

**Table 1A Version 1
Homeless and Special Needs Populations**

Continuum of Care: Housing Gap Analysis Chart

		Current Inventory	Under Development	Unmet Need/ Gap	Priority Need Level
Individuals					
Example	Emergency Shelter	100	40	26	H,M,L
Beds	Emergency Shelter				
	Transitional Housing				
	Permanent Supportive Housing				
	Total				
Persons in Families With Children					
Beds	Emergency Shelter				
	Transitional Housing				
	Permanent Supportive Housing				
	Total				

Continuum of Care: Homeless Population and Subpopulations Chart

Part 1: Homeless Population	Sheltered		Unsheltered	Total	Priority Need Level
	Emergency	Transitional			
Number of Families with Children (Family Households):					
1. Number of Persons in Families with Children					
2. Number of Single Individuals and Persons in Households without children					
(Add Lines Numbered 1 & 2 Total Persons)					
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total	
a. Chronically Homeless					
b. Seriously Mentally Ill					
c. Chronic Substance Abuse					
d. Veterans					
e. Persons with HIV/AIDS					
f. Victims of Domestic Violence					
g. Unaccompanied Youth (Under 18)					

Optional Continuum of Care Homeless Housing Activity Chart:

Fundamental Components in CoC System - Housing Inventory Chart											
EMERGENCY SHELTER											
Provider Name	Facility Name	HMIS	Geo Code <input type="checkbox"/>	Target Population		2004 Year-Round Units/Beds			2004 All Beds		
				A	B	Family Units	Family Beds	Individual Beds	Year-Round	Seasonal	Overflow /Voucher
Current Inventory											
				SUBTOTAL							
Under Development											
				SUBTOTAL							
TRANSITIONAL HOUSING											
Provider Name	Facility Name	HMIS	Geo Code <input type="checkbox"/>	Target Population		2004 Year-Round Units/Beds			2004 All Beds		
				A	B	Family Units	Family Beds	Individual Beds	Total Beds	Seasonal	Overflow /Voucher
Current Inventory											
				SUBTOTAL							
Under Development											
				SUBTOTAL							
PERMANENT SUPPORTIVE HOUSING											
Provider Name	Facility Name	HMIS	Geo Code <input type="checkbox"/>	Target Population		2004 Year-Round Units/Beds			2004 All Beds		
				A	B	Family Units	Family Beds	Individual Beds	Total Beds	Seasonal	Overflow /Voucher
Current Inventory											
				SUBTOTAL							
Under Development											
				SUBTOTAL							

Optional Continuum of Care Homeless Housing Activity Chart Instructions

Column Name

Provider Name: Self-explanatory.

Facility Name: Self-explanatory.

HMIS: Enter one of the following three codes for each project concerning its participation in the Continuum of Care's HMIS.

C=Currently entering client data into the HMIS; P-Month/year (P-4/04) = Planned month/year that the program will begin entering client data into the HMIS; and N=the program currently does not plan to participate in the HMIS.

Geo Code: Indicate the Geographic Area Code (Geo Code) for the project. Where there is only one geographic code for the Continuum, check the box and indicate that code in the first project only. If the project is located in multiple jurisdictions, select the jurisdiction where the majority of the provider's inventory is located.

Target Population A: Select the code that best represents your project: **SM**= only Single Males (18 years and older); **SF**= only Single Females (18 years and older); **SMF**= only Single Males and Females (18 years and older with no children); **FC**= only Families with Children; **YM**= only unaccompanied Young Males (under 18 years); **YF**= only unaccompanied Young Females (under 18 years); **YMF**= only unaccompanied Young Males and Females (under 18 years); **M**= mixed populations. Only one code should be used per facility. If more than one group is served use the **M**=mixed populations code

Target Population B: Indicate whether the project serves these additional characteristics: **DV**= only Domestic Violence victims; **VET**= only Veterans, and **AIDS**= only persons with HIV/AIDS.

2004 Year-Round Units/Beds:

Family Units: Enter the number of units that the project set-aside for serving families.

Family Beds: Enter the number of beds that are contained in family units.

Individual Beds: Enter the number of beds serving individuals.

2004 All Beds (Emergency Shelters Only)

Emergency shelters are usually structures with year-round beds, but there are structures with seasonal beds that are made available to homeless persons during particularly high-demand seasons of the year, usually wintertime. In addition, projects may have overflow capacity that includes cots or mats in addition to permanent bed capacity that is not ordinarily available but can be marshaled when demand is especially great, for example, on the coldest nights of the year. Vouchers are to be identified under overflow beds. The total number of year-round, seasonal and overflow beds would provide a point-in-time snapshot of the housing inventory for homeless people at its highest point in the year.

Year-Round Beds: The number of family beds in (column "Family Beds") **plus** the number of beds for individuals (column "Individual Beds").

Seasonal Beds: The number of beds made available to individuals and families on a seasonal basis.

Overflow Beds: The number of beds, mats or spaces or vouchers that are made available on a very temporary basis.

Current Inventory: List all facilities and voucher programs that are currently operating.

Under Development: List all the projects that are fully funded but are not yet serving homeless people.

Optional Continuum of Care Homeless Service Activity Chart:

Using the format below, describe the fundamental service components of your Continuum of Care system currently in place, and any additional services being planned.

Fundamental Components in Continuum of Care System -- Service Activity Chart
<p><u>Component:</u> <i>Prevention</i></p> <p><u>Services in place:</u> Please arrange by category (e.g., rental/mortgage assistance), being sure to identify the service provider.</p> <p><u>Services planned:</u></p> <p><u>How persons access/receive assistance:</u></p>
<p><u>Component:</u> <i>Outreach</i></p> <p><u>Outreach in place:</u> (1) Please describe the outreach activities for homeless persons who are living on the streets in your Continuum of Care area and how they are connected to services and housing.</p> <p>(2) Describe the outreach activities that occur for other homeless persons.</p> <p><u>Outreach planned:</u> Describe any planned outreach activities for (1) persons living on the streets; and (2) for other homeless persons.</p>
<p><u>Component:</u> <i>Supportive Services</i></p> <p><u>Services in place:</u> Please describe how each of the following services are provided in your community (as applicable): case management, life skills, alcohol and drug abuse treatment, mental health treatment, AIDS-related treatment, education, employment assistance, child care, transportation, and other.</p> <p><u>Services planned:</u></p> <p><u>How homeless persons access/receive assistance:</u></p>