# **S7 - Local Housing System Map**

Fill in the chart below with the best information you have. It’s okay to say the data doesn’t exist or is too difficult to obtain at this time.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Program/Housing Type | Capacity (Units/Beds/Caseload) | % Occupancy/Fill Rate (Annual Average) | # Real Time Vacancies for All Programs of This Type | Length of Stay (Annual Average) | Eligibility Criteria  | Participation in Community Wide Coordinated Intake (y/n) | Common (Across Community) Acuity Assessment Tool Use. (If yes, include name. If no, just mark ‘no’) | Target Level of Client Acuity (Low/Med/High) | % Capacity - Low Barrier (e.g. active substance use) | % Capacity - High Barrier (e.g. sobriety required) | % Returningto Homelessness within 1 year | % Exits to Permanent Housing | Estimated Annual Funding | Funding Sources |
| Emergency Shelter |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Transitional Housing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Affordable Housing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Permanent Supportive Housing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Outreach |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Rapid Rehousing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Intensive Case Management |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Assertive Community Outreach |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Support Services (List) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |