

## Survey Response Set: ES-FAM: Emergency Shelters for Families

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### Total Counts

#### ES-FAM Question 1: Total Number of Persons in Families Who Used Emergency Shelters During Covered Time Period

	<i># of Persons / Beds</i>	
Unduplicated number of Persons in Families <sup>a</sup> that used Emergency Shelters participating in HMIS	a. <input type="text" value="123"/>	
Number of emergency, year-round equivalent shelter beds <sup>b</sup> for Persons in Families included in HMIS (i.e., bed capacity for participating providers)	b. <input type="text" value="14.65"/>	<b>HMIS Bed Coverage Rate: 100%</b>
Number of emergency, year-round equivalent shelter beds <sup>b</sup> for Persons in Families at providers not participating in HMIS (i.e., bed capacity for non-participating providers)	c. <input type="text" value="0.00"/>	
Number of Persons in Families who used more than one HMIS participating emergency shelter as part of a family	d. <input type="text" value="0"/>	



**Demographics****ES-FAM Question 3: Age\***

<b>Age of Children:</b>		<i># of Persons</i>
Under 1	a.	<input type="text" value="6"/>
1 to 5	b.	<input type="text" value="35"/>
6 to 12	c.	<input type="text" value="35"/>
13 to 17	d.	<input type="text" value="8"/>
<b>Total:</b>		<b>84</b>

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<b>Age of Adults:</b>		<i># of Persons</i>
18 to 24	e.	<input type="text" value="8"/>
25 to 30	f.	<input type="text" value="14"/>
31 to 50	g.	<input type="text" value="17"/>
51 to 61	h.	<input type="text" value="0"/>
62 or older	i.	<input type="text" value="0"/>
<b>Total:</b>		<b>39</b>

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Missing this information j.

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**Persons Reported: 123**

**ES-FAM Question 4: Gender\*****ES-FAM Question 5: Ethnicity**

		<i># of Persons</i>
Non-Hispanic/Non-Latino	a.	<input type="text" value="123"/>
Hispanic/Latino	b.	<input type="text" value="0"/>
Missing this information	c.	<input type="text" value="0"/>
<b>Total:</b>		<b>123</b>

**ES-FAM Question 7: Persons by Household Size**

		<i>Persons by Household Size</i>
1 Person	a.	<input type="text"/>
2 Persons	b.	<input type="text" value="16"/>
3 Persons	c.	<input type="text" value="45"/>
4 Persons	d.	<input type="text" value="44"/>
5 or more persons	e.	<input type="text" value="18"/>
Missing this information	f.	<input type="text" value="0"/>
<b>Total:</b>		<b>123</b>

**ES-FAM Question 9: Veteran Status (Adults only)**

		<i># of Persons</i>
A veteran	a.	<input type="text" value="1"/>
Not a veteran	b.	<input type="text" value="38"/>
Missing this information	c.	<input type="text" value="0"/>
<b>Total:</b>		<b>39</b>

**ES-FAM Question 10: How Many Persons in Families are Disabled (Adults Only)?**

		<i># of Persons</i>
Yes, disabled	a.	<input type="text" value="9"/>
Not disabled	b.	<input type="text" value="29"/>
Missing this information	c.	<input type="text" value="1"/>
<b>Total:</b>		<b>39</b>

## Prior Living Situation

### ES-FAM Question 11: Living Arrangement the Night Before Program Entry for adults in families in emergency shelters

		<i># of Persons</i>
Emergency shelter	a.	<input style="width: 50px;" type="text" value="5"/>
Transitional housing	b.	<input style="width: 50px;" type="text" value="0"/>
Permanent supportive housing	c.	<input style="width: 50px;" type="text" value="0"/>
Psychiatric facility	d.	<input style="width: 50px;" type="text" value="0"/>
Substance abuse treatment center/detox	e.	<input style="width: 50px;" type="text" value="1"/>
Hospital (non-psychiatric)	f.	<input style="width: 50px;" type="text" value="0"/>
Jail, prison, or juvenile detention	g.	<input style="width: 50px;" type="text" value="2"/>
Rental by client (VASH subsidy)	h.	<input style="width: 50px;" type="text" value="0"/>
Rental by client (other subsidy)	i.	<input style="width: 50px;" type="text" value="0"/>
Rental by client (no subsidy)	j.	<input style="width: 50px;" type="text" value="2"/>
Owned by client (with subsidy)	k.	<input style="width: 50px;" type="text" value="0"/>
Owned by client (no subsidy)	l.	<input style="width: 50px;" type="text" value="2"/>
Staying with family	m.	<input style="width: 50px;" type="text" value="12"/>
Staying with friends	n.	<input style="width: 50px;" type="text" value="8"/>
Hotel or motel (no voucher)	o.	<input style="width: 50px;" type="text" value="1"/>
Foster care home	p.	<input style="width: 50px;" type="text" value="1"/>
Place not meant for habitation	q.	<input style="width: 50px;" type="text" value="5"/>
Safe Haven	r.	<input style="width: 50px;" type="text" value="0"/>
Other living arrangement	s.	<input style="width: 50px;" type="text" value="0"/>
Missing this information	t.	<input style="width: 50px;" type="text" value="0"/>
<b>Total:</b>		<b>39</b>

