



5. Shelter Programs/Housing Activities

- a. Number of units designated for persons with HIV/AIDS
- aa. Of these, the number designated for chronically homeless
- b. Number of units designated for homeless persons
- bb. Of these, the number designated for chronically homeless
- c. Number of beds for overnight shelter or emergency shelter


6. Prior living situation: include participants in the one category that best describes their most recent living situation.

- a. Streets
- b. Emergency Shelter
- c. Transitional Housing
- d. Psychiatric facility\*
- e. Substance treatment facility\*
- f. Hospital\*


- g. Jail/prison\*
- h. Dom. violence situation
- i. Living with rel./friends
- j. Rental Housing
- k. Other (please specify)


\* If a participant or family head(s) of household came from one of these facilities but was there less than 30 days they should be counted in their previous living situation. If they were staying at one of these facilities for longer than 30 days, the facility should be counted as their prior living situation