds for ES Projects)*

Total Beds Reported

196

For comparison please also review your bed count total from the prior year's Housing Inventory Count (if any) and advise if significant changes are present. **CLICK HERE** to access prior year HIC inventory.

This section allows the project to review the total number beds reported within the previous sections and compare it to the previous year's HIC (this would only be applicable to projects that were included on the previous year's HIC). Use the **CLICK HERE** link to see last year's HIC inventory. ***Please review carefully*** and make any necessary changes before moving on.

Answer the last question: "Does your current bed count match your prior year beds reported?". If the answer is "no", provide an explanation about the changes.

Does your current year bed count match your prior year beds reported?*
○ Yes ◉ No ○ N/A (New Project or No Previous Inventory)

Please provide an explanation about what has occurred that resulted in these bed count changes since last year:*

Then click "**Next »**".

Next »

POINT IN TIME (PIT)

The night of the Point in Time Count 2024: Overnight January 29-30, 2024.

PIT REPORT UPLOAD

For the Point in Time, please **run the Point in Time (PIT) report from ServicePoint and upload** it. For assistance with running the PIT report from HMIS, please contact ICA at AKHMIS@icalliances.org.

0628 – HIC Supplement: This report has been created to provide the client and household data needed to complete the PIT count column of the Housing Inventory Count in the HIC module of the HUD HDX. This report is used by **Housing with Services, Permanent Housing, Housing Only and Rapid-Rehousing** projects.

0630a – Sheltered-Unsheltered PIT: This report has been created to provide the client and household data needed to complete the sheltered and unsheltered portion of the "Homeless Populations" tab and the "Homeless Subpopulation" tab in the Annual Point-In-Time module of the HUD HDX. This information relates to clients being served in an **Emergency Shelter, Transitional Housing, or Safe Haven** project at the time or the annual homeless count. Clients are identified based on their project enrollment (EE) status; their shelter specific service transactions and their Shelters shelter stays. This report also provides the client and household level detail to assist in documentation and data quality processes.

NOTE: The upload will **only accept .pdf**, so make sure to **download the PIT report from HMIS as a .pdf**, rather than as an Excel file.

CHECK THE BOX

The validation states that you have **verified the PIT report you are attaching and that it is accurate** for the night of the Point in Time.

MORE CLIENTS THAN BEDS?

The last question asks **if the attached PIT report shows more clients in the project than beds reported for the project** on the HIC page. If the answer is "yes", provide an explanation.

Once completed, click **Submit Form**.

Submit Form
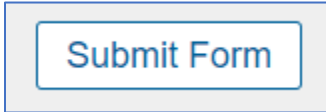
NEED HELP?

For assistance with completing this form, please contact the AKHMIS Help Desk. Thank you!