**Length of Stay****ES-FAM Question 13: Number of Nights in Emergency Shelter for Adults in Families**

		<i># of FEMALES</i>	<i># of MALES</i>	<i># of MISSING GENDER</i>
1 to 7 nights	a.	<input type="text" value="9"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
8 to 30 nights	b.	<input type="text" value="19"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
31 to 60 nights	c.	<input type="text" value="5"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
61 to 90 nights	d.	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
91 to 120 nights	e.	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
121 to 150 nights	f.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
151 to 180 nights	g.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
181 to 210 nights	h.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
211 to 240 nights	i.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
241 to 270 nights	j.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
271 to 300 nights	k.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
301 to 330 nights	l.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
331 to 360 nights	m.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
361 to 365 nights	n.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Missing this Information	o.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>Total:</b>		<b>37</b>	<b>2</b>	<b>0</b>





**Household Counts****ES-FAM Question 15: How Many Family Households Stayed in Emergency Shelters**

	<i># of Households</i>
... at any time during the covered time period?	a. <input type="text" value="37"/>
... on Wednesday of the last week in October (October 26, 2016)?	b. <input type="text" value="2"/>
... on Wednesday of the last week in January (January 25, 2017)?	c. <input type="text" value="3"/>
... on Wednesday of the last week in April (April 26, 2017)?	d. <input type="text" value="2"/>
... on Wednesday of the last week in July (July 26, 2017)?	e. <input type="text" value="3"/>

## Survey Response Set: ES-IND: Emergency Shelters for Individuals

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### Total Counts

#### ES-IND Question 1: Total Number of Individuals Who Used Emergency Shelters During Covered Time Period

	# of Persons / Beds	
Unduplicated number of Individuals <sup>a</sup> that used Emergency Shelters participating in HMIS	a. <input type="text" value="101"/>	
Number of emergency, year-round equivalent shelter beds <sup>b</sup> for Individuals included in HMIS (i.e., bed capacity for participating providers)	b. <input type="text" value="20.35"/>	<b>HMIS Bed Coverage Rate: 40.41%</b>
Number of emergency, year-round equivalent shelter beds <sup>b</sup> for Individuals at providers not participating in HMIS (i.e., bed capacity for non-participating providers)	c. <input type="text" value="30.00"/>	
Number of Individuals who used more than one HMIS participating emergency shelter as an individual	d. <input type="text" value="3"/>	



**Demographics****ES-IND Question 3: Age\***

<b>Age of Children:</b>		<i># of Persons</i>
Under 1	a.	<input type="text" value="0"/>
1 to 5	b.	<input type="text" value="1"/>
6 to 12	c.	<input type="text" value="0"/>
13 to 17	d.	<input type="text" value="1"/>
<b>Total:</b>		<b>2</b>

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<b>Age of Adults:</b>		<i># of Persons</i>
18 to 24	e.	<input type="text" value="9"/>
25 to 30	f.	<input type="text" value="21"/>
31 to 50	g.	<input type="text" value="47"/>
51 to 61	h.	<input type="text" value="18"/>
62 or older	i.	<input type="text" value="4"/>
<b>Total:</b>		<b>99</b>

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Missing this information	j.	<input type="text" value="0"/>
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**Persons Reported: 101**

**ES-IND Question 4: Gender\*****ES-IND Question 5: Ethnicity**

		<i># of Persons</i>
Non-Hispanic/Non-Latino	<b>a.</b>	<input type="text" value="101"/>
Hispanic/Latino	<b>b.</b>	<input type="text" value="0"/>
Missing this information	<b>c.</b>	<input type="text" value="0"/>
<b>Total:</b>		<b>101</b>

**ES-IND Question 7: Persons by Household Size**

		<i>Persons by Household Size</i>
1 Person	a.	<input type="text" value="95"/>
2 Persons	b.	<input type="text" value="6"/>
3 Persons	c.	<input type="text" value="0"/>
4 Persons	d.	<input type="text" value="0"/>
5 or more persons	e.	<input type="text" value="0"/>
Missing this information	f.	<input type="text" value="0"/>
<b>Total:</b>		<b>101</b>





**ES-IND Question 10: How Many Individuals are Disabled (Adults Only)?**

		<i># of Persons</i>
Yes, disabled	<b>a.</b>	<input type="text" value="41"/>
Not disabled	<b>b.</b>	<input type="text" value="56"/>
Missing this information	<b>c.</b>	<input type="text" value="2"/>
<b>Total:</b>		<b>99</b>

**Prior Living Situation****ES-IND Question 11: Living Arrangement the Night Before Program Entry for Individuals in Emergency Shelters**

		<i># of Persons</i>
Emergency shelter	a.	<input type="text" value="10"/>
Transitional housing	b.	<input type="text" value="1"/>
Permanent supportive housing	c.	<input type="text" value="0"/>
Psychiatric facility	d.	<input type="text" value="4"/>
Substance abuse treatment center/detox	e.	<input type="text" value="10"/>
Hospital (non-psychiatric)	f.	<input type="text" value="4"/>
Jail, prison, or juvenile detention	g.	<input type="text" value="11"/>
Rental by client (VASH subsidy)	h.	<input type="text" value="0"/>
Rental by client (other subsidy)	i.	<input type="text" value="1"/>
Rental by client (no subsidy)	j.	<input type="text" value="1"/>
Owned by client (with subsidy)	k.	<input type="text" value="0"/>
Owned by client (no subsidy)	l.	<input type="text" value="0"/>
Staying with family	m.	<input type="text" value="18"/>
Staying with friends	n.	<input type="text" value="13"/>
Hotel or motel (no voucher)	o.	<input type="text" value="2"/>
Foster care home	p.	<input type="text" value="0"/>
Place not meant for habitation	q.	<input type="text" value="25"/>
Safe Haven	r.	<input type="text" value="0"/>
Other living arrangement	s.	<input type="text" value="0"/>
Missing this information	t.	<input type="text" value="1"/>
<b>Total:</b>		<b>101</b>

**Length of Stay****ES-IND Question 13: Number of Nights in Emergency Shelter for Adults**

		<i># of FEMALES</i>	<i># of MALES</i>	<i># of MISSING GENDER</i>
1 to 7 nights	a.	<input type="text" value="20"/>	<input type="text" value="2"/>	<input type="text" value="0"/>
8 to 30 nights	b.	<input type="text" value="27"/>	<input type="text" value="2"/>	<input type="text" value="0"/>
31 to 60 nights	c.	<input type="text" value="13"/>	<input type="text" value="2"/>	<input type="text" value="0"/>
61 to 90 nights	d.	<input type="text" value="7"/>	<input type="text" value="2"/>	<input type="text" value="0"/>
91 to 120 nights	e.	<input type="text" value="5"/>	<input type="text" value="3"/>	<input type="text" value="0"/>
121 to 150 nights	f.	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="0"/>
151 to 180 nights	g.	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
181 to 210 nights	h.	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="0"/>
211 to 240 nights	i.	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
241 to 270 nights	j.	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
271 to 300 nights	k.	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
301 to 330 nights	l.	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
331 to 360 nights	m.	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
361 to 365 nights	n.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Missing this Information	o.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>Total:</b>		<b>81</b>	<b>18</b>	<b>0</b>



## Survey Response Set: TH-FAM: Transitional Housing for Families

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### Total Counts

#### TH-FAM Question 1: Total Number of Persons in Families Who Used Transitional Housing During Covered Time Period

	# of Persons / Beds	
Unduplicated number of Persons in Families <sup>a</sup> that used Transitional Housing participating in HMIS	a. <input type="text" value="97"/>	
Number of transitional housing beds for Persons in Families included in HMIS (i.e., bed capacity for participating providers)	b. <input type="text" value="27.72"/>	HMIS Bed Coverage Rate: 100%
Number of transitional housing beds for Persons in Families at providers not participating in HMIS (i.e., bed capacity for non-participating providers)	c. <input type="text" value="0.00"/>	
Number of Persons in Families who used more than one HMIS participating transitional housing program in a family	d. <input type="text" value="0"/>	



## Demographics

### TH-FAM Question 3: Age\*

Age of Children:		# of Persons
Under 1	a.	<input type="text" value="6"/>
1 to 5	b.	<input type="text" value="26"/>
6 to 12	c.	<input type="text" value="23"/>
13 to 17	d.	<input type="text" value="11"/>
<b>Total:</b>		<b>66</b>

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Age of Adults:		# of Persons
18 to 24	e.	<input type="text" value="5"/>
25 to 30	f.	<input type="text" value="7"/>
31 to 50	g.	<input type="text" value="19"/>
51 to 61	h.	<input type="text" value="0"/>
62 or older	i.	<input type="text" value="0"/>
<b>Total:</b>		<b>31</b>

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Missing this information	j.	<input type="text" value="0"/>
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**Persons Reported: 97**

**TH-FAM Question 4: Gender\*****TH-FAM Question 5: Ethnicity**

		<i># of Persons</i>
Non-Hispanic/Non-Latino	a.	<input type="text" value="97"/>
Hispanic/Latino	b.	<input type="text" value="0"/>
Missing this information	c.	<input type="text" value="0"/>
<b>Total:</b>		<b>97</b>



**TH-FAM Question 7: Persons by Household Size**

		<i>Persons by Household Size</i>
1 Person	a.	<input type="text"/>
2 Persons	b.	<input type="text" value="20"/>
3 Persons	c.	<input type="text" value="33"/>
4 Persons	d.	<input type="text" value="32"/>
5 or more persons	e.	<input type="text" value="12"/>
Missing this information	f.	<input type="text" value="0"/>
<b>Total:</b>		<b>97</b>

**TH-FAM Question 9: Veteran Status (Adults only)**

		<i># of Persons</i>
A veteran	a.	<input type="text" value="0"/>
Not a veteran	b.	<input type="text" value="31"/>
Missing this information	c.	<input type="text" value="0"/>
<b>Total:</b>		<b>31</b>

**TH-FAM Question 10: How Many Persons in Families are Disabled (Adults Only)?**

		<i># of Persons</i>
Yes, disabled	a.	<input type="text" value="6"/>
Not disabled	b.	<input type="text" value="25"/>
Missing this information	c.	<input type="text" value="0"/>
<b>Total:</b>		<b>31</b>

## Prior Living Situation

### TH-FAM Question 11: Living Arrangement the Night Before Program Entry for Adults in Families using Transitional Housing

		<i># of Persons</i>
Emergency shelter	a.	<input style="width: 50px;" type="text" value="15"/>
Transitional housing	b.	<input style="width: 50px;" type="text" value="0"/>
Permanent supportive housing	c.	<input style="width: 50px;" type="text" value="0"/>
Psychiatric facility	d.	<input style="width: 50px;" type="text" value="0"/>
Substance abuse treatment center/detox	e.	<input style="width: 50px;" type="text" value="1"/>
Hospital (non-psychiatric)	f.	<input style="width: 50px;" type="text" value="0"/>
Jail, prison, or juvenile detention	g.	<input style="width: 50px;" type="text" value="2"/>
Rental by client (VASH subsidy)	h.	<input style="width: 50px;" type="text" value="0"/>
Rental by client (other subsidy)	i.	<input style="width: 50px;" type="text" value="0"/>
Rental by client (no subsidy)	j.	<input style="width: 50px;" type="text" value="0"/>
Owned by client (with subsidy)	k.	<input style="width: 50px;" type="text" value="0"/>
Owned by client (no subsidy)	l.	<input style="width: 50px;" type="text" value="0"/>
Staying with family	m.	<input style="width: 50px;" type="text" value="9"/>
Staying with friends	n.	<input style="width: 50px;" type="text" value="4"/>
Hotel or motel (no voucher)	o.	<input style="width: 50px;" type="text" value="0"/>
Foster care home	p.	<input style="width: 50px;" type="text" value="0"/>
Place not meant for habitation	q.	<input style="width: 50px;" type="text" value="0"/>
Safe Haven	r.	<input style="width: 50px;" type="text" value="0"/>
Other living arrangement	s.	<input style="width: 50px;" type="text" value="0"/>
Missing this information	t.	<input style="width: 50px;" type="text" value="0"/>
<b>Total:</b>		<b>31</b>

**Length of Stay****TH-FAM Question 13: Number of Nights in Transitional Housing for Adults in Families**

		<i># of FEMALES</i>	<i># of MALES</i>	<i># of MISSING GENDER</i>
1 to 7 nights	a.	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
8 to 30 nights	b.	<input type="text" value="9"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
31 to 60 nights	c.	<input type="text" value="6"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
61 to 90 nights	d.	<input type="text" value="4"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
91 to 120 nights	e.	<input type="text" value="4"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
121 to 150 nights	f.	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
151 to 180 nights	g.	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
181 to 210 nights	h.	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
211 to 240 nights	i.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
241 to 270 nights	j.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
271 to 300 nights	k.	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
301 to 330 nights	l.	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
331 to 360 nights	m.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
361 to 365 nights	n.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Missing this Information	o.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>Total:</b>		<b>30</b>	<b>1</b>	<b>0</b>



## Household Counts

### TH-FAM Question 15: How Many Family Households Stayed in Transitional Housing

	# of Households
... at any time during the covered time period?	a. <input type="text" value="31"/>
... on Wednesday of the last week in October (October 26, 2016)?	b. <input type="text" value="10"/>
... on Wednesday of the last week in January (January 25, 2017)?	c. <input type="text" value="8"/>
... on Wednesday of the last week in April (April 26, 2017)?	d. <input type="text" value="7"/>
... on Wednesday of the last week in July (July 26, 2017)?	e. <input type="text" value="7"/>

## Survey Response Set: TH-IND: Transitional Housing for Individuals

### *Total Counts*

#### **TH-IND Question 1: Total Number of Individuals Who Used Transitional Housing During Covered Time Period**

	<i># of Persons / Beds</i>	
Unduplicated number of Individuals <sup>a</sup> that used Transitional Housing participating in HMIS	a. <input type="text" value="18"/>	
Number of transitional housing beds for Individuals included in HMIS (i.e., bed capacity for participating providers)	b. <input type="text" value="5.28"/>	<b>HMIS Bed Coverage Rate: 13.44%</b>
Number of transitional housing beds for Individuals at providers not participating in HMIS (i.e., bed capacity for non-participating providers)	c. <input type="text" value="34.00"/>	
Number of Individuals who used more than one HMIS participating transitional housing provider as an individual	d. <input type="text" value="0"/>	





## Demographics

### TH-IND Question 3: Age\*

Age of Children:		# of Persons
Under 1	a.	<input type="text" value="0"/>
1 to 5	b.	<input type="text" value="0"/>
6 to 12	c.	<input type="text" value="0"/>
13 to 17	d.	<input type="text" value="0"/>
<b>Total:</b>		<b>0</b>

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Age of Adults:		# of Persons
18 to 24	e.	<input type="text" value="0"/>
25 to 30	f.	<input type="text" value="6"/>
31 to 50	g.	<input type="text" value="9"/>
51 to 61	h.	<input type="text" value="3"/>
62 or older	i.	<input type="text" value="0"/>
<b>Total:</b>		<b>18</b>

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Missing this information j.

