

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

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**Total Counts****ES-FAM Question 1: Total Number of Veterans in Families Who Used Emergency Shelters During Covered Time Period**

	<i># of Veterans / Beds</i>
Unduplicated number of Veterans in Families <sup>a</sup> that used Emergency Shelters participating in HMIS	a. <input type="text" value="1"/>
Number of emergency, year-round equivalent shelter beds <sup>b</sup> in HMIS that are designated for Veteran Families (i.e., bed capacity for participating providers) <sup>c</sup>	b. <input type="text" value="0.00"/>
Number of emergency, year-round equivalent shelter beds <sup>b</sup> at providers not participating in HMIS that are designated for Veteran Families (i.e., bed capacity for non-participating providers) <sup>c</sup>	c. <input type="text" value="0.00"/>
Number of Veterans 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\*

Age of Adults:		# of Veterans
18 to 24	a.	<input type="text" value="0"/>
25 to 30	b.	<input type="text" value="0"/>
31 to 50	c.	<input type="text" value="1"/>
51 to 61	d.	<input type="text" value="0"/>
62 or older	j.	<input type="text" value="0"/>
<b>Total:</b>		<b>1</b>

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Missing this information	k.	<input type="text" value="0"/>
<b>Veterans Reported:</b>		<b>1</b>

### ES-FAM Question 4: Gender\*

		# of Veterans
Female	a.	<input type="text" value="1"/>
Male	b.	<input type="text" value="0"/>
Transgender male to female	c.	<input type="text" value="0"/>
Transgender female to male	d.	<input type="text" value="0"/>
Other	e.	<input type="text" value="0"/>
Missing this information	f.	<input type="text" value="0"/>
<b>Total:</b>		<b>1</b>

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<b>Veterans Reported:</b>		<b>1</b>
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### ES-FAM Question 5: Ethnicity

		# of Veterans
Non-Hispanic/Non-Latino	a.	<input type="text" value="1"/>

Missing this information	c.	<input type="text" value="0"/>
<b>Total:</b>		<b>1</b>

**ES-FAM Question 7: Total Number of Persons who are Veterans within Households**

		<i>Total Number of Veterans</i>
1 Veteran per Household	a.	<input type="text" value="1"/>
2 Veterans per Household	b.	<input type="text" value="0"/>
3 Veterans per Household	c.	<input type="text" value="0"/>
4 Veterans per Household	d.	<input type="text" value="0"/>
5 or more Veterans per Household	e.	<input type="text" value="0"/>
Missing this information	f.	<input type="text" value="0"/>
<b>Total:</b>		<b>1</b>



**Prior Living Situation****ES-FAM Question 9: Living Arrangement the Night Before Program Entry for veterans in families in emergency shelters**

		<i># of Veterans</i>
Emergency shelter	a.	<input type="text" value="0"/>
Transitional housing	b.	<input type="text" value="0"/>
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="0"/>
Hospital (non-psychiatric)	f.	<input type="text" value="0"/>
Jail, prison, or juvenile detention	g.	<input type="text" value="0"/>
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="0"/>
Staying with friends	n.	<input type="text" value="1"/>
Hotel or motel (no voucher)	o.	<input type="text" value="0"/>
Foster care home	p.	<input type="text" value=""/>
Place not meant for habitation	q.	<input type="text" value="0"/>
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>1</b>

### Length of Stay

#### ES-FAM Question 11: Number of Nights in Emergency Shelter for Veterans in Families

		# of FEMALES	# of MALES	# of MISSING GENDER
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="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="0"/>	<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"/>	<input type="text"/>
331 to 360 nights	m.	<input type="text"/>	<input type="text"/>	<input type="text"/>
361 to 365 nights	n.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Missing this Information	o.	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total:</b>		<b>1</b>	<b>0</b>	<b>0</b>



## Household Counts

### ES-FAM Question 12: How Many Veteran Family Households Stayed in Emergency Shelters

	<i># of Households</i>
... at any time during the covered time period?	a. <input type="text" value="1"/>
... on Wednesday of the last week in October (October 26, 2016)?	b. <input type="text" value="0"/>
... on Wednesday of the last week in January (January 25, 2017)?	c. <input type="text" value="0"/>
... on Wednesday of the last week in April (April 26, 2017)?	d. <input type="text" value="0"/>
... on Wednesday of the last week in July (July 26, 2017)?	e. <input type="text" value="0"/>

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

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**Total Counts****ES-IND Question 1: Total Number of Veterans Who Used Emergency Shelters During Covered Time Period**

	<i># of Veterans / Beds</i>
Unduplicated number of Veterans <sup>a</sup> that used Emergency Shelters participating in HMIS	a. <input type="text" value="5"/>
Number of emergency, year-round equivalent shelter beds <sup>b</sup> in HMIS that are designated for Veteran Individuals (i.e., bed capacity for participating providers) <sup>c</sup>	b. <input type="text" value="0.00"/>
Number of emergency, year-round equivalent shelter beds <sup>b</sup> at providers not participating in HMIS that are designated for Veteran Individuals (i.e., bed capacity for non-participating providers) <sup>c</sup>	c. <input type="text" value="16.00"/>
Number of Veterans who used more than one HMIS participating emergency shelter as a veteran	d. <input type="text" value="0"/>



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

<b>Age of Adults:</b>		<i># of Veterans</i>
18 to 24	a.	<input type="text" value="1"/>
25 to 30	b.	<input type="text" value="1"/>
31 to 50	c.	<input type="text" value="2"/>
51 to 61	d.	<input type="text" value="0"/>
62 or older	j.	<input type="text" value="1"/>
<b>Total:</b>		<b>5</b>

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 Missing this information k.   
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**Veterans Reported: 5**

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

		<i># of Veterans</i>
Female	a.	<input type="text" value="2"/>
Male	b.	<input type="text" value="3"/>
Transgender male to female	c.	<input type="text" value="0"/>
Transgender female to male	d.	<input type="text" value="0"/>
Other	e.	<input type="text" value="0"/>
Missing this information	f.	<input type="text" value="0"/>
<b>Total:</b>		<b>5</b>

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**Veterans Reported: 5**  
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**ES-IND Question 5: Ethnicity**

		<i># of Veterans</i>
Non-Hispanic/Non-Latino	a.	<input type="text" value="5"/>

Missing this information	c.	<input type="text" value="0"/>
<b>Total:</b>		<b>5</b>

**ES-IND Question 7: Total Number of Persons who are Veterans within Households**

		<i>Total Number of Veterans</i>
1 Veteran per Household	a.	<input type="text" value="5"/>
2 Veterans per Household	b.	<input type="text" value="0"/>
3 Veterans per Household	c.	<input type="text" value="0"/>
4 Veterans per Household	d.	<input type="text" value="0"/>
5 or more Veterans per Household	e.	<input type="text" value="0"/>
Missing this information	f.	<input type="text" value="0"/>
<b>Total:</b>		<b>5</b>



**Prior Living Situation****ES-IND Question 9: Living Arrangement the Night Before Program Entry for Veterans in Emergency Shelters**

		<i># of Veterans</i>
Emergency shelter	a.	<input type="text" value="0"/>
Transitional housing	b.	<input type="text" value="0"/>
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="0"/>
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="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="1"/>
Hotel or motel (no voucher)	o.	<input type="text" value="0"/>
Foster care home	p.	<input type="text"/>
Place not meant for habitation	q.	<input type="text" value="1"/>
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>5</b>



**Length of Stay****ES-IND Question 11: Number of Nights in Emergency Shelter for Veterans**

		<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="0"/>	<input type="text" value="0"/>
31 to 60 nights	c.	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
61 to 90 nights	d.	<input type="text" value="0"/>	<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="1"/>	<input type="text" value="0"/>
181 to 210 nights	h.	<input type="text" value="0"/>	<input type="text" value="1"/>	<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="1"/>	<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>2</b>	<b>3</b>	<b>0</b>

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

### Total Counts

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

*# of Veterans /  
Beds*

- Unduplicated number of Veterans in Families<sup>a</sup> that used Transitional Housing participating in HMIS **a.**
- Number of transitional housing beds in HMIS that are designated for Veteran Families (i.e., bed capacity for participating providers)<sup>c</sup> **b.**
- Number of transitional housing beds at providers not participating in HMIS that are designated for Veteran Families (i.e., bed capacity for non-participating providers)<sup>c</sup> **c.**
- Number of Veterans in Families who used more than one HMIS participating transitional housing program in a family **d.**



## Demographics

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

Age of Adults:		# of Veterans
18 to 24	a.	<input type="text" value="0"/>
25 to 30	b.	<input type="text" value="0"/>
31 to 50	c.	<input type="text" value="0"/>
51 to 61	d.	<input type="text" value="0"/>
62 or older	j.	<input type="text" value="0"/>
<b>Total:</b>		<b>0</b>

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Missing this information	k.	<input type="text" value="0"/>
<b>Veterans Reported:</b>		<b>0</b>

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### TH-FAM Question 4: Gender\*

		# of Veterans
Female	a.	<input type="text" value="0"/>
Male	b.	<input type="text" value="0"/>
Transgender male to female	c.	<input type="text" value="0"/>
Transgender female to male	d.	<input type="text" value="0"/>
Other	e.	<input type="text" value="0"/>
Missing this information	f.	<input type="text" value="0"/>
<b>Total:</b>		<b>0</b>

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<b>Veterans Reported:</b>		<b>0</b>
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### TH-FAM Question 5: Ethnicity

		# of Veterans
Non-Hispanic/Non-Latino	a.	<input type="text" value="0"/>

Missing this information	c.	<input type="text" value="0"/>
<b>Total:</b>		<b>0</b>

**TH-FAM Question 7: Total Number of Persons who are Veterans within Households**

		<i>Total Number of Veterans</i>
1 Veteran per Household	a.	<input type="text" value="0"/>
2 Veterans per Household	b.	<input type="text" value="0"/>
3 Veterans per Household	c.	<input type="text" value="0"/>
4 Veterans per Household	d.	<input type="text" value="0"/>
5 or more Veterans per Household	e.	<input type="text" value="0"/>
Missing this information	f.	<input type="text" value="0"/>
<b>Total:</b>		<b>0</b>



**Prior Living Situation****TH-FAM Question 9: Living Arrangement the Night Before Program Entry for Adults in Families using Transitional Housing**

		<i># of Veterans</i>
Emergency shelter	a.	<input type="text" value="0"/>
Transitional housing	b.	<input type="text" value="0"/>
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="0"/>
Hospital (non-psychiatric)	f.	<input type="text" value="0"/>
Jail, prison, or juvenile detention	g.	<input type="text" value="0"/>
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="0"/>
Staying with friends	n.	<input type="text" value="0"/>
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="0"/>
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>0</b>



**Length of Stay****TH-FAM Question 11: Number of Nights in Transitional Housing for Veterans in Families**

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

## Household Counts

### TH-FAM Question 12: How Many Veteran Family Households Stayed in Transitional Housing

	<i># of Households</i>
... at any time during the covered time period?	a. <input type="text" value="0"/>
... on Wednesday of the last week in October (October 26, 2016)?	b. <input type="text" value="0"/>
... on Wednesday of the last week in January (January 25, 2017)?	c. <input type="text" value="0"/>
... on Wednesday of the last week in April (April 26, 2017)?	d. <input type="text" value="0"/>
... on Wednesday of the last week in July (July 26, 2017)?	e. <input type="text" value="0"/>

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

### Total Counts

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

	<i># of Veterans / Beds</i>
Unduplicated number of Veterans <sup>a</sup> that used Transitional Housing participating in HMIS	a. <input type="text" value="0"/>
Number of transitional housing beds in HMIS that are designated for Veteran Individuals (i.e., bed capacity for participating providers) <sup>c</sup>	b. <input type="text" value="0.00"/>
Number of transitional housing beds at providers not participating in HMIS that are designated for Veteran Individuals (i.e., bed capacity for non-participating providers) <sup>c</sup>	c. <input type="text" value="0.00"/>
Number of Veterans who used more than one HMIS participating transitional housing provider as a veteran	d. <input type="text" value="0"/>



## Demographics

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

Age of Adults:		# of Veterans
18 to 24	a.	<input type="text" value="0"/>
25 to 30	b.	<input type="text" value="0"/>
31 to 50	c.	<input type="text" value="0"/>
51 to 61	d.	<input type="text" value="0"/>
62 or older	j.	<input type="text" value="0"/>
<b>Total:</b>		<b>0</b>

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Missing this information	k.	<input type="text" value="0"/>
<b>Veterans Reported:</b>		<b>0</b>

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### TH-IND Question 4: Gender\*

		# of Veterans
Female	a.	<input type="text" value="0"/>
Male	b.	<input type="text" value="0"/>
Transgender male to female	c.	<input type="text" value="0"/>
Transgender female to male	d.	<input type="text" value="0"/>
Other	e.	<input type="text" value="0"/>
Missing this information	f.	<input type="text" value="0"/>
<b>Total:</b>		<b>0</b>

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<b>Veterans Reported:</b>		<b>0</b>
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### TH-IND Question 5: Ethnicity

		# of Veterans
Non-Hispanic/Non-Latino	a.	<input type="text" value="0"/>

Missing this information	c.	<input type="text" value="0"/>
<b>Total:</b>		<b>0</b>

