

Coalition to End Homelessness in Wichita/Sedgwick County HMIS Project Setup

Please complete one form per project and return to hmistech@unitedwayplains.org

Organization Name: _____ **Project Name:** _____

Project Site Address: _____

Contact Name: _____ **Contact Phone:** _____

Contact Email: _____

Project Start Date: _____ **Project End Date:** (if applicable) _____

Funding: (please check all that apply to this specific project) HUD CoC HUD ESG HUD VASH HUD HOPWA VA SSVF HHS PATH HHS RHY Local/State Funding: _____
Other _____

Funding Start Date: _____ **Funding End Date:** _____

Project Type and Services: Emergency Shelter Entry/ Exit Emergency Shelter Night by Night
 Day Shelter Rapid Rehousing Transitional Permanent Housing Homeless Prevention
 Street Outreach Supportive Services Only Housing Navigation

***If Emergency Shelter:** Year-Round Seasonal Overflow

*** If Supportive Services Only: Affiliated with Residential Project:** Yes No

Target Population: Domestic Violence Victims Persons with HIV/AIDS Not Applicable

Housing Type: Facility Beds Scattered Site Beds

Will you be adding people to the community queue: Yes No

Will you be receiving referrals from the community queue: Yes No

Homeless Categories Served: Category 1-Literally Homeless Category 2-Imminent Risk of Homelessness Category 3-Homeless under other Federal statutes Category 4-Fleeing/Attempting to Flee Domestic Violence

Bed and Unit Inventory:

Households without children	Households with at least one adult one child	Households with only children
_____ Youth-Veterans _____ Any Other Veteran _____ Any Other Youth _____ Non Dedicated Beds _____ Total Beds (The sum of the beds indicated above). _____ Total Units (Vary depending on project and household make up, See below for examples).	_____ Youth-Veterans _____ Any Other Veteran _____ Any Other Youth _____ Non Dedicated Beds _____ Total Beds (The sum of the beds indicated above). _____ Total Units (Vary depending on project and household make up, See below for examples).	_____ Any Other Youth _____ Non Dedicated Beds _____ Total Beds (The sum of the beds indicated above). _____ Total Units (Vary depending on project and household make up, See below for examples).

Examples: **Congregate Shelter**=1, **Non-Congregate Shelter**=total number of rooms, **Housing Projects**=households served