

Instructions: Use this form to request new projects or changes to your project configuration in HMIS. All fields are required for new projects.

Program Information	
<b>Lead Agency:</b>	
<b>Program Name:</b>	<input type="checkbox"/> New <input type="checkbox"/> Already exists (Id:      )
<b>Collaborative Partners:</b> <i>List all collaborative partners, including roles and services provided</i>	
<b>HUD Project Type:</b> (Select only one) <i>For details see <a href="#">HMIS Standards Manual - Element 2.02</a></i>	<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> PH - Rapid Re-Housing <input type="checkbox"/> Transitional Housing <input type="checkbox"/> PH - Permanent Supportive Housing ( <i>disability required for entry</i> ) <input type="checkbox"/> Safe Haven <input type="checkbox"/> PH – Housing with Services ( <i>NO disability required</i> ) <input type="checkbox"/> Homeless Prevention <input type="checkbox"/> PH – Housing Only ( <i>NO services</i> ) <input type="checkbox"/> Street Outreach <input type="checkbox"/> Day Shelter <input type="checkbox"/> Supportive Services Only <input type="checkbox"/> Other: <input type="checkbox"/> Coordinated Entry
<b>If project type is Services Only, are you affiliated with a residential project.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify Project name(s) and ID(s):
<b>Program Summary:</b> <i>Provide a description of who this program serves, supports provided, etc.</i>	
<b>Victim Service Provider:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>is your primary mission to provide services to victims of domestic violence, dating violence, sexual assault, or stalking</i>
<b>Program Start Date:</b> <i>date services for this program began</i>	<b>Program End Date:</b> <input type="checkbox"/> NA
<b>Geocode:</b> <i>Primary site or service location</i>	<input type="checkbox"/> Alameda County - 69001 <input type="checkbox"/> Oakland - 62508 <input type="checkbox"/> Alameda (city) - 60012 <input type="checkbox"/> Livermore - 62034 <input type="checkbox"/> Berkeley - 60324 <input type="checkbox"/> Pleasanton City - 62826 <input type="checkbox"/> Fremont - 61404 <input type="checkbox"/> San Leandro - 63276 <input type="checkbox"/> Hayward - 61602 <input type="checkbox"/> Union City - 63846 <input type="checkbox"/> Other (specify:      )- 69001
<b>Service Site Full Address:</b> <i>If multiple addresses list primary first</i>	
<b>Site Type:</b>	<input type="checkbox"/> Non Residential: Services Only <input type="checkbox"/> Residential: Special Needs and Non-Special Needs <input type="checkbox"/> Residential: Special Needs Only

<b>Housing Type:</b>	<input type="checkbox"/> Single site, single building <input type="checkbox"/> Single site, multiple buildings <input type="checkbox"/> Multiple sites (e.g., scattered-site housing, outreach).
<b>Federal Funding Components</b> (list all): <i>see appendix 1 for full list of federal funding components. If local or other, please specify.</i>	
<b>Grant Identifier Number</b>	
<b>Local Funding Components</b> (list all):	
<b>Eligibility requirements:</b>	<input type="checkbox"/> Any Disability <input type="checkbox"/> Specific Disability, specify: <input type="checkbox"/> Homeless (HUD definition) <input type="checkbox"/> Chronic Homeless (HUD definition) <input type="checkbox"/> Age, specify age range limits: <input type="checkbox"/> Income Limits, specify min/max: <input type="checkbox"/> None
<b>Capacity:</b> <i>List projected number of individuals who may be served during a 12 month period</i>	<input type="checkbox"/> N/A can serve an indefinite number of individuals Target number served (within 12 month period): Max number served (within 12 month period):
<b>Length of Services Provided:</b>	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 31-90 days <input type="checkbox"/> up to 12 months <input type="checkbox"/> up to 18 months <input type="checkbox"/> up to 24 months <input type="checkbox"/> Other:
<b>Are individuals within this program also jointly served by another HMIS program? If so, which?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:
<b>Are financial rental assistance services provided?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify type of assistance: If yes, specify duration of assistance:
<b>Additional Pertinent Information:</b>	

Admin Information	
<b>Agency HMIS Contact/Lead:</b>	Name:            Job Title: Phone:            Email:
<b>Administrative Location &amp; Address:</b>	
<b>Agency Administrative Contact:</b>	Name:            Job Title: Phone:            Email:

