

HMIS Project Set Up

For All HMIS Project Types

Instructions: To Add or Modify a Project in HMIS, you must complete one HMIS Project Set Up form for each separate Project Component. All sections must be completed and return with an accompanied HMIS Grant Set Up form to HMIS Support at: HMISTech@unitedwayplains.org

Agency Information				
Organization Complete Name:			Date of Request:	
Address:				
Phone Number:				
Contact Person:				
Email:				
Program/Project Setup				
Application Type:	<input type="checkbox"/> New <input type="checkbox"/> Renewal	HMIS Participating Project		<input type="checkbox"/> Yes <input type="checkbox"/> No
Geo Code:	WSC CoC Collaborative		CoC Code:	WSC CoC Collaborative
Funding Source: <i>(Check all that apply to this specific project)</i>	<input type="checkbox"/> HUD CoC <input type="checkbox"/> HUD ESG State <input type="checkbox"/> HHS PATH <input type="checkbox"/> VA SSVF <input type="checkbox"/> EHAP <input type="checkbox"/> HUD ESG City <input type="checkbox"/> HUD HOPWA <input type="checkbox"/> HHS RHY <input type="checkbox"/> CDBG <input type="checkbox"/> Local <input type="checkbox"/> HUD ESG County <input type="checkbox"/> HUD VASH <input type="checkbox"/> VA GPD <input type="checkbox"/> EFSP	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____		
Grant Name:				
HUD Project ID or Grant Number:				
Project Name: <i>(For renewals, use the name that shows in HMIS)</i>				
Project Site Address:	Street	City	State	Zip
Operating Start Date:			Operating End Date:	
Project Type:	<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Street Outreach <input type="checkbox"/> Permanent Housing Only <input type="checkbox"/> Homeless Prevention <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Service Only <input type="checkbox"/> Permanent Housing with Services <input type="checkbox"/> Coordinated Entry <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Safe Haven <input type="checkbox"/> (no disability required) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Day Shelter			
Continuum Project:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Target Population:	<input type="checkbox"/> Domestic Violence Victims <input type="checkbox"/> Persons with HIV/AIDS <input type="checkbox"/> Not Applicable	
Homeless Categories Served:	<input type="checkbox"/> Category 1- Literally Homeless <input type="checkbox"/> Category 3 - Homeless under other Federal statutes <input type="checkbox"/> Category 2 - Imminent Risk of Homelessness <input type="checkbox"/> Category 4 - Fleeing/Attempting to Flee DV			
Housing Type:	<input type="checkbox"/> Site-based – single site <input type="checkbox"/> Site-based – clustered/multiple sites <input type="checkbox"/> Tenant-based – scattered site			
Project Specific Descriptors:				
Emergency Shelter:				
Method of Tracking for Emergency Shelter Utilization:		<input type="checkbox"/> Entry/Exit <input type="checkbox"/> Night by Night		
Supportive Service Only:				
Affiliated with residential Project:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Related Program name:		Begin Date:
				End Date:
Tracking Services				
HMIS Services: <i>(Please list all services to be tracked through HMIS)</i>	<input type="checkbox"/> PATH <input type="checkbox"/> Other, please list all services: _____ <input type="checkbox"/> RHY <input type="checkbox"/> SSVF			

Project Bed and Unit Inventory		
Start Date:		End Date:
Availability:	<input type="checkbox"/> Year-Round <input type="checkbox"/> Seasonal (Emergency Shelters only) <input type="checkbox"/> Overflow (Emergency Shelters only)	
Bed Type:	<input type="checkbox"/> Facility-based <input type="checkbox"/> Voucher <input type="checkbox"/> Other	
Household Type: (If project serves both with or without children, you must specify bed/unit numbers under each household type)	<i>Please indicate the type and number of beds in your project inventory. *Required Fields</i> <ul style="list-style-type: none"> <input type="checkbox"/> Households without children <ul style="list-style-type: none"> <input type="checkbox"/> Beds Designated for Chronic Homeless Veterans * <input type="checkbox"/> Beds Designated for Youth-Veterans * <input type="checkbox"/> Any Other Veteran Beds * <input type="checkbox"/> Beds Designated for Chronic Homeless Youth * <input type="checkbox"/> Any Other Youth Beds * <input type="checkbox"/> Any Other Chronically Homeless Beds * <input type="checkbox"/> Non Dedicated Beds * <input type="checkbox"/> Total Bed Inventory * <input type="checkbox"/> Total Units * <input type="checkbox"/> Households with at least one adult one child * <ul style="list-style-type: none"> <input type="checkbox"/> Beds Designated for Chronic Homeless Veterans * <input type="checkbox"/> Beds Designated for Youth-Veterans * <input type="checkbox"/> Any Other Veteran Beds * <input type="checkbox"/> Beds Designated for Chronic Homeless Youth * <input type="checkbox"/> Any Other Youth Beds * <input type="checkbox"/> Any Other Chronically Homeless Beds * <input type="checkbox"/> Non Dedicated Beds * <input type="checkbox"/> Total Bed Inventory * <input type="checkbox"/> Total Units * <input type="checkbox"/> Households with only children <ul style="list-style-type: none"> <input type="checkbox"/> Beds Designated for Chronic Homeless Veterans * <input type="checkbox"/> Beds Designated for Youth-Veterans * <input type="checkbox"/> Any Other Veteran Beds * <input type="checkbox"/> Beds Designated for Chronic Homeless Youth * <input type="checkbox"/> Any Other Youth Beds * <input type="checkbox"/> Any Other Chronically Homeless Beds * <input type="checkbox"/> Non Dedicated Beds * <input type="checkbox"/> Total Bed Inventory * <input type="checkbox"/> Total Units * 	
For HMIS Administration Use Only:		
Received Date:		
HMIS Staff Name Completing Set up:		
Request Completed in HMIS Date:		
Comments:		