2016 Survey Guide for:
Rapid Re-Housing and Permanent Supportive Housing projects

What is the Point in Time Count?

The PIT is a federally mandated count of the homeless population within a geographic area, which informs the national government and service providers alike on trends in homeless subpopulations and overall homelessness to gauge where more resources are needed and which programs are successful.

Step by Step Guide:

Note: When you click on some of the cells in this survey, a little arrow might appear to the right of the cell. This means the cell has prefilled options. If you cannot find the correct answer under the drop down, the cell below it should have a spot to put alternative answers.

1. For example, when you fill out the name of your organization, there is a drop down list when you click on the blank cell next to [A.1]. Because my example organization, "ABC Housing" isn't on this list, I would select "OTHER" at the bottom of the drop down list and then drop down to [A.1.1] and enter the name of my organization.

2. From [A.2] onward, fill in the blanks with the information about your specific program. To be certain of which type of program you are entering data for, either check the definitions under the guidance tab at the bottom of the spreadsheet or click on the "2016 PIT Definitions" link on the website. For [A.4], most programs will select "Not Applicable" under the drop down list.

3. For questions [A.5] through [A.10], please fill in the specific location of the program unless this program does not have a central location (for example, scattered site locations), in which case you should fill in the address of your administrative office. If you are unsure which CoC your program belongs to, feel free to contact Nicole Clark, the MCoC Coordinator, at 603-641-9441 extension 252 or at vista@mcocnh.org.

15	[A.5] Address of Program:	359 Westwind Rd
16	[A.6] City:	Manchester
17	[A.7] State:	NH
18	[A.8] Zip Code:	03104
19	[A.9] County:	Hillsborough
20	[A.10] What CoC is this program in:	MCoC

4. [A.11] through [A.13] refers to your contact information. Your email address is especially helpful for us as we keep in contact with everyone who submits surveys.

21	[A.11] What is your full name:	Nicole Clark
22	[A.12] What phone number can we reach you at:	603-641-9441 ext. 252
23	[A.13] What email can we reach you at:	vista@mcocnh.org

5. [A.14] through [A.19] are program specific questions. Please note that for question [A.15.1], you only have to fill out this section if you have selected "U: Underdevelopment" for [A.15]. All others can skip this question. For all other questions, follow the instructions under the guidance tab. Please pay special attention to [A.18], checking "Yes- ONLY some beds" if you do not enter HMIS data on all of the beds in your program.

24	[A.14] What population does this program primarily target?	SMF + HC: Single Males and Females plus Households with Children
25	[A.15] What is the development status of this program?	N: New Inventory
26	[A.15.1] Will it be available for occupancy by 1/31/17?	No
27	[A.16] Does this program receive McKinney-Vento funds?	Yes
28	[A.17] Does this program receive ANY funding from the VA?	No
29	[A.18] Does this program enter its clients' data into NH-HMIS?	Yes - ONLY some beds
30	[A.19] How many clients are in your program right now?	15

6. Section [B] refers to specific data on bed and unit information. Please note that the number of beds [B1.1] must be at least double the unit capacity marked in [B.1]. The yellow box at the bottom of this section is a calculated number. You will not have to enter a value in this space.

33	[B.1] Total **unit** capacity for households with children?	6
34	[B.1.1] Total **bed** capacity for households with children?	14
35	[B.2] Total **bed** capacity for households with no children?	2
36	[B.3] Total **bed** capacity for households with ONLY children?	0
37	Total number of beds in your program (this number is calculated)	16

7. [D] Refers to other bed information. For [D.4], please note that the definition for Chronic Homelessness has changed slightly this year. To be considered chronically homeless an individual must: 1) be over the age of 18, 2) have a disabling condition, and 3) have been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years which add up to a combined total of 12 months or more. Individuals in a household with a chronically homeless person are counted as chronically homeless as well and must have beds for all family members.

38	**[D] Other Bed Information**	
39	[D.1] How many beds are dedicated for Veterans?	0
40	[D.2] How many beds are dedicated for youth of the following age ranges:	
41	[D.2.1] Only persons under 18	0
42	[D.2.2] Only persons 18 to 24	4
43	[D.2.3] Persons up to 24	0
44	[D.3] How many beds are voucher (motel/hotel) beds?	0
45	[D.4] How many beds are dedicated to chronically homeless persons?	2