

2014

State Housing Trust Fund for the Homeless
GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

BALANCE OF STATE SHELTER SURVEY

HOUSING INVENTORY COUNT

POINT-IN-TIME COUNT

SERVICE NEEDS

GENERAL INFO



Instructions

Thank you for completing the 2014 Shelter Survey, administered by the Georgia Department of Community Affairs. Every year, we take a one-night snapshot of homelessness in Georgia, and this year's count has been set for the night of MONDAY, JANUARY 27. In the pages that follow, we are going to ask some questions about your bed inventory and homeless counts for that night, as well as general information about your bed program and your community's needs.

You will need to complete a separate survey for each bed program that your agency has. Each emergency shelter, transitional housing program, motel/hotel voucher program and winter/seasonal shelter will need its own survey. You DO NOT need to complete this survey for a program that is entirely located in Fulton, DeKalb, Cobb, Clarke, Chatham, Richmond, or Muscogee Counties.

Thank you for taking the time to partner with DCA and complete this important survey as we strive to measure the prevalence of homelessness, the resources that are currently available to address it, and the need that is still going unmet in our communities.

If you have any questions about the survey, please contact Jason Rodriguez at (404) 679-3102 or at jason.rodriguez@dca.ga.gov.

Make sure to "Save" your survey often!

Basic Information about Your Agency

1. Agency Name

2. Is this a Domestic Violence Agency?

- Yes
- No

3. Primary Agency Contact Person

4. Phone Number for Agency Contact

5. Email for Agency Contact

6. Agency HMIS Contact for Pathways (or ALICE for Domestic Violence Agencies)

7. Phone Number for Agency HMIS or ALICE Contact

8. Email for Agency HMIS or ALICE Contact

9. Which types of housing programs does your agency have? (Check all that apply)

- Emergency Shelter (up to 90 days)
- Hotel/Motel Vouchers
- Winter/Seasonal Shelter (open several months per year)
- Transitional Housing (90 days to 2 years)
- Permanent Supportive Housing
- Rapid Re-Housing

10. Please list the name of each program your agency has.

(For example, if your agency has 2 emergency shelter programs and 3 transitional housing programs, please list all 5 programs.)

Introductory Information about Your Program

*Please complete a separate survey for each shelter or housing program. If you have beds scattered across DIFFERENT COUNTIES for this program, please complete a separate survey for each county the program resides in.

11. What type of program is this?

- Emergency Shelter (up to 90 days) Transitional Housing (90 days to 2 years) Hotel/Motel Vouchers Rapid Re-Housing Seasonal/Winter Shelter (open several months a year)

12. Program Name

13. Do you currently track people in this program in Pathways Compass?

- Yes
 No

14. What is the name of this program in Pathways Compass?

15. What is the PROGRAM KEY* for this program in Pathways Compass?

16. Is the primary intent of this program to serve homeless persons?

- Yes
 No

17. Does this program verify homelessness status when determining whether or not someone is eligible for the program?

- Yes
 No

18. For the most part, are the actual clients of this program homeless?

- Yes
 No

19. Is this program dedicated as an extreme weather shelter?

- Yes
 No

*To find the program key... (1) Log into Pathways Compass. (2) Click "My Agency." (3) Click "Programs." (4) Get the program key (column 2) for the program that you are completing this survey for.

Program Bed Inventory

We need to gather more specific information about your beds. For Questions 20 through 30, please give your best estimates of what is typical for your program

20. Are the beds in this program:

- Located in a hotel/motel and made available by your program through vouchers or other forms of payment
- Located in a residential facility dedicated for use by persons who are homeless (can include cots or mats)
- Located in a church or other facility NOT dedicated for use by persons who are homeless
- Other (please specify)

21. Are the beds in this program reserved for Households WITH Children or Households WITHOUT children?

- Varies based on need
- Some are reserved for one type, some for the other
- Only serve households with children
- Only serve households without children
- Unsure

22. Typically, how many beds in this program serve...

People in households WITHOUT children?

People in households with at least one adult and one child?

People in households WITH ONLY children?

23. How many of this program's beds are:

Available throughout the year

Available on a planned basis, for particular times of the year only

Overflow (available on a temporary basis in response to demand that exceeds planned bed capacity)

24. How many of this program's beds BEGAN OPERATION between February 1, 2013, and January 31, 2014?

25. How many of this program's beds are fully funded but NOT AVAILABLE FOR OCCUPANCY as of January 31, 2014?

26. Of the beds in Question 25, how many do you expect WILL BEGIN OPERATION within the next 12 months?

27. In all, how many TOTAL beds does this program have available?

28. A "unit" is an apartment or room reserved for one household. Typically, how many UNITS in your program serve...

People in households
WITHOUT children

People in households with
at least one adult and one
child

People in households WITH
ONLY children

29. In all, how many TOTAL units does this program have available?

30. Are there any notes you would like to include about how you recorded your capacity?

Point-in-Time Count

We need to ask you about the people who were staying in your program on the night of January 27, 2014. Keep in mind that each UNACCOMPANIED INDIVIDUAL counts as ONE household

31. Of the households staying in your program on the night of January 27, how many were HOUSEHOLDS WITHOUT CHILDREN?

32. Refer to Question 31. How many PEOPLE in these households were:

18 - 24 years old

Older than 24

33. Of the households staying in your program on the night of January 27, how many were HOUSEHOLDS WITH AT LEAST ONE CHILD AND ONE ADULT?

34. Refer to Question 33. How many PEOPLE in these households were:

Younger than 18

18 - 24 years old

Older than 24

35. Of the households staying in your program on the night of January 27, how many were HOUSEHOLDS WITH ONLY CHILDREN?

36. Refer to Question 35. How many of these children were:

Unaccompanied children

In a household composed of
two or more children and

NO adults

37. How many people were staying in overflow beds on the night of January 27? ("Overflow" refers to emergency beds that are ONLY available when all other shelters are at capacity.)

38. Of all the people staying in your program on the night of January 27, how many had the following special needs? (individuals may be counted more than once)

Serious Mental Illness	<input type="text"/>
Substance Abuse Disorder	<input type="text"/>
Physical Disability	<input type="text"/>
HIV/AIDS	<input type="text"/>
Veterans (male)	<input type="text"/>
Veterans (female)	<input type="text"/>
Victims of Domestic Violence	<input type="text"/>

39. Of all the HOUSEHOLDS staying in your program on the night of January 27, how many met the HUD definition of chronic? A household is chronically homeless when at least one adult member of that household (a) has a disabling condition AND (b) has either been continuously homeless for at least a year or has been homeless at least 4 times in the past 3 years.

Households without children	<input type="text"/>
Households with at least one adult and one child	<input type="text"/>
Households with only children	<input type="text"/>

40. Of all the PEOPLE staying in your program on the night of January 27, how many met the HUD definition of chronic? A person is chronically homeless when that person (a) has a disabling condition AND (b) has either been continuously homeless for at least a year or has been homeless at least 4 times in the past 3 years.

Adults in households without children	<input type="text"/>
Adults in households with at least one adult and one child	<input type="text"/>
Children in households with at least one adult and one child	<input type="text"/>
Children in households with only children	<input type="text"/>

41. In all, how many TOTAL HOUSEHOLDS were staying in this program on the night of January 27, 2013? (Each UNACCOMPANIED INDIVIDUAL counts as ONE household)

42. In all, how many TOTAL PEOPLE (adults and children) were staying in this program on the night of January 27, 2013?

General Program Information

43. What COUNTY is this program located in?

44. What CITY is this program located in?

45. Which of these populations does this program target? (A population is considered a "target population" if your program is designed to serve that population and at least three-fourths of the clients served by the program fits that target population description.)