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**Persons Reported: 18**

**TH-IND Question 4: Gender\*****TH-IND Question 5: Ethnicity**

		<i># of Persons</i>
Non-Hispanic/Non-Latino	a.	<input type="text" value="18"/>
Hispanic/Latino	b.	<input type="text" value="0"/>
Missing this information	c.	<input type="text" value="0"/>
<b>Total:</b>		<b>18</b>

**TH-IND Question 7: Persons by Household Size**

		<i>Persons by Household Size</i>
1 Person	a.	<input type="text" value="18"/>
2 Persons	b.	<input type="text" value="0"/>
3 Persons	c.	<input type="text" value="0"/>
4 Persons	d.	<input type="text" value="0"/>
5 or more persons	e.	<input type="text" value="0"/>
Missing this information	f.	<input type="text" value="0"/>
<b>Total:</b>		<b>18</b>



**TH-IND Question 10: How Many Individuals are Disabled (Adults Only)?**

		<i># of Persons</i>
Yes, disabled	a.	<input type="text" value="10"/>
Not disabled	b.	<input type="text" value="8"/>
Missing this information	c.	<input type="text" value="0"/>
<b>Total:</b>		<b>18</b>

**Prior Living Situation****TH-IND Question 11: Living Arrangement the Night Before Program Entry for Individuals using Transitional Housing**

		<i># of Persons</i>
Emergency shelter	a.	<input type="text" value="6"/>
Transitional housing	b.	<input type="text" value="2"/>
Permanent supportive housing	c.	<input type="text" value="0"/>
Psychiatric facility	d.	<input type="text" value="0"/>
Substance abuse treatment center/detox	e.	<input type="text" value="1"/>
Hospital (non-psychiatric)	f.	<input type="text" value="0"/>
Jail, prison, or juvenile detention	g.	<input type="text" value="2"/>
Rental by client (VASH subsidy)	h.	<input type="text" value="0"/>
Rental by client (other subsidy)	i.	<input type="text" value="0"/>
Rental by client (no subsidy)	j.	<input type="text" value="0"/>
Owned by client (with subsidy)	k.	<input type="text" value="0"/>
Owned by client (no subsidy)	l.	<input type="text" value="0"/>
Staying with family	m.	<input type="text" value="1"/>
Staying with friends	n.	<input type="text" value="3"/>
Hotel or motel (no voucher)	o.	<input type="text" value="0"/>
Foster care home	p.	<input type="text" value="0"/>
Place not meant for habitation	q.	<input type="text" value="3"/>
Safe Haven	r.	<input type="text" value="0"/>
Other living arrangement	s.	<input type="text" value="0"/>
Missing this information	t.	<input type="text" value="0"/>
<b>Total:</b>		<b>18</b>

**Length of Stay****TH-IND Question 13: Number of Nights in Transitional Housing for Adults**

		<i># of FEMALES</i>	<i># of MALES</i>	<i># of MISSING GENDER</i>
1 to 7 nights	a.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
8 to 30 nights	b.	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
31 to 60 nights	c.	<input type="text" value="4"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
61 to 90 nights	d.	<input type="text" value="3"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
91 to 120 nights	e.	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
121 to 150 nights	f.	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
151 to 180 nights	g.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
181 to 210 nights	h.	<input type="text" value="3"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
211 to 240 nights	i.	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
241 to 270 nights	j.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
271 to 300 nights	k.	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
301 to 330 nights	l.	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
331 to 360 nights	m.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
361 to 365 nights	n.	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Missing this Information	o.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>Total:</b>		<b>17</b>	<b>1</b>	<b>0</b>





## Survey Response Set: PSH-FAM: Permanent Supportive Housing for Families

### Total Counts

#### PSH-FAM Question 1: Total Number of Persons in Families Who Used Permanent Supportive Housing (PSH) During Covered Time Period

	# of Persons / Beds	
Unduplicated number of Persons in Families <sup>a</sup> that used a PSH program participating in HMIS	a. <input type="text" value="6"/>	
Number of PSH beds for Persons in Families included in HMIS (i.e., bed capacity for participating providers)	b. <input type="text" value="3.00"/>	HMIS Bed Coverage Rate: 100%
Number of PSH beds for Persons in Families at providers not participating in HMIS (i.e., bed capacity for non-participating providers)	c. <input type="text" value="0.00"/>	
Number of Persons in Families who used more than one HMIS participating PSH program as part of a family	d. <input type="text" value="0"/>	





**Demographics****PSH-FAM Question 4: Age\***

<b>Age of Children:</b>		<i># of Persons</i>
Under 1	a.	<input type="text" value="0"/>
1 to 5	b.	<input type="text" value="1"/>
6 to 12	c.	<input type="text" value="3"/>
13 to 17	d.	<input type="text" value="0"/>
<b>Total:</b>		<b>4</b>

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<b>Age of Adults:</b>		<i># of Persons</i>
18 to 24	e.	<input type="text" value="0"/>
25 to 30	f.	<input type="text" value="1"/>
31 to 50	g.	<input type="text" value="1"/>
51 to 61	h.	<input type="text" value="0"/>
62 or older	i.	<input type="text" value="0"/>
<b>Total:</b>		<b>2</b>

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Missing this information j.

