

Maine Annual Homeless Housing Inventory Form

Thank you for taking the time to review and complete this form. It has been pre-filled with the information currently on record regarding this project. Please review this form carefully to be sure that the information is accurate as of the date of the annual Point-in-Time Survey, January 25, 2012. Please make any necessary changes, addition or corrections (including the date the changes went into effect) and return the completed and signed form no later than January 30, 2012 to:

By mail: Scott Tibbitts
 MaineHousing
 353 Water Street
 Augusta, ME 04330

By fax: (207) 624-5768

By email: stibbitts@mainehousing.org

Please provide a brief description of any changes or updates reflected below on this form:

Agency, Project/Program, and Address Info

Organization Name:	
Project Name:	
Organization Mailing Address:	
Physical Address of Project (DV - town and zip only):	

Project/Program funding and reporting requirements

Does this project receive ongoing McKinney Vento Funds (ESG or CoC Renewal)? (Y/N)	
Did this project receive McKinney Vento Funds (CoC) for Construction, Acquisition, or Building Rehabilitation? (Y/N)	
Must all residents of this project meet the HUD/CoC definition of Homelessness at time of admission? (Y/N)	
Does your project have to file an APR?	
If you have to file an APR for this project, what is the projects operating year (start date : end date)?	

Project/Program operating status, project type, housing type and (where applicable) voucher type

Project Status (check one only)		Housing Type (choose only one):	
Currently Operating		Mass shelter/barracks	
Newly Opened/Date of opening:		Dormitory/hotel/motel	
Under Development/Anticipated Occupancy Date:		Shared Housing	
Project has Closed/Date of Closure:		Single Room Occupancy (SRO) units	
Project Type (choose only one):		Single Apartment (non-SRO) units	
Emergency Shelter (HUD)		Single homes / townhouses / duplexes	
Transitional housing (HUD)		Non-applicable: non-residential program	
Permanent supportive housing (HUD)		For programs that administer vouchers (i.e. BRAP, S+C, etc.), please select the type of voucher administered by the program (please choose only one type of voucher per grant):	
Homeless Outreach (HUD)		SRA (Sponsor-based Rental Assistance)	
Homelessness Prevention and Rapid Re-Housing (HUD)		TRA (Tenant-based Rental Assistance)	
Services Only program (HUD)		PRA (Project-based Rental Assistance)	
Other (HUD)		SRO (Single Room Occupancy)	
Safe Haven (HUD)			
Permanent Housing (e.g., Mod Rehab SRO, subsidized housing without services) (HUD)			

Project/Program site configuration, site type and HMIS status

Please select the option that best describes the site configuration of this project:	Please select the option that best describes the site type:	HMIS Status (check one only)	
Single site, single building	Non-residential: services only	Currently entering data into HMIS	
Single site, multiple buildings	Residential: special needs and non-special needs	Will start using HMIS by: ___/___/___	
Multiple sites	Residential: special needs only	Do not plan to use HMIS	

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Please provide a brief description of any changes or updates reflected below on this form:

Project/Program Target Populations

Target Pop A (choose one that reflects at least 75% of your clients)	
SM: Single Males (18 years and older)	
SF: Single Females (18 years and older)	
SMF: Single Males and Females (18 years and older)	
CO: Couples Only, No Children	
SM+HC: Single Males and Households with Children	
SF+HC: Single Females and Households with Children	
HC: Households with Children	
YM: Unaccompanied Young Males (under 18)	
YF: Unaccompanied Young Females (under 18)	
YMF: Unaccompanied Young Males and Females (under 18)	
SMF+HC: Single Male and Female and Households with Children	

Target Pop B applies if your program is designed to serve such clients, and at least 75% of the clients your program serves fit the description (choose only one):	
DV: Domestic Violence victims	
VET: Veterans	
HIV: Persons with HIV/AIDS	
NA: Not Applicable	

Special Populations (Maine specific) Please select the type of population that you serve in the program (choose only one):	
Only Serious Mental Illness	
Only Chronic Substance Abuse	
Only Dually Diagnosed Substance Abuse and Mental Illness	
Only Chronically Homeless	

Project/Program Bed and Unit Inventory Information

HUD Unit and Bed Information	# Beds	Overflow and Seasonal Bed Information	# Beds	Maine Questions	# Cribs
Total # of Family Units available		Total Number of Overflow Beds available		Total # of Cribs available for infants/toddlers	
Total # of Beds in all Family Units		Total Number of Seasonal Beds available			
Total # of Beds for Individuals only		Seasonal Start Date:			
Total # of Chronic Beds available (PSH only)		Seasonal End Date:			

Project/Program Authorization

I authorize that the above information is a true and accurate statement of the characteristics of the above-named facility.

Executive Director Signature _____ Printed Name: _____ Date 1/13/12