- Single Males
- Single Females
- Single Males and Females
- Couples Only, No Children
- Households with Children
- Single Males and Households with Children
- Single Females and Households with Children
- Single Males and Females plus Households with Children
- Unaccompanied Males under 18 years old
- Unaccompanied Females under 18 years old
- Unaccompanied Males and Females under 18 years old
- None of these
- Unsure

46. Which of these populations does this program target? (A population is considered a "target population" if your program is designed to serve that population and at least three-fourths of the clients served by the program fits that target population description.)

- Domestic violence victims
- Veterans
- Persons with HIV/AIDS
- None of these
- Unsure

47. Which of the following special needs categories does this program typically serve or target? (Check all that apply)

- Victims of domestic violence
- Individuals with serious mental illness
- Individuals with substance abuse issues
- Individuals with HIV/AIDS
- Individuals with physical disabilities
- Chronically homeless individuals (unaccompanied adult with a disability and a history of homelessness)
- Chronically homeless families
- Veterans
- Ex-offenders
- None

48. Is this provider program funded through any of the following HUD programs? (Check all that apply)

- Emergency Solutions Grants program (ESG)
- Supportive Housing Program (SHP)
- Continuum of Care program (CoC)

Services for Shelter Program Participants

49. Do your case managers systematically assist the clients in this program with completing applications for mainstream benefits? If yes, please describe.

No

Yes

50. Does your agency provide transportation assistance to clients in this program to attend mainstream benefit appointments, employment training or jobs? If yes, please describe.

No

Yes

51. Does your agency use a single application form for four or more mainstream benefits programs? If yes, please indicate for which mainstream programs the form applies.

No

Yes

52. Do your staff systematically follow-up with clients in this program to ensure that mainstream benefits are received? If yes, please describe.

No

Yes

53. Do you ensure that all children served in this program are enrolled in school and connected to the appropriate services in the community? If yes, please describe.

- Program does not serve children under 18
- No
- Yes

54. Do you collaborate or partner with the McKinney-Vento Homeless Liaison in your local school(s)? If yes, please describe.

- Program does not serve children under 18
- No
- Yes

55. Do you collaborate with your local Veteran's Affairs clinic or hospital to serve Veterans? If yes, please describe.

- Program does not serve Veterans
- There are no Veterans Affairs Services in the County
- No Collaboration with Veterans Affairs Services
- Yes

Homeless Service Needs

56. Please estimate what percentage of your clients will need ONLY emergency shelter and/or support service assistance before they can achieve housing stability:

57. Please estimate what percentage of your clients will need transitional housing before they can achieve housing stability:

58. Please estimate what percentage of your clients will need permanent supportive housing:

59. Please estimate the percentage of your clients that would be able to be rapidly re-housed straight from your program if given assistance:

60. What are the biggest UNMET NEEDS of individuals and families that are homeless in your community?

- Emergency Shelter
- Transitional Housing
- Permanent Supportive Housing
- Rental Assistance
- Utility Assistance
- Transportation Assistance
- Employment Training
- Health Care
- Mental Health Care
- Substance Abuse Treatment Services
- Education
- Outreach

Other (please specify)

61. What are the most common BARRIERS TO HOUSING for the individuals and families that are homeless in your community?

- Poor Rental History
- Poor Credit
- Criminal Background
- Large Family Size
- Physical Health Problems
- Mental Health Problems
- Addiction Problems
- Domestic Violence
- Limited Income
- Unemployment
- Transportation
- Child Care

Other (please specify)

Comments

62. Is there anything else you would like us to know about the services you provide that pertain to this particular program?

Thank you so much for you assistance! PLEASE COMPLETE A SEPARATE SURVEY FOR EACH ADDITIONAL HOUSING PROGRAM YOUR AGENCY HAS. Once you complete your surveys, you may email them to Jason Rodriguez at jason.rodriguez@dca.ga.gov. If you have any questions about the survey, please call Jason at (404) 679-3102.