

2024 Point in Time (PIT) & Housing Inventory Chart (HIC): Alaska DV/AKHMIS Non-Participating Provider

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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

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

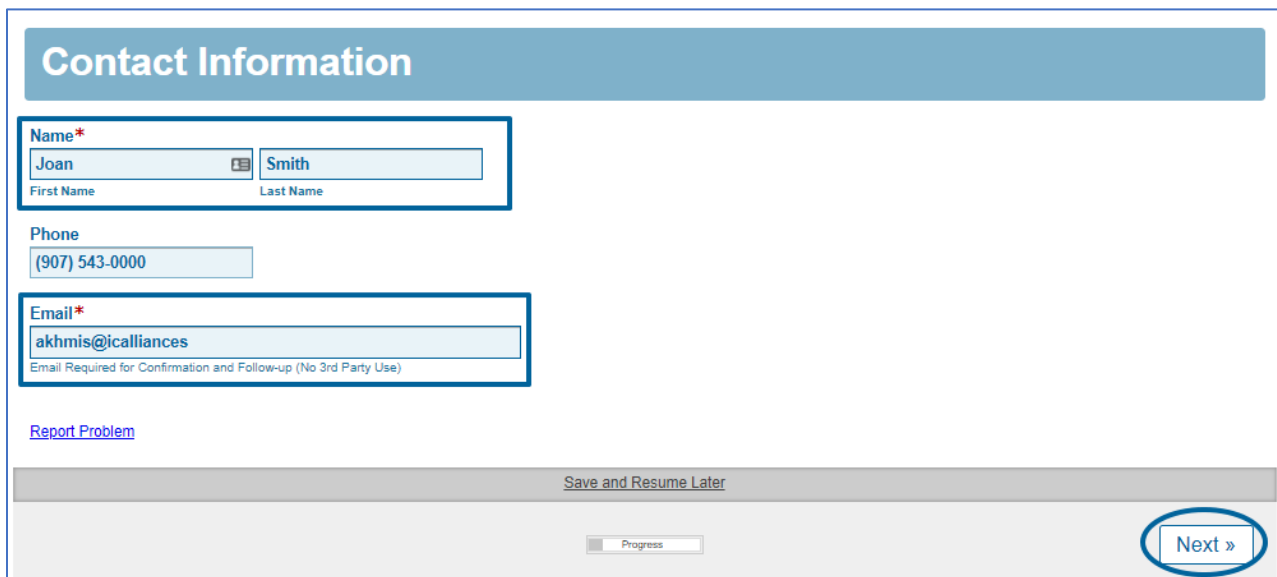
Providers in the **Anchorage Continuum of Care**, use: Anchorage HIC Sheltered 2024

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 »**”.



The screenshot shows a web form titled "Contact Information". It contains the following fields:

- Name***: Two text input fields. The first is labeled "First Name" and contains "Joan". The second is labeled "Last Name" and contains "Smith".
- Phone**: A text input field containing "(907) 543-0000".
- Email***: A text input field containing "akhmis@icalliances". Below the field is the text "Email Required for Confirmation and Follow-up (No 3rd Party Use)".

At the bottom of the form, there is a "Report Problem" link, a "Save and Resume Later" button, a "Progress" indicator, and a "Next »" button circled in blue.

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*
Abused Women's Aid in Crisis (AWAIC) ▼

Projects: Abused Women's Aid in Crisis (AWAIC)*

DV Shelter (288)

Harmony House (290)

Moving Forward RRH (768)

Reclaiming Hope RRH (843)

Willa's Way (291)

Other:

Organization Name*
Abused Women's Aid in Crisis (AWAIC) ▼

Projects: Abused Women's Aid in Crisis (AWAIC)*

DV Shelter (288)

Harmony House (290)

Moving Forward RRH (768)

Reclaiming Hope RRH (843)

Willa's Way (291)

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*

New Project Name*

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

Housing Type*

Site-Based: Single Site
 Site-Based: Clustered/Multiple Sites
 Tenant-Based: Scattered Site

1.Site-based/single site: All clients are housed in a single project facility. 2.Site-based/clustered-multiple sites: All clients are housed in more than one project facility, but more than one client is housed in each project facility. The facility locations are owned, operated, or sponsored by the project. This can include PBRA and may include SBRA, if multiple clients are housed in several separate sponsored facility locations. 3.Tenant-based/scattered site: Clients have leases or other occupancy agreements and are housed in market-rate, scattered-site residences. This includes TBRA and may include SBRA, if clients are housed in sponsored units where each unit has a distinct mailing address.

