

Project Set - Up Request

This form must be completed and signed to request a new project be set up in the CR-HMIS.

Project Information

Agency Information			
Agency Name			
Agency Address			
County Name			
Zip Code			
Continuum of Care Name(s)			
Agency Phone Number			
New Project Name (as it appears on grant)			
Is HMIS participation a requirement for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Project Information			
Project Type			
<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> PH-Permanent Supportive Housing (disability required for entry)	<input type="checkbox"/> Street Outreach
<input type="checkbox"/> Services Only	<input type="checkbox"/> Other _____	<input type="checkbox"/> Safe Haven	<input type="checkbox"/> PH-Housing Only
<input type="checkbox"/> PH-Housing with Services (no disability required for entry)	<input type="checkbox"/> Day Shelter	<input type="checkbox"/> Homelessness Prevention	<input type="checkbox"/> PH-Rapid Re-Housing
<input type="checkbox"/> Coordinated Entry			
Housing Type			
<input type="checkbox"/> Site-based Single Site	<input type="checkbox"/> Site-based Clustered/Multiple Sites	<input type="checkbox"/> Tenant-based Scattered Site	
Unit/Bed Information			
Number of Beds for Individuals _____	Number of Units for Families _____	Number of Beds for Families _____	
Consumer Information			
Household Type			
<input type="checkbox"/> Single Males (over 18)	<input type="checkbox"/> Single Females (over 18)	<input type="checkbox"/> Single Males and Females	
<input type="checkbox"/> Households with Children	<input type="checkbox"/> Single Males & Households with Children	<input type="checkbox"/> Single Females and Households with Children	
<input type="checkbox"/> Unaccompanied Young Males (under 18)	<input type="checkbox"/> Unaccompanied Young Females (under 18)	<input type="checkbox"/> Unaccompanied Young Males & Females (under 18)	
<input type="checkbox"/> Single Males & Females & Households with Children			
Target Population			
<input type="checkbox"/> DV: Domestic Violence Victims	<input type="checkbox"/> HIV: Persons with HIV/AIDS	<input type="checkbox"/> N/A: Not Applicable	
Victim Service Provider			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
General Information			
Serve Homeless Only			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Participates in Data Sharing			
OTDA <input type="checkbox"/> Yes <input type="checkbox"/> No		Participating HMIS Agencies <input type="checkbox"/> Yes <input type="checkbox"/> No	
Funding Information			
Grant Number:		Grant Start Date:	

Program Operating Date (Enter the date the program first began)			
Program Start Date:			
Funding Source(s)			
Is this Project Funded by Any of the Following Federal Sources? Check all that apply or N/A for No (Please list funding source not on this list)			
HUD:CoC			
<input type="checkbox"/> Homelessness Prevention (High Performing Comm. Only)	<input type="checkbox"/> Permanent Supported Housing	<input type="checkbox"/> Rapid Re-Housing	<input type="checkbox"/> Supportive Services Only
<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Single Room Occupancy	<input type="checkbox"/> Youth Homeless Demonstration Project (YDHP)
HUD:ESG			
<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Homeless Prevention	<input type="checkbox"/> Rapid Re-Housing	<input type="checkbox"/> Street Outreach
HUD			
<input type="checkbox"/> Pay for Success	<input type="checkbox"/> Public and Indian Housing (PIH) Programs	<input type="checkbox"/> HUD/VASH	<input type="checkbox"/> Rural Housing Stability Assistance Program
HUD:HOPWA			
<input type="checkbox"/> Hotel/Motel Vouchers	<input type="checkbox"/> Housing Information	Permanent Housing (Facility Based or TBRA)	
<input type="checkbox"/> Permanent Housing Placement	<input type="checkbox"/> Short-Term Rent, Mortgage, Utility Assistance	<input type="checkbox"/> Short-Term Facility	
<input type="checkbox"/> Transitional Housing (Facility Based or TBRA)			
HHS:PATH			
<input type="checkbox"/> Street Outreach and Supportive Services Only			
HHS:RHY			
<input type="checkbox"/> Basic Center Program (Prevention and Shelter)	<input type="checkbox"/> Maternity Group Home for Pregnant and Parenting Youth	<input type="checkbox"/> Transitional Living Program	<input type="checkbox"/> Street Outreach Program
<input type="checkbox"/> Demonstration Project			
VA			
<input type="checkbox"/> CRS Contract Residential Services	<input type="checkbox"/> Domiciliary Care	<input type="checkbox"/> Grant Per Diem – Bridge Housing	
<input type="checkbox"/> Grant Per Diem – Low Demand	<input type="checkbox"/> Grant Per Diem – Hospital to Housing	<input type="checkbox"/> Grant Per Diem – Clