

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. If you have any questions, please contact HMIS Support or email HMIS@stancounty.com					
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:		<input type="checkbox"/> 063798 Turlock <input type="checkbox"/> 062292 Modesto <input type="checkbox"/> 069099 Stanislaus County		CoC Code:	
				<input type="checkbox"/> CA 510 <input type="checkbox"/> Other: _____	
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"/> Other: _____ <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"/> Other: _____ <input type="checkbox"/> HUD ESG County <input type="checkbox"/> HUD VASH <input type="checkbox"/> VA GPD <input type="checkbox"/> EFSP _____ <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 (no disability required) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Day Shelter			
Continuum Project:		Target Population:		<input type="checkbox"/> Not Applicable	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Domestic Violence Victims <input type="checkbox"/> Persons with HIV/AIDS	
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		Begin Date:	
				End Date:	
		If yes, Related Program name:			
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>	
		<input type="checkbox"/> Households without children <ul style="list-style-type: none"> _____ Beds Designated for Chronic Homeless Veterans * _____ Beds Designated for Youth-Veterans * _____ Any Other Veteran Beds * _____ Beds Designated for Chronic Homeless Youth * _____ Any Other Youth Beds * _____ Any Other Chronically Homeless Beds * _____ Non Dedicated Beds * _____ Total Bed Inventory * _____ Total Units * 	
		<input type="checkbox"/> Households with at least one adult one child * <ul style="list-style-type: none"> _____ Beds Designated for Chronic Homeless Veterans * _____ Beds Designated for Youth-Veterans * _____ Any Other Veteran Beds * _____ Beds Designated for Chronic Homeless Youth * _____ Any Other Youth Beds * _____ Any Other Chronically Homeless Beds * _____ Non Dedicated Beds * _____ Total Bed Inventory * _____ Total Units * 	
		<input type="checkbox"/> Households with only children <ul style="list-style-type: none"> _____ Beds Designated for Chronic Homeless Veterans * _____ Beds Designated for Youth-Veterans * _____ Any Other Veteran Beds * _____ Beds Designated for Chronic Homeless Youth * _____ Any Other Youth Beds * _____ Any Other Chronically Homeless Beds * _____ Non Dedicated Beds * _____ Total Bed Inventory * _____ Total Units * 	
For HMIS Administration Use Only:			
Received Date:			
HMIS Staff Name Completing Set up:			
Request Completed in HMIS Date:			
Comments:			