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**Persons Reported: 6**

**PSH-FAM Question 6: Ethnicity**

		<i># of Persons</i>
Non-Hispanic/Non-Latino	<b>a.</b>	<input type="text" value="6"/>
Hispanic/Latino	<b>b.</b>	<input type="text" value="0"/>
Missing this information	<b>c.</b>	<input type="text" value="0"/>
<b>Total:</b>		<b>6</b>



**PSH-FAM Question 9: Persons by Household Type**

		<i># of Persons</i>
Individual adult male	<b>a.</b>	<input type="text"/>
Individual adult female	<b>b.</b>	<input type="text"/>
Adults in family, with child(ren)	<b>c.</b>	<input type="text" value="2"/>
Children in families, with adults	<b>d.</b>	<input type="text" value="4"/>
Unaccompanied child <sup>a</sup>	<b>e.</b>	<input type="text"/>
Missing this information	<b>f.</b>	<input type="text" value="0"/>
<b>Total:</b>		<b>6</b>

**PSH-FAM Question 11: How Many Persons in Families are Disabled (Adults Only)?**

		# of Persons
Yes, disabled	a.	<input type="text" value="2"/>
Not disabled	b.	<input type="text" value="0"/>
Missing this information	c.	<input type="text" value="0"/>
<b>Total:</b>		<b>2</b>

**PSH-FAM Question 12: How Many Persons in Families had the Following Disability Types (Adults Only)**

		# of Persons
Physical disability	a.	<input type="text" value="0"/>
Developmental disability	b.	<input type="text" value="0"/>
HIV/AIDS	c.	<input type="text" value="0"/>
Mental health <sup>a</sup>	d.	<input type="text" value="1"/>
Substance abuse <sup>a</sup>	e.	<input type="text" value="0"/>
Both mental health and substance abuse <sup>b</sup>	f.	<input type="text" value="1"/>
Missing this information <sup>c</sup>	g.	<input type="text" value="0"/>
<b>Total:</b>		<b>2</b>



### ***Prior Living Situation***

#### **PSH-FAM Question 13: How Many Persons in Families *Entered* Permanent Supportive Housing During the AHAR Reporting Period**

Unduplicated count of persons who entered **a.**

**PSH-FAM Question 14: Living Arrangement the Night Before Program Entry for adults in families in permanent supportive housing**

		<i># of Persons</i>
Emergency shelter	<b>a.</b>	<input type="text" value="0"/>
Transitional housing	<b>b.</b>	<input type="text" value="0"/>
Permanent supportive housing	<b>c.</b>	<input type="text" value="0"/>
Psychiatric facility	<b>d.</b>	<input type="text" value="0"/>
Substance abuse treatment center/detox	<b>e.</b>	<input type="text" value="0"/>
Hospital (non-psychiatric)	<b>f.</b>	<input type="text" value="0"/>
Jail, prison, or juvenile detention	<b>g.</b>	<input type="text" value="0"/>
Rental by client (VASH subsidy)	<b>h.</b>	<input type="text" value="0"/>
Rental by client (other subsidy)	<b>i.</b>	<input type="text" value="0"/>
Rental by client (no subsidy)	<b>j.</b>	<input type="text" value="0"/>
Owned by client (with subsidy)	<b>k.</b>	<input type="text" value="0"/>
Owned by client (no subsidy)	<b>l.</b>	<input type="text" value="0"/>
Staying with family	<b>m.</b>	<input type="text" value="0"/>
Staying with friends	<b>n.</b>	<input type="text" value="0"/>
Hotel or motel (no voucher)	<b>o.</b>	<input type="text" value="0"/>
Foster care home	<b>p.</b>	<input type="text" value="0"/>
Place not meant for habitation	<b>q.</b>	<input type="text" value="1"/>
Safe Haven	<b>r.</b>	<input type="text" value="0"/>
Other living arrangement	<b>s.</b>	<input type="text" value="1"/>
Missing this information	<b>t.</b>	<input type="text" value="0"/>

**PSH-FAM Question 16: How Many Persons in Families *Exited* Permanent Supportive Housing During the AHAR Reporting Period**

Unduplicated count of persons who exited a.

### Length of Stay

#### PSH-FAM Question 18: Number of Nights in Permanent Supportive Housing for Adults in Families During the AHAR Reporting Period

		# of FEMALES	# of MALES	# of MISSING GENDER
1 to 7 nights	a.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
8 to 30 nights	b.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
31 to 60 nights	c.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
61 to 90 nights	d.	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
91 to 120 nights	e.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
121 to 150 nights	f.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
151 to 180 nights	g.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
181 to 210 nights	h.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
211 to 240 nights	i.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
241 to 270 nights	j.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
271 to 300 nights	k.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
301 to 330 nights	l.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
331 to 360 nights	m.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
361 to 365 nights	n.	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Missing this Information	o.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>Total:</b>		<b>2</b>	<b>0</b>	<b>0</b>



**PSH-FAM Question 21: Total Length of Stay for Children in Permanent Supportive Housing for the *Most Recent Consecutive Stay* During the AHAR Reporting Period**

		# of FEMALES	# of MALES	# of MISSING GENDER
0 to 6 months (or 1 to 180 nights)	a.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
7 to 12 months (or 181 to 365 nights)	b.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
13 to 18 months (or 366 to 545 nights)	c.	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
19 to 24 months (or 546 to 730 nights)	d.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
2 to 5 years (or 731 to 1,825 nights)	e.	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="0"/>
More than 5 years (1,826 nights or greater)	f.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Missing this information	g.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>Total:</b>		<b>2</b>	<b>2</b>	<b>0</b>

## Household Counts

### PSH-FAM Question 22: How Many Family Households Stayed in Permanent Supportive Housing

	# of Households
... at any time during the covered time period?	a. <input type="text" value="2"/>
... on Wednesday of the last week in October (October 26, 2016)?	b. <input type="text" value="2"/>
... on Wednesday of the last week in January (January 25, 2017)?	c. <input type="text" value="1"/>
... on Wednesday of the last week in April (April 26, 2017)?	d. <input type="text" value="1"/>
... on Wednesday of the last week in July (July 26, 2017)?	e. <input type="text" value="1"/>