Project Main Site Address*

1234 Fairbanks

Address Line 1

Address Line 2

Fairbanks

City

Alaska

State

ZIP Code

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

Project Geo Code (HUD)*

Fairbanks North Star Borough (029090)

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

Target Population*

DV - Domestic Violence Victims
 HIV - Persons with HIV/AIDS
 NA - Not Applicable

Target Populations = Project dedicated to and at least 75% of clients.

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.

<p>McKinney-Vento Funding:*</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> N/A - Not Applicable <input type="checkbox"/> HUD: ESG - CV <input type="checkbox"/> HUD: ESG - Emergency Shelter <input type="checkbox"/> HUD: ESG - Rapid Re-housing <input type="checkbox"/> HUD: ESG - Rapid Unsheltered Survivor Housing (RUSH) <input type="checkbox"/> HUD: CoC - Joint Component TH/RRH <input type="checkbox"/> HUD: CoC - Permanent Supportive Housing <input type="checkbox"/> HUD: CoC - Rapid Re-Housing <input type="checkbox"/> HUD: CoC - Safe Haven <input type="checkbox"/> HUD: CoC - Single Room Occupancy <input type="checkbox"/> HUD: CoC - Transitional Housing <input type="checkbox"/> HUD: CoC - Youth Homeless Demonstration Program (YHDP) <input type="checkbox"/> HUD: Unsheltered Special NOFO <input type="checkbox"/> HUD: Rural Special NOFO 	<p>Other Funding Sources:*</p> <ul style="list-style-type: none"> <input type="checkbox"/> N/A - Not Applicable <input type="checkbox"/> Shelter Assistance Fund (SAF) <input type="checkbox"/> HHS: RHY Basic Center Programs (BCP) <input type="checkbox"/> HHS: RHY Demonstration Project <input type="checkbox"/> HHS: RHY Maternity Group Homes for Pregnant Youth (MGH) <input type="checkbox"/> HHS: RHY Transitional Living Program (TLP) <input type="checkbox"/> HUD: HOME <input type="checkbox"/> HUD: HOME (ARP) <input type="checkbox"/> HUD: HOPWA - CV <input type="checkbox"/> HUD: HOPWA - Hotel/Motel Vouchers <input type="checkbox"/> HUD: HOPWA - Permanent Housing Placement (facility or TBRA) <input type="checkbox"/> HUD: HOPWA - Short-Term Supportive Facility <input type="checkbox"/> HUD: HOPWA - Transitional Housing (facility or TBRA) <input type="checkbox"/> HUD: HUD/VA Supportive Housing (HUD-VASH) <input type="checkbox"/> HUD: Public and Indian Housing (PIH) programs (non-VASH) <input type="checkbox"/> HUD: PIH (Emergency Housing Voucher) <input type="checkbox"/> VA Community Contract Safe Haven Program (HCHV/SH) <input type="checkbox"/> VA: CRS Contract Residential Services <input type="checkbox"/> VA: Grant and Per Diem Program (GPD) – Bridge Housing <input type="checkbox"/> VA: Grant and Per Diem Program (GPD) – Clinical Treatment <input type="checkbox"/> VA: Grant and Per Diem Program (GPD) – Hospital to Housing <input type="checkbox"/> VA: Grant and Per Diem Program (GPD) – Low Demand <input type="checkbox"/> VA: Grant and Per Diem Program (GPD) – SITH <input type="checkbox"/> VA: Grant and Per Diem Program (GPD) – Transition in Place <input type="checkbox"/> VA: Supportive Services for Veteran Families Program (SSVF) <input checked="" type="checkbox"/> Other: <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-top: 5px;">Private donations</div>
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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 <small>(Adults Over 18)</small>	**DOES NOT APPLY**	131
Children Only Beds <small>(Unaccompanied Under 18)</small>	**DOES NOT APPLY**	0
Family Beds <small>(Adults w/Children)</small>	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 Unaccompanied 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	<input type="text" value="10"/>
Bed Availability Dates	Seasonal Start Date* <input type="text" value="Oct"/> <input type="text" value="01"/> <input type="text" value="2022"/>
	Seasonal End Date* <input type="text" value="Apr"/> <input type="text" value="15"/> <input type="text" value="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 <small>(Adults Over 18)</small>	<input type="text" value="0"/>
Family Beds <small>(Adults w/Children)</small>	<input type="text" value="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 <small>(Adults Over 18)</small>	<input type="text" value="0"/>
Children Only Beds <small>(Unaccompanied Under 18)</small>	<input type="text" value="0"/>
Family Beds <small>(Adults 18-24 w/Children)</small>	<input type="text" value="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

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 »".

POINT IN TIME (PIT)

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

A paper form is available to fill out during/after the count. Many DV/SA providers may find it easier to write their answers on a form first before submitting it online, particularly if the project does not have an easy way to get that night's data from a database or other type of tracker. A project does not need to use the paper form if it is not. If the project has not already received this paper form and would like to use it, please contact ICA at AKHMIS@icalliances.org.

Responses still need to be submitted online via the websites listed on the first page of this guide, even if a paper form is used. If the paper form is used to collect information, it will just be used by the project to fill in the online survey. If the person entering the survey information has difficulty accessing the online portal, including limited internet availability, please contact ICA at AKHMIS@icalliances.org.

All Point in Time reporting for non-HMIS participating providers, including Victim Services Providers, will be done **in aggregate**. The person entering the information only need to fill in the boxes with numbers.

The online form **contains conditional logic and error checks**, so if the numbers don't match up at the end, those errors will not clear and the person entering the data will not be able to move forward until the numbers match and make logical sense.

The online form **does not allow for missing data**, so if there are issues where the project is counting persons served on the night of the count for which it does not have full demographic information, please contact ICA at AKHMIS@icalliances.org to talk through these issues and how to deal with them.

TOTAL HOMELESS POPULATION

Include the **numbers of all households and persons in the three different categories** served by this project on the night of the Point in Time Count (overnight January 29-30,2024).

	Households with at Least 1 Adult and 1 Child Under 18	Households without Children	Households with ONLY Children Under 18
Total Number of HOUSEHOLDS	<input type="text" value="Enter Households Amount"/>	<input type="text" value="Enter Households Amount"/>	<input type="text" value="Enter Households Amount"/>
Total Number of PERSONS	<input type="text" value="Enter Persons Amount"/>	<input type="text" value="Enter Persons Amount"/>	<input type="text" value="Enter Persons Amount"/>

Error messages will appear immediately after numbers have been entered into the above fields - do not worry. They will clear out when completing the demographics and information on the rest of the page, unless the numbers do not add up.

AGE, GENDER, ETHNICITY, AND RACE

Complete aggregate age, gender, ethnicity, and race numbers for each of the “Total Number of PERSONS” categories. *Note that unless the numbers in each demographic category match the “Total number of persons” fields, there will be errors that will need to be cleared out.*

AGE			
Persons Under 18	<input type="text"/>	**DOES NOT APPLY**	<input type="text"/>
Persons 18-24	<input type="text"/>	<input type="text"/>	**DOES NOT APPLY**
Persons 25-34	<input type="text"/>	<input type="text"/>	**DOES NOT APPLY**
Persons 35-44	<input type="text"/>	<input type="text"/>	**DOES NOT APPLY**
Persons 45-54	<input type="text"/>	<input type="text"/>	**DOES NOT APPLY**
Persons 55-64	<input type="text"/>	<input type="text"/>	**DOES NOT APPLY**
Persons 65 and Over	<input type="text"/>	<input type="text"/>	**DOES NOT APPLY**

GENDER			
<p>Note: Each client can only be counted for a single Gender category. See this link for instructions on how to categorize clients based on their gender identification(s). For more support, please reach out to your community's Point in Time coordinators.</p>			
Woman (Girl if child)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Man (Boy if child)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Culturally Specific Identity	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transgender	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non-Binary	<input type="text"/>	<input type="text"/>	<input type="text"/>
Questioning	<input type="text"/>	<input type="text"/>	<input type="text"/>
Different Identity	<input type="text"/>	<input type="text"/>	<input type="text"/>
More Than One Gender	<input type="text"/>	<input type="text"/>	<input type="text"/>

