

# Treasure Coast Homeless Services Council

## HMIS Program and Inventory Setup Request Form

All federally funded homeless programs are required to be set up in HMIS, and all except victim service providers are required to enter client-level data in their CoC's HMIS implementation. The HMIS Data Standards require that program setup data be confirmed at least annually for accuracy.

Each year the U.S. Department of Housing and Urban Development (HUD) requires Continuums of Care to submit a comprehensive Housing Inventory Chart of all homeless beds in their geographic area. Beds and units are categorized based on location, type of program, population(s) served and participation rate in the utilization of the Homeless Management Information System (HMIS). The Housing Inventory Count (HIC) is an important tool used by HUD to score the CoC area's annual application for homeless funding.

### Agency Information

Date:     /    /    

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

### Program Details

Program Name: \_\_\_\_\_

Program Description:

Operating Start Date:     /    /    

Operating End Date:     /    /    

Address: \_\_\_\_\_  
*(if different from agency)* *Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Primary Contact: \_\_\_\_\_  
*First* *Last* *Job Title*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Program Type (check one):**

<input type="checkbox"/> Day Shelter	<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Entry Exit <input type="checkbox"/> Night-by-Night	<input type="checkbox"/> Temporary Emergency Shelter (ESG-CV) <input type="checkbox"/> Entry Exit <input type="checkbox"/> Night-by-Night
<input type="checkbox"/> Homelessness Prevention	<input type="checkbox"/> PH – Permanent Supportive Housing (disability required)	<input type="checkbox"/> PH – Rapid Re-Housing
<input type="checkbox"/> PH – Housing with Services (no disability required)	<input type="checkbox"/> PH – Housing Only	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Services Only	<input type="checkbox"/> Street Outreach	<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> Other (Please Explain):		

**Funding Type: (Choose One)**

<input type="checkbox"/> HUD:CoC – Permanent Supportive Housing	<input type="checkbox"/> HUD:CoC – Rapid Re-Housing	<input type="checkbox"/> HUD:CoC – Supportive Services Only
<input type="checkbox"/> HUD:CoC – Transitional Housing	<input type="checkbox"/> HUD:CoC – Safe Haven	<input type="checkbox"/> HUD:ESG – CV (CARES Act)
<input type="checkbox"/> HUD:ESG – Emergency Shelter (operating and/or essential services)	<input type="checkbox"/> HUD:ESG – Homelessness Prevention	<input type="checkbox"/> HUD:ESG – Rapid Rehousing
<input type="checkbox"/> HUD:ESG – Street Outreach	<input type="checkbox"/> HUD:HUD/VASH	<input type="checkbox"/> HHS:PATH – Street Outreach & Supportive Services Only
<input type="checkbox"/> HHS:RHY – Basic Center Program (prevention and shelter)	<input type="checkbox"/> HHS:RHY – Maternity Group Home for Pregnant and Parenting Youth	<input type="checkbox"/> HHS:RHY – Transitional Living Program
<input type="checkbox"/> HHS:RHY – Street Outreach Project	<input type="checkbox"/> HHS:RHY – Demonstration Project	<input type="checkbox"/> VA: CRS Contract Residential Services
<input type="checkbox"/> VA:Grant Per Diem – Bridge Housing	<input type="checkbox"/> VA:Grant Per Diem – Low Demand	<input type="checkbox"/> VA:Grant Per Diem – Hospital to Housing
<input type="checkbox"/> VA:Grant Per Diem – Clinical Treatment	<input type="checkbox"/> VA:Grant Per Diem – Service Intensive Transitional Housing	<input type="checkbox"/> VA:Grant Per Diem – Transition in Place
<input type="checkbox"/> VA:Community Contract Safe Haven Program	<input type="checkbox"/> VA:Compensated Work Therapy Transitional Residence	<input type="checkbox"/> VA:Supportive Services for Veteran Families
<input type="checkbox"/> Other (Please Explain):		

### Funding Source Specifics

**Fund Name:** \_\_\_\_\_

**Grant ID / Grant #:** \_\_\_\_\_

**Grant Amount:** \_\_\_\_\_

**Sub-grantee:** \_\_\_\_\_ **Sub-granted Amount:** \_\_\_\_

**Sub-grantee:** \_\_\_\_\_ **Sub-granted Amount:** \_\_\_\_

**Grant Start Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Grant End Date:** \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_

**Funding Source Contact Name:** \_\_\_\_\_

**Funding Contact Email:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_

### Additional Program Details

**Project Site Type:**

<input type="checkbox"/> Non-residential: services only	<input type="checkbox"/> Residential: special needs and non-special needs	<input type="checkbox"/> Residential: special needs only
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**Target Population:** (Check one if applicable)

<input type="checkbox"/> Domestic Violence Victims	<input type="checkbox"/> Persons with HIV/AIDS	<input type="checkbox"/> Not Applicable
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**Are you a Victim Service Provider?**    Yes    No

**If Housing Project, Housing Type:**

<input type="checkbox"/> Site-based – Single Site	<input type="checkbox"/> Site-based – Clustered / Multiple Sites	<input type="checkbox"/> Tenant-based – Scattered Site
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### Bed and Unit Inventory (Residential Programs Only)

*This section is only required for Residential Programs. If you are submitting the Program Setup Request Form for a Residential Program, your HMIS Lead Agency will reach out to you for additional information.*

## Optional Program Features

Would you like to track services provided to clients for this project?  Yes  No

If Yes, your HMIS Lead agency will contact you for the list of services

Are you interested in enabling Auto Exits for clients in your project (Shelters and Outreach projects)?  Yes  No

If Yes, your HMIS Lead agency will contact you for next steps

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_

Date: \_\_

**Please return completed form your HMIS Lead Agency**