## Survey Response Set: PSH-IND: Permanent Supportive Housing for Individuals

### *Total Counts*

#### **PSH-IND Question 1: Total Number of Individuals Who Used Permanent Supportive Housing (PSH) During Covered Time Period**

	<i># of Persons / Beds</i>	
Unduplicated number of Individuals <sup>a</sup> that used a PSH program participating in HMIS	a. <input type="text" value="64"/>	
Number of PSH beds for Individuals included in HMIS (i.e., bed capacity for participating providers)	b. <input type="text" value="48.00"/>	<b>HMIS Bed Coverage Rate: 100%</b>
Number of PSH beds for Individuals at providers not participating in HMIS (i.e., bed capacity for non-participating providers)	c. <input type="text" value="0.00"/>	
Number of Individuals who used more than one HMIS participating permanent supportive housing as an individuals	d. <input type="text" value="0"/>	







**Demographics****PSH-IND Question 4: Age\***

<b>Age of Children:</b>	<i># of Persons</i>
Under 1 <b>a.</b>	<input type="text" value="0"/>
1 to 5 <b>b.</b>	<input type="text" value="0"/>
6 to 12 <b>c.</b>	<input type="text" value="0"/>
13 to 17 <b>d.</b>	<input type="text" value="0"/>
<b>Total:</b>	<b>0</b>

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<b>Age of Adults:</b>	<i># of Persons</i>
18 to 24 <b>e.</b>	<input type="text" value="0"/>
25 to 30 <b>f.</b>	<input type="text" value="3"/>
31 to 50 <b>g.</b>	<input type="text" value="24"/>
51 to 61 <b>h.</b>	<input type="text" value="28"/>
62 or older <b>i.</b>	<input type="text" value="9"/>
<b>Total:</b>	<b>64</b>

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Missing this information   **j.**  

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**Persons Reported:      64**

**PSH-IND Question 6: Ethnicity**

		<i># of Persons</i>
Non-Hispanic/Non-Latino	<b>a.</b>	<input type="text" value="63"/>
Hispanic/Latino	<b>b.</b>	<input type="text" value="1"/>
Missing this information	<b>c.</b>	<input type="text" value="0"/>
<b>Total:</b>		<b>64</b>







**PSH-IND Question 11: How Many Individuals are Disabled (Adults Only)?**

	<i># of Persons</i>
Yes, disabled	a. <input type="text" value="63"/>
Not disabled	b. <input type="text" value="1"/>
Missing this information	c. <input type="text" value="0"/>
<b>Total:</b>	<b>64</b>

**PSH-IND Question 12: How Many Individuals had the Following Disability Types (Adults Only)**

	<i># of Persons</i>
Physical disability	a. <input type="text" value="12"/>
Developmental disability	b. <input type="text" value="3"/>
HIV/AIDS	c. <input type="text" value="3"/>
Mental health <sup>a</sup>	d. <input type="text" value="25"/>
Substance abuse <sup>a</sup>	e. <input type="text" value="5"/>
Both mental health and substance abuse <sup>b</sup>	f. <input type="text" value="31"/>
Missing this information <sup>c</sup>	g. <input type="text" value="0"/>
<b>Total:</b>	<b>79</b>



### ***Prior Living Situation***

#### **PSH-IND Question 13: How Many Individuals *Entered* Permanent Supportive Housing During the AHAR Reporting Period**

Unduplicated count of persons who a.   
entered

**PSH-IND Question 14: Living Arrangement the Night Before Program Entry for individuals in permanent supportive housing**

		<i># of Persons</i>
Emergency shelter	<b>a.</b>	<input type="text" value="13"/>
Transitional housing	<b>b.</b>	<input type="text" value="2"/>
Permanent supportive housing	<b>c.</b>	<input type="text" value="0"/>
Psychiatric facility	<b>d.</b>	<input type="text" value="3"/>
Substance abuse treatment center/detox	<b>e.</b>	<input type="text" value="3"/>
Hospital (non-psychiatric)	<b>f.</b>	<input type="text" value="3"/>
Jail, prison, or juvenile detention	<b>g.</b>	<input type="text" value="1"/>
Rental by client (VASH subsidy)	<b>h.</b>	<input type="text" value="0"/>
Rental by client (other subsidy)	<b>i.</b>	<input type="text" value="0"/>
Rental by client (no subsidy)	<b>j.</b>	<input type="text" value="3"/>
Owned by client (with subsidy)	<b>k.</b>	<input type="text" value="0"/>
Owned by client (no subsidy)	<b>l.</b>	<input type="text" value="0"/>
Staying with family	<b>m.</b>	<input type="text" value="2"/>
Staying with friends	<b>n.</b>	<input type="text" value="1"/>
Hotel or motel (no voucher)	<b>o.</b>	<input type="text" value="3"/>
Foster care home	<b>p.</b>	<input type="text" value="0"/>
Place not meant for habitation	<b>q.</b>	<input type="text" value="24"/>
Safe Haven	<b>r.</b>	<input type="text" value="0"/>
Other living arrangement	<b>s.</b>	<input type="text" value="6"/>
Missing this information	<b>t.</b>	<input type="text" value="0"/>