**TH-IND Question 7: Total Number of Persons who are Veterans within Households**

		<i>Total Number of Veterans</i>
1 Veteran per Household	a.	<input type="text" value="0"/>
2 Veterans per Household	b.	<input type="text" value="0"/>
3 Veterans per Household	c.	<input type="text" value="0"/>
4 Veterans per Household	d.	<input type="text" value="0"/>
5 or more Veterans per Household	e.	<input type="text" value="0"/>
Missing this information	f.	<input type="text" value="0"/>
<b>Total:</b>		<b>0</b>





**Prior Living Situation****TH-IND Question 9: Living Arrangement the Night Before Program Entry for Veterans using Transitional Housing**

		<i># of Veterans</i>
Emergency shelter	a.	<input type="text" value="0"/>
Transitional housing	b.	<input type="text" value="0"/>
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="0"/>
Hospital (non-psychiatric)	f.	<input type="text" value="0"/>
Jail, prison, or juvenile detention	g.	<input type="text" value="0"/>
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="0"/>
Staying with friends	n.	<input type="text" value="0"/>
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="0"/>
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>0</b>

**Length of Stay****TH-IND Question 11: Number of Nights in Transitional Housing for Veterans**

		<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="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="0"/>	<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="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>0</b>	<b>0</b>	<b>0</b>

**Survey Response Set: PSH-FAM: Permanent Supportive Housing for Families****Total Counts****PSH-FAM Question 1: Total Number of Veterans in Families Who Used Permanent Supportive Housing (PSH) During Covered Time Period**

	<i># of Veterans / Beds</i>
Unduplicated number of Veterans in Families <sup>a</sup> that used a PSH program participating in HMIS	a. <input type="text" value="0"/>
Number of PSH beds in HMIS that are designated for Veteran Families (i.e., bed capacity for participating providers) <sup>c</sup>	b. <input type="text" value="0.00"/>
Number of PSH beds at providers not participating in HMIS that are designated for Veteran Families (i.e., bed capacity for non-participating providers) <sup>c</sup>	c. <input type="text" value="0.00"/>
Number of Veterans 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 Adults:</b>		<i># of Veterans</i>
18 to 24	a.	<input type="text" value="0"/>
25 to 30	b.	<input type="text" value="0"/>
31 to 50	c.	<input type="text" value="0"/>
51 to 61	d.	<input type="text" value="0"/>
62 or older	j.	<input type="text" value="0"/>
<b>Total:</b>		<b>0</b>

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Missing this information	k.	<input type="text" value="0"/>
-----		
<b>Veterans Reported:</b>		<b>0</b>

**PSH-FAM Question 6: Ethnicity**

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





**PSH-FAM Question 9: How Many Veterans in Families are Disabled (Adults Only)?**

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

**PSH-FAM Question 10: How Many Veterans in Families had the Following Disability Types (Adults Only)**

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

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

#### **PSH-FAM Question 11: How Many Veterans in Families *Entered* Permanent Supportive Housing During the AHAR Reporting Period**

Unduplicated count of veterans who entered a.

**PSH-FAM Question 12: Living Arrangement the Night Before Program Entry for veterans in families in permanent supportive housing**

	<i># of Veterans</i>
Emergency shelter	a. <input type="text" value="0"/>
Transitional housing	b. <input type="text" value="0"/>
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="0"/>
Hospital (non-psychiatric)	f. <input type="text" value="0"/>
Jail, prison, or juvenile detention	g. <input type="text" value="0"/>
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="0"/>
Staying with friends	n. <input type="text" value="0"/>
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="0"/>
Safe Haven	r. <input type="text" value="0"/>
Other living arrangement	s. <input type="text" value="0"/>

**PSH-FAM Question 14: How Many Veterans in Families *Exited* Permanent Supportive Housing During the AHAR Reporting Period**

Unduplicated count of veterans who exited a.

**Length of Stay****PSH-FAM Question 16: Number of Nights in Permanent Supportive Housing for Veterans in Families 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="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="0"/>	<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="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>0</b>	<b>0</b>	<b>0</b>

## Household Counts

### PSH-FAM Question 18: How Many Veteran Family Households Stayed in Permanent Supportive Housing

	<i># of Households</i>
... at any time during the covered time period?	a. <input type="text" value="0"/>
... on Wednesday of the last week in October (October 26, 2016)?	b. <input type="text" value="0"/>
... on Wednesday of the last week in January (January 25, 2017)?	c. <input type="text" value="0"/>
... on Wednesday of the last week in April (April 26, 2017)?	d. <input type="text" value="0"/>
... on Wednesday of the last week in July (July 26, 2017)?	e. <input type="text" value="0"/>

**Survey Response Set: PSH-IND: Permanent Supportive Housing for Individuals****Total Counts****PSH-IND Question 1: Total Number of Veterans Who Used Permanent Supportive Housing (PSH) During Covered Time Period**

