

2025 HIC and Sheltered PIT Office Hours



Reminders

- Please enter your agency's name into the chat box
- Our team will try our best to answer all the questions we receive during the zoom meeting.
 - For questions that may need additional research, we will follow up through our ticketing system.







HIC and Sheltered PIT Overview

HIC Project Types

Emergency Shelter
Transitional Housing
Rapid Re-Housing (Housing with services)
Permanent Supportive Housing
Other Permanent Housing

Sheltered PIT Project Types

Emergency Shelter
Transitional Housing

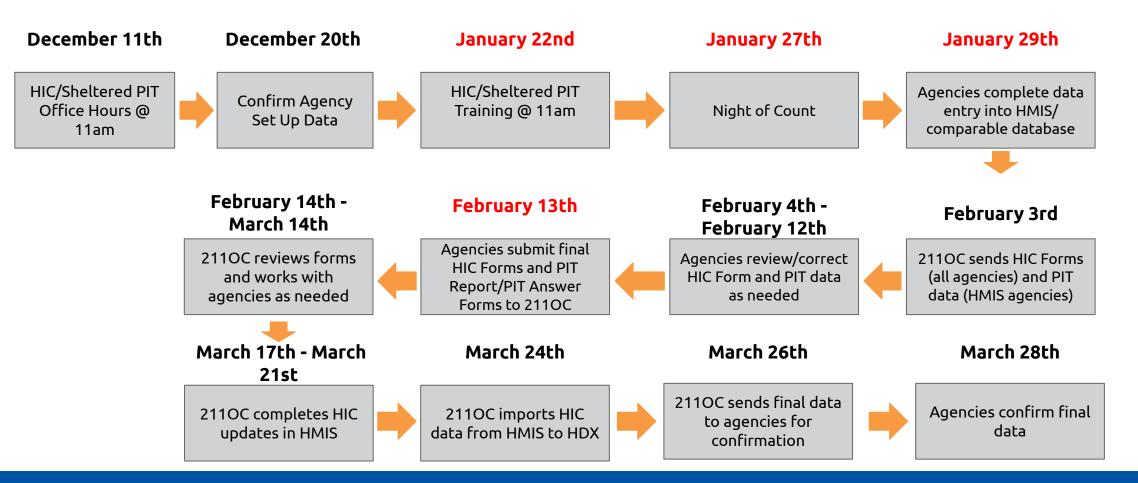
All agencies are required to participate whether or not they are participating in HMIS







2025 HIC and Sheltered PIT Timeline





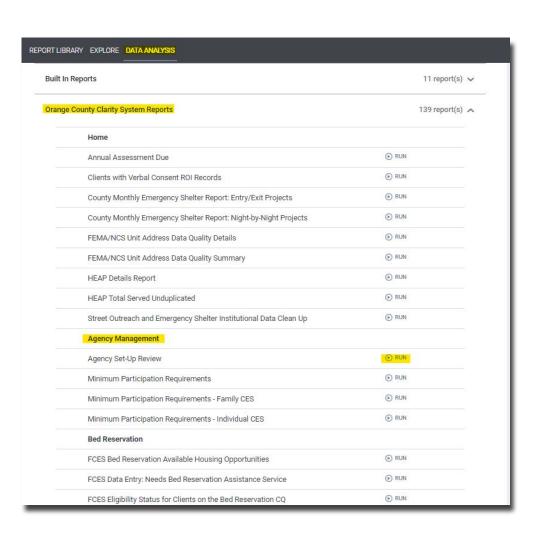




Agency Set Up Dashboard

- HUD Is requiring final bed inventories to be updated in HMIS prior to HIC/Sheltered PIT submission.
- Use the Agency Set-Up Review Dashboard to review and ensure accuracy for the following data
 - Program Descriptor
 - Funding Sources
 - Bed Inventory

To access, go to Reports > Data Analysis > Orange County Clarity System Reports > Agency Management > Agency Set-Up Review









Agency Set-Up Reports - Program Descriptor Data

						Program De	scriptor Da	ta					
Agency Name	Project Name	Project Type Code	Target Population	Geocode	Site Name	Address	City	ZIP Code	State	Housing Type	Is HMIS Participating Project	Operating Start Date	Operating End Date
A Springfield	Linda's Test	Emergency S	Not Applicable	069059	Springfield A	742 Evergree	Springfield	92705	CA	Site-based –	Yes	2020-10-01	Ø
A Springfield	Short Term S	Emergency S	Persons with	564545	Springfield A	742 Evergree	Springfield	92705	CA	Site-based –	No	2018-08-10	Ø
A Springfield	HOPWA Spri	PH - Perman	Persons with	1111	Springfield A	742 Evergree	Springfield	92705	CA	Site-based –	Yes	2018-07-31	Ø
A Springfield	Evergreen Str	Street Outrea	Not Applicable	16168461	Springfield A	742 Evergree	Springfield	92705	CA	Ø	Yes	2018-06-05	Ø
A Springfield	Springfield P	PH - Perman	Not Applicable	554546	Springfield A	742 Evergree	Springfield	92705	CA	Tenant-base	Yes	2018-06-01	Ø
A Springfield	Springfield R	Services Only	Not Applicable	063342	Springfield A	742 Evergree	Springfield	92705	CA	Ø	Yes	2018-05-18	Ø
A Springfield	Springfield H	Emergency S	Not Applicable	063342	Springfield A	742 Evergree	Springfield	92705	CA	Site-based –	No	2018-05-17	2021-05-20

- This section of the report has various data elements such as the location of your agency's program, project type and operating start date. It is recommended that your agency examines the following data elements regarding your program.
- Operating Start Date is the first day on which a project provided (or will provide) services and/or housing.







Agency Set-Up Reports - Funding Sources

Agency Name	Project Name	Amount	Funding Source	Non Federal Funding Source	Funding Source Start Date	Funding Source End Date	Grant Amount	Grant Identifier	Grant Start Date	Grant End Date
A Springfield Agen	Linda's Test	\$1.00	Local or Other Fu	City of Santa Ana	2020-10-01	Ø	\$1.00	Linda 2020	2020-10-01	Ø
A Springfield Agen	Short Term Suppo	Ø	HUD:HOPWA - S	Ø	2018-08-10	Ø	\$0.00	123456789	2018-08-10	Ø
A Springfield Agen	HOPWA Springfield	Ø	HUD:HOPWA - P	Ø	2018-07-31	Ø	\$0.00	65156	2018-07-31	Ø
A Springfield Agen	Evergreen Street	Ø	HUD:ESG - Street	Ø	2018-06-05	Ø	\$0.00	54616	2018-06-05	Ø
A Springfield Agen	Springfield PHS P	Ø	HUD:CoC - Perm	Ø	2018-06-01	Ø	\$0.00	5454	2018-06-01	Ø
A Springfield Agen	Springfield RRH P	\$450,000.00	Local or Other Fu	Private	2018-05-18	Ø	\$450,000.00	15151515	2018-05-18	Ø
A Springfield Agen	Springfield Homel	Ø	VA:Supportive Ser	Ø	2018-05-17	Ø	\$0.00	010101	2018-05-17	Ø

- This section of the report has various data elements regarding the funding for your agency's program.
- There can be multiple funding sources for a program. It is important to keep the funding source end date and grant end date in mind so you can submit new funding to HMIS when they expire.







Agency Set-Up Reports - Bed Inventory

	Bed Inventory													:	
Agency Name	Project Name	Bed Type	Availability	Household Type	Inventory Start Date	Inventory End Date	Total Bed Inventory	Total Unit Inventory	Non- Dedicated Beds	Veteran Beds	Youth Beds	Youth Veteran Beds	Chronically Homeless Beds	Chronically Homeless Youth Beds	Chronically Homeless Veteran Beds
A Springfi	Springfield	Ø	Ø	Household	2019-01-01	Ø	30	15	30	0	0	0	0	0	0
A Springfi	HOPWA S	Ø	Ø	Household	2019-01-01	Ø	30	15	30	0	0	0	0	0	0
A Springfi	Springfield	Ø	Ø	Household	2018-03-22	Ø	27	27	27	0	0	0	0	0	0

- Household Type is the household type (at project entry) served by beds and units in a given inventory record.
- Projects that serve more than one household type must have separate records of inventory for each household type.
- The bed inventory can change throughout the year or as your agency receives more funding. It is important to update your bed inventory in HMIS as needed.