RACE AND ETHNICITY			
American Indian, Alaska Native, or Indigenous			
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o			
Asian or Asian American			
Asian or Asian American & Hispanic/Latina/e/o			
Black, African American, or African			
Black, African American, or African & Hispanic/Latina/e/o			
Hispanic/Latina/e/o			
Middle Eastern or North African			
Middle Eastern or North African & Hispanic/Latina/e/o			
Native Hawaiian or Pacific Islander			
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o			
White			
White & Hispanic/Latina/e/o			
Multi-Racial (NOT Hispanic/Latina/e/o)			
Multi-Racial & Hispanic/Latina/e/o			

CHRONICALLY HOMELESS COUNT

This only applies to shelter projects. Please **carefully read the definition of chronic homelessness** and take note of what is stated in the “Chronically Homeless” section before including counts in those fields.

Chronic Definition: A chronically homeless person...

- A. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter.
- B. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least four separate occasions in the last 3 years where the combined length of time homeless in those occasions is at least 12 months.
- C. Has a disability.

CHRONICALLY HOMELESS			
A chronically homeless household includes at least one adult or minor head of household who is identified as chronically homeless. CLICK HERE to read the chronically homeless definition . When one household member qualifies as chronically homeless, all members of the household should be counted as chronically homeless.			
Number of Chronic Households	<input type="text" value="2"/>	<input type="text" value="5"/>	<input type="text" value="0"/>
Number of Persons in Chronic Household	<input type="text" value="7"/>	<input type="text" value="5"/>	<input type="text" value="0"/>
Chronically Homeless Validation* <input checked="" type="checkbox"/> I hereby verify that I have read and understand the Chronic Homeless Definition for the Population reported in the Chronically Homeless Section above.			

Once the chronic homeless counts have been entered, the person entering the information will be asked to **validate those numbers** before moving on.

VETERAN HOMELESS POPULATION

If the project served any veterans or veteran families on the night of the Point in Time, include the numbers about those clients in this section.

These numbers are a subset of the total population on the page before. If the project served any veterans, please note that the additional demographic data is only needed for the veteran, not the entire household.

If the project did not serve any veterans on the night of the Point in Time, please enter all 0s.

	Households with at Least 1 Adult and 1 Child Under 18	Households without Children
Total Number of Veteran HOUSEHOLDS	<input type="text" value="Enter Households Amount"/>	<input type="text" value="Enter Households Amount"/>
Total Number of PERSONS in Veteran Household	<input type="text" value="Enter Persons Amount"/>	<input type="text" value="Enter Persons Amount"/>
Total Number of VETERANS Only	<input type="text" value="Enter Veterans Amount"/>	<input type="text" value="Enter Veterans Amount"/>

GENDER - (VETERANS ONLY)

Note: Each client can only be counted for a single Gender category. See this [link](#) for instructions on how to categorize clients based on their gender identification(s). For more support, please reach out to your community's Point in Time coordinators.

Woman (Girl if child)	<input type="text"/>	<input type="text"/>
Man (Boy if child)	<input type="text"/>	<input type="text"/>
Culturally Specific Identity	<input type="text"/>	<input type="text"/>
Transgender	<input type="text"/>	<input type="text"/>
Non-Binary	<input type="text"/>	<input type="text"/>
Questioning	<input type="text"/>	<input type="text"/>
Different Identity	<input type="text"/>	<input type="text"/>
More Than One Gender	<input type="text"/>	<input type="text"/>

Ni

RACE and ETHNICITY - (VETERANS ONLY)		
American Indian, Alaska Native, or Indigenous	<input type="text"/>	<input type="text"/>
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o	<input type="text"/>	<input type="text"/>
Asian or Asian American	<input type="text"/>	<input type="text"/>
Asian or Asian American & Hispanic/Latina/e/o	<input type="text"/>	<input type="text"/>
Black, African American, or African	<input type="text"/>	<input type="text"/>
Black, African American, or African & Hispanic/Latina/e/o	<input type="text"/>	<input type="text"/>
Hispanic/Latina/e/o	<input type="text"/>	<input type="text"/>
Middle Eastern or North African	<input type="text"/>	<input type="text"/>
Middle Eastern or North African & Hispanic/Latina/e/o	<input type="text"/>	<input type="text"/>
Native Hawaiian or Pacific Islander	<input type="text"/>	<input type="text"/>
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	<input type="text"/>	<input type="text"/>
White	<input type="text"/>	<input type="text"/>
White & Hispanic/Latina/e/o	<input type="text"/>	<input type="text"/>
Multi-Racial (NOT Hispanic/Latina/e/o)	<input type="text"/>	<input type="text"/>
Multi-Racial & Hispanic/Latina/e/o	<input type="text"/>	<input type="text"/>