	<i># of Veterans / Beds</i>
Unduplicated number of Veterans <sup>a</sup> that used a PSH program participating in HMIS	a. <input type="text" value="4"/>
Number of PSH beds in HMIS that are designated for Veteran Individuals (i.e., bed capacity for participating providers) <sup>c</sup>	b. <input type="text" value="0.00"/>
Number of PSH beds at providers not participating in HMIS that are designated for Veteran Individuals (i.e., bed capacity for non-participating providers) <sup>c</sup>	c. <input type="text" value="0.00"/>
Number of Veterans who used more than one HMIS participating permanent supportive housing as a veterans	d. <input type="text" value="0"/>







## Demographics

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

Age of Adults:		# of Veterans
18 to 24	a.	<input type="text" value="0"/>
25 to 30	b.	<input type="text" value="0"/>
31 to 50	c.	<input type="text" value="2"/>
51 to 61	d.	<input type="text" value="2"/>
62 or older	j.	<input type="text" value="0"/>
<b>Total:</b>		<b>4</b>

-----  
 Missing this information k.   
 -----

**Veterans Reported: 4**

**PSH-IND Question 6: Ethnicity**

		<i># of Veterans</i>
Non-Hispanic/Non-Latino	a.	<input type="text" value="4"/>
Hispanic/Latino	b.	<input type="text" value="0"/>
Missing this information	c.	<input type="text" value="0"/>
<b>Total:</b>		<b>4</b>





**PSH-IND Question 10: How Many Veterans had the Following Disability Types (Adults Only)**

		<i># of Veterans</i>
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="3"/>
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>4</b>

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

#### **PSH-IND Question 11: How Many Veterans *Entered* Permanent Supportive Housing During the AHAR Reporting Period**

Unduplicated count of veterans who entered a.

**PSH-IND Question 12: Living Arrangement the Night Before Program Entry for veterans in permanent supportive housing**

	<i># of Veterans</i>
Emergency shelter	a. <input type="text" value="3"/>
Transitional housing	b. <input type="text" value="0"/>
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="0"/>
Hospital (non-psychiatric)	f. <input type="text" value="0"/>
Jail, prison, or juvenile detention	g. <input type="text" value="0"/>
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="0"/>
Staying with friends	n. <input type="text" value="0"/>
Hotel or motel (no voucher)	o. <input type="text" value="0"/>
Foster care home	p. <input type="text" value=""/>
Place not meant for habitation	q. <input type="text" value="0"/>
Safe Haven	r. <input type="text" value="0"/>
Other living arrangement	s. <input type="text" value="1"/>



**PSH-IND Question 14: How Many Veterans *Exited* Permanent Supportive Housing During the AHAR Reporting Period**

Unduplicated count of veterans who exited a.

**Length of Stay****PSH-IND Question 16: Number of Nights in Permanent Supportive Housing for Veterans 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="0"/>	<input type="text" value="0"/>
31 to 60 nights	c.	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
61 to 90 nights	d.	<input type="text" value="0"/>	<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="1"/>	<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="2"/>	<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>0</b>	<b>4</b>	<b>0</b>

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

***Summary***

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

	# of Veterans	ESFAM	ESIND	THFAM	THIND
All four program-household types:	a. <input type="text" value="0"/>	ESFAM 0	ESIND 0	THFAM 0	THIND 0
<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 0	ESIND 0	THFAM 0	THIND 0
...these 3 program-household types only: ESIND, ESFAM, and THFAM	c. <input type="text" value="0"/>	ESFAM 0	ESIND 0	THFAM 0	THIND 0
...these 3 program-household types only: ESIND, THIND, and THFAM	d. <input type="text" value="0"/>	ESFAM 0	ESIND 0	THFAM 0	THIND 0
...these 3 program-household types only: ESFAM, THIND, and THFAM	e. <input type="text" value="0"/>	ESFAM 0	ESIND 0	THFAM 0	THIND 0
...these 2 program-household types only: ESIND and ESFAM	f. <input type="text" value="0"/>	ESFAM 0	ESIND 0	THFAM 0	THIND 0
...these 2 program-household types only: ESIND and THIND	g. <input type="text" value="0"/>	ESFAM 0	ESIND 0	THFAM 0	THIND 0
...these 2 program-household types only: ESIND and THFAM	h. <input type="text" value="0"/>	ESFAM 0	ESIND 0	THFAM 0	THIND 0
...these 2 program-household types only: ESFAM and THIND	i. <input type="text" value="0"/>	ESFAM 0	ESIND 0	THFAM 0	THIND 0