HIC Form

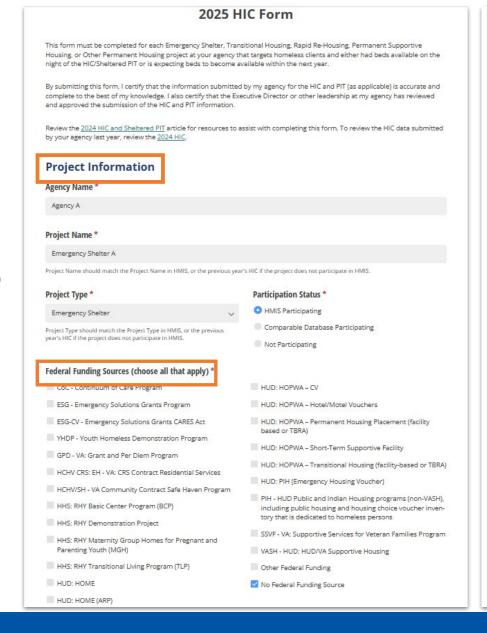
- HIC forms are used to verify and record project-related data required for the HIC and Sheltered PIT.
- The first week of February, each agency will receive a HIC Form for each of their agency's projects with information from HMIS or the last HIC.
- Project Descriptor information has been sent to each agency in advance for review.

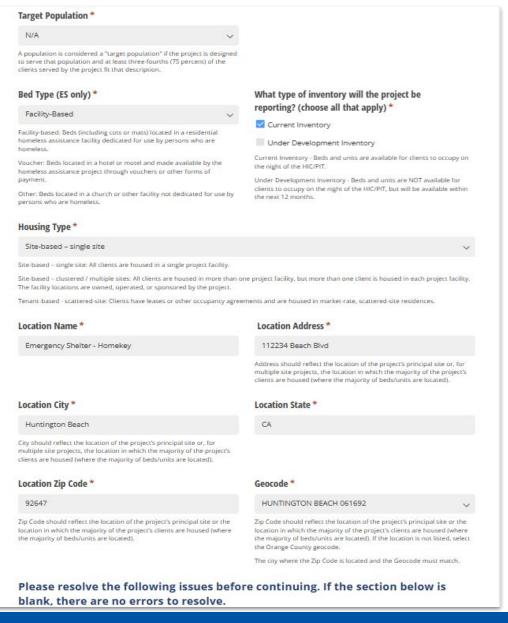






Reviewing the HIC Form

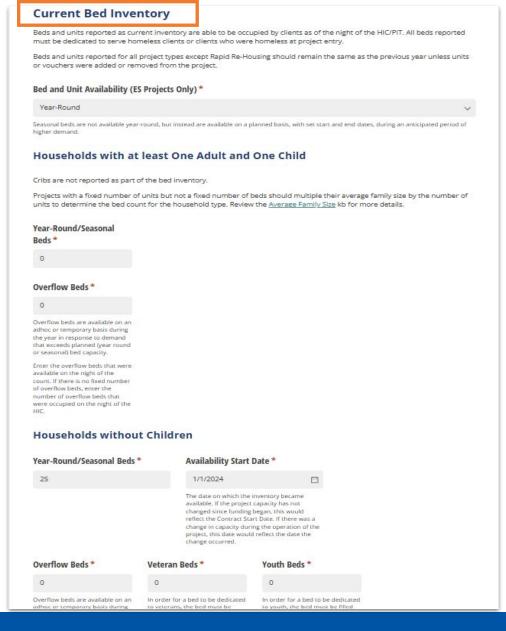












PIT Count

Report the active clients in the project on the night of the HIC/Sheltered PIT count for each household type. HMIS projects: Use the Active Clients looks on the 2024 HIC and Sheltered PIT Data Dashboard to pull this data.

- Emergency Shelter (Entry/Exit) & Transitional Housing The client has an enrollment in the project with a Project Start Date on
 or before the night of the HIC and a Project Exit Date that is blank or after the night of the HIC.
- Emergency Shelter (Night-by-Night) The client has an enrollment in the project that meets the criteria above, and also has a bed night service on the night of the HIC.
- Rapid Re-Housing, Permanent Supportive Housing, & Other Permanent Housing The client has an enrollment in the project
 with a Project Start Date on or before the night of the HIC and a Project Exit Date that is blank or after the night of the HIC, AND the
 client's head of household has a Housing Move-In Date that is on or before the night of the HIC.

Clients in Households with at least One Adult	Clients in Households without	Clients in Households with only	
and One Child *	Children *	Children *	
30	20	0	

Total Active Clients

50

Please resolve the following issues with this inventory before continuing. If the section below is blank, there are no errors to resolve.

Bed Utilization

Bed Utilization

87.7%







2025 HIC Form Demo







HIC Client Form

Orange County								/ N	Y		1				
orange county	Agency Name							Project Name			*			_	
	Name							Project Type (Select)							
	Phone Number							1000							
	Email														
				Client Ide	entifying Informat	tion					Household Inforn	nation			
Hover over cells colored in yellow for more information about the column	First Two Initials of First Name	First Two Initials of Last Name	Gender (Select Response)	S. d. a.	Gender if different identity is selected, please enter in gender identiy shared		Race (Select Responses)	Ethnicity (Select Responses)	Housing Move-In Date	House (4 quos) (1) (4 quos)	# of Persons in Household		# #	Head of Household(/N)	Relationship to Head of Household (HoH)
Rows 12-14 are samples to	En	Fa	Woman (Girl if child)			31	White	Hispanic/Latin(a)(o)(x)	12/17/2021	А	2		i 1	L Yes	
demonstrate how to	Sa	Fa	Woman (Girl if child)			14	White	Hispanic/Latin(a)(o)(x)	12/17/2021	A	2		1 1	L No	Hoh's
Answer form. Begin entering real client data on row 15.	Ju	Во	Man (Boy if child)			32	Multiple Races	Non-Hispanic/Non- Latin(a)(o)(x)	1/5/2022	B :	1	(1)) 1	l Yes	s Self







PIT Answer Form

Orange County	A gange Name					Dii N										
	Agency Name Name					Project Name				0				-		
	Phone Number	ř				Project Type (Select) # of beds occupied	*									
	Email					# of beds available								_		
		· ·				PURCH STATE OF THE	0									
									W.							
				Clier	nt Identifying Info	rmation							I	louseho	old Information	
ver over cells ored in yellow o ere noted for re information out the column!	First Two Initials of First Name	First Two Initials of Last Name	Gender (Select Response)	Gender (Select Response)2	Age	Race and Ethnicity (Select Response)	Race and Ethnicity (Select Response)2	Race and Ethnicity (Select Response)3	What State Were You Born In? (Select Response) Outside of US: Select 'Other' and fill in Country Name	Country Name if outside US	Household ID (Group#)	# of Persors in Household	# of persons under age 18	# of persons age 18 and older	Head of Household(V/N)	Relationship to Head of Household (HoH) (Select Response)
s 12-14 are ples to	En	Fa	Woman (Girl if child)		31	White		lus.	Other	Germany	А	2	1	1	Yes	Self
onstrate how	Sa	Fa	Man (Boy if child)		14	White			California - CA		А	2	1	1	No	Hoh's child
er form. Begin		Во	Woman (Girl if child)		32	Hispanic/Latina/e/o	Black, African American, or African		Alaska - AK		В	1	0	1	Yes	Self







Action Items

- Run the <u>Agency Set Up Dashboard</u> to review for accuracy
- Complete data entry and data clean-up in HMIS
- Set-up new agencies and projects as needed
- Close projects that are no longer active
- Update Funding Source and Bed Inventory as needed







Q&A







Thank you Have a great day!







Throughout 2024, Orange County United Way is celebrating 100 years of impact in our community. We invite you to join us on our year-long Journey to 100 centennial celebration as we prepare for another century of caring for each other.

The OC Way. Learn more and see how you can get involved.

UnitedWayOC.org/Journey-to-100