CHRONICALLY HOMELESS		When one veteran household member qualifies as chronically homeless, <u>all members</u> of the household should be counted.	
Chronic Veteran Households	<input type="text"/>	<input type="text"/>	
Persons in Chronic Veteran Households	<input type="text"/>	<input type="text"/>	

PARENTING YOUTH (INCLUDING YOUNG ADULTS UNDER AGE 25) POPULATION

If the project served parenting youth (including young adults under age 25) on the night of the Point in Time, please read through this section very carefully.

All persons in a parenting youth household must be under the age of 25 years.

As with the veteran population, this is a subset of the total population the project served on the night of the count. Additionally, as with the veteran population, the project will only report demographics on the youth parent, not on their children.

Note that this is **broken out into TWO SUBSETS**: parenting youth who are under 18 years of age, and parenting youth who are 18 – 24 years of age.

If the project did not serve any parenting youth on the night of the Point in Time, please enter all zeros.

Please complete the **Gender, Ethnicity, Race** sections for the Parents Only. The **Chronically Homeless** information should include all member of the household.

Total Number of Parenting Youth HOUSEHOLDS	<input type="text" value="2"/>
Number of PARENTING YOUTH Only Under 18	<input type="text" value="0"/>
^Number of CHILDREN with Parenting Youth Under 18	<input type="text" value="0"/>
Number of PARENTING YOUTH Only 18 -24	<input type="text" value="2"/>
^Number of CHILDREN with Parenting Youth 18 - 24	<input type="text" value="0"/>
Total Number of PARENTING YOUTH Only	<input type="text" value="2"/> <small>Auto-Generated Sum</small>
Total Number of CHILDREN with Parenting Youth	<input type="text" value="0"/> <small>Auto-Generated Sum</small>
Total Number of PERSONS in the Parenting Youth Household	<input type="text" value="2"/> <small>Auto-Generated Sum</small>
GENDER - (PARENTS ONLY)	

UNACCOMPANIED YOUTH (INCLUDING YOUNG ADULTS UNDER AGE 25) POPULATION

If the project served any **unaccompanied youth (including young adults) under age 25** on the night of the Point in Time, they will be reported in this section.

Again, this is a subset of the total population the project reported. If the project's total population included unaccompanied youth, a note will appear in this section that those unaccompanied youth should also be reported here.

Please complete the **Gender, Ethnicity, Race** sections for the Youth Only. The **Chronically Homeless** information should include all member of the household.

NOTICE: You reported clients in the Households without Children 18-24 Section, those clients **SHOULD ALSO BE REPORTED** in this Section.

Total Number of Unaccompanied Youth HOUSEHOLDS	<input type="text" value="8"/>
Number of UNACCOMPANIED YOUTH Under 18	<input type="text" value="0"/>
Number of UNACCOMPANIED YOUTH 18 - 24	<input type="text" value="8"/>
Total Number of UNACCOMPANIED YOUTH	<input type="text" value="8"/>

Auto-Generated Sum

HOMELESS SUBPOPULATIONS

Complete the data under “homeless subpopulations” for clients served on the night of the Point in Time.

Please note that clients should only be counted as survivors of domestic violence if they are also currently fleeing that domestic violence situation.

Adults with Serious Mental Illness	<input type="text" value="0"/>
Adults with Substance Use Disorder	<input type="text" value="2"/>
Adults with HIV/AIDS	<input type="text" value="0"/>
Survivors of Domestic Violence (Currently Fleeing)	<input type="text" value="0"/>

Once completed, click **Submit Form**.

NEED HELP?

For assistance with completing this form, please contact the [AKHMIS Help Desk](#). Thank you!