**PSH-IND Question 16: How Many Individuals *Exited* Permanent Supportive Housing During the AHAR Reporting Period**

Unduplicated count of persons who a.   
exited

**Length of Stay****PSH-IND Question 18: Number of Nights in Permanent Supportive Housing for Adults During the AHAR Reporting Period**

		<i># of FEMALES</i>	<i># of MALES</i>	<i># of MISSING GENDER</i>
1 to 7 nights	a.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
8 to 30 nights	b.	<input type="text" value="0"/>	<input type="text" value="2"/>	<input type="text" value="0"/>
31 to 60 nights	c.	<input type="text" value="1"/>	<input type="text" value="6"/>	<input type="text" value="0"/>
61 to 90 nights	d.	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="0"/>
91 to 120 nights	e.	<input type="text" value="1"/>	<input type="text" value="3"/>	<input type="text" value="0"/>
121 to 150 nights	f.	<input type="text" value="0"/>	<input type="text" value="2"/>	<input type="text" value="0"/>
151 to 180 nights	g.	<input type="text" value="0"/>	<input type="text" value="4"/>	<input type="text" value="0"/>
181 to 210 nights	h.	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
211 to 240 nights	i.	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
241 to 270 nights	j.	<input type="text" value="1"/>	<input type="text" value="3"/>	<input type="text" value="0"/>
271 to 300 nights	k.	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
301 to 330 nights	l.	<input type="text" value="3"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
331 to 360 nights	m.	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
361 to 365 nights	n.	<input type="text" value="7"/>	<input type="text" value="23"/>	<input type="text" value="0"/>
Missing this Information	o.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>Total:</b>		<b>17</b>	<b>47</b>	<b>0</b>



**PSH-IND Question 21: Total Length of Stay for Children in Permanent Supportive Housing for the Most Recent Consecutive Stay During the AHAR Reporting Period**

		# of FEMALES	# of MALES	# of MISSING GENDER
0 to 6 months (or 1 to 180 nights)	a.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
7 to 12 months (or 181 to 365 nights)	b.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
13 to 18 months (or 366 to 545 nights)	c.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
19 to 24 months (or 546 to 730 nights)	d.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
2 to 5 years (or 731 to 1,825 nights)	e.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
More than 5 years (1,826 nights or greater)	f.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Missing this information	g.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>Total:</b>		<b>0</b>	<b>0</b>	<b>0</b>

**Survey Response Set: Summary: Summary of the reporting categories**

***Summary***

**Summary Question 1: Number of persons in your HMIS who appeared in...\***

	# of Persons	ESFAM	ESIND	THFAM	THIND
All four program-household types:	a. <input type="text" value="0"/>	ESFAM <b>0</b>	ESIND <b>0</b>	THFAM <b>0</b>	THIND <b>0</b>
<ul style="list-style-type: none"> <li>• Individual in emergency shelter (ESIND),</li> <li>• Family member in emergency shelter (ESFAM),</li> <li>• Individual in transitional housing (THIND), and</li> <li>• Family member in transitional housing (THFAM).</li> </ul>					
...these 3 program-household types only: ESIND, ESFAM, and THIND	b. <input type="text" value="0"/>	ESFAM <b>0</b>	ESIND <b>0</b>	THFAM <b>0</b>	THIND <b>0</b>
...these 3 program-household types only: ESIND, ESFAM, and THFAM	c. <input type="text" value="0"/>	ESFAM <b>0</b>	ESIND <b>0</b>	THFAM <b>0</b>	THIND <b>0</b>
...these 3 program-household types only: ESIND, THIND, and THFAM	d. <input type="text" value="0"/>	ESFAM <b>0</b>	ESIND <b>0</b>	THFAM <b>0</b>	THIND <b>0</b>
...these 3 program-household types only: ESFAM, THIND, and THFAM	e. <input type="text" value="0"/>	ESFAM <b>0</b>	ESIND <b>0</b>	THFAM <b>0</b>	THIND <b>0</b>
...these 2 program-household types only: ESIND and ESFAM	f. <input type="text" value="0"/>	ESFAM <b>0</b>	ESIND <b>0</b>	THFAM <b>0</b>	THIND <b>0</b>
...these 2 program-household types only: ESIND and THIND	g. <input type="text" value="14"/>	ESFAM <b>0</b>	ESIND <b>14</b>	THFAM <b>0</b>	THIND <b>14</b>
...these 2 program-household types only: ESIND and THFAM	h. <input type="text" value="4"/>	ESFAM <b>0</b>	ESIND <b>4</b>	THFAM <b>4</b>	THIND <b>0</b>
...these 2 program-household types only: ESFAM and THIND	i. <input type="text" value="0"/>	ESFAM <b>0</b>	ESIND <b>0</b>	THFAM <b>0</b>	THIND <b>0</b>
...these 2 program-household types only: ESFAM and THFAM	j. <input type="text" value="51"/>	ESFAM <b>51</b>	ESIND <b>0</b>	THFAM <b>51</b>	THIND <b>0</b>



**Summary Question 3: Number of transitional housing family units in your current inventory for the AHAR community at the start of the covered time period (Information for 3a has been pre-populated from your Housing Inventory Count (HIC). Please edit if you updated your transitional housing units.)**

*# of Units*

Year Round Family Units

- a.  **You must edit based on updates you made to TH-FAM**