Bed Inventory Information			
INSTRUCTIONS: Bed and unit information is required for all housing and shelter projects including: Emergency Shelter, Transitional Housing, Safe Have, Rapid Rehousing, Perm Supportive Housing, and Other Perm Housing. If the program has additional bed inventories submit another version of this table.			
<b>Bed Inventory Start Date:</b>		<b>Bed Inventory End Date:</b> <input type="checkbox"/> NA	
<b>New/Existing Inventory</b>	<input type="checkbox"/> new bed inventory <input type="checkbox"/> modification to existing inventory: specify reason for change:		
<b>Shelter Bed Type</b> <i>Emergency Shelter projects only</i>	<input type="checkbox"/> Facility based <input type="checkbox"/> Voucher ( <i>hotel/motel</i> ) <input type="checkbox"/> Other ( <i>church or non-homeless facility</i> )		
<b>Target Population</b>	<input type="checkbox"/> Domestic Violence Victims <input type="checkbox"/> Veterans <input type="checkbox"/> Persons with HIV/AIDS		
<b>Bed Type</b>	<b>Households without Children</b>	<b>Households with at least One Child and one Adult</b>	<b>Households with Only Children</b>
Beds Dedicated to Chronic Homeless Veterans			
Beds Dedicated to Youth (under 25) Veterans			
Beds Dedicated to Any Other Veteran			
Beds Dedicated to CH Youth (under 25)			
Beds Dedicated to Any Other Youth (under 25)			
Beds Dedicated to Any Other CH			
All Other Non-Dedicated Beds			
<b>Total Bed Inventory (# beds)</b> <i>should be sum of above</i>			
<b>Total Unit Inventory (# units)</b>			

CONFIRMATION:

**THE INFORMATION WITHIN THIS DOCUMENT HAS BEEN REVIEWED AND CONFIRMED BY THE PARTIES LISTED BELOW.**

Name of Funder Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Name & Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Agency Executive Authority: \_\_\_\_\_ Date: \_\_\_\_\_

Name & Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Input into HMIS Date: \_\_\_\_\_ Staff: \_\_\_\_\_

**APPENDIX 1: HMIS Federal Funding Sources Picklist**

- HUD: CoC - Homelessness Prevention (High Performing Communities Only)
- HUD: CoC - Permanent Supportive Housing
- HUD: CoC - Rapid Re-Housing
- HUD :CoC - Supportive Services Only
- HUD: CoC - Transitional Housing
- HUD: CoC - Safe Haven
- HUD: CoC - Single Room Occupancy (SRO)
- HUD: CoC - Youth Homeless Demonstration Program (YHDP)
- HUD: CoC - Joint Component TH/RRH
- HUD: ESG - Emergency Shelter (operating and/or essential services)
- HUD: ESG - Homelessness Prevention
- HUD: ESG - Rapid Re-housing
- HUD: ESG - Street Outreach
- HUD: Pay for Success
- HUD: Public and Indian Housing (PIH) Programs
- HUD: Rural Housing Stability Assistance Program
- HUD: HOPWA - Hotel/Motel Vouchers
- HUD: HOPWA - Housing Information
- HUD: HOPWA - Permanent Housing Placement (facility based or TBRA)
- HUD: HOPWA - Permanent Housing Placement
- HUD: HOPWA - Short-Term Rent, Mortgage, Utility assistance
- HUD: HOPWA - Short-Term Supportive Facility
- HUD: HOPWA - Transitional Housing (facility based or TBRA)
- HUD: HUD/VASH
- HHS: PATH - Street Outreach & Supportive Services Only
- HHS: RHY - Basic Center Program (prevention and shelter)
- HHS: RHY - Maternity Group Home for Pregnant and Parenting Youth
- HHS: RHY - Transitional Living Program
- HHS: RHY - Street Outreach Project
- HHS: RHY - Demonstration Project
- VA: CRS Contract Residential Services
- VA: Grant Per Diem - Bridge Housing
- VA: Grant Per Diem - Case Management/Housing Retention
- VA: Grant Per Diem - Clinical Treatment
- VA: Grant Per Diem - Hospital to Housing
- VA: Grant Per Diem - Low Demand
- VA: Grant Per Diem - Service Intensive Transitional Housing
- VA: Grant Per Diem - Transition in Place
- VA: Community Contract Safe Haven Program
- VA: Supportive Services for Veteran Families
- Local or Other Funding Source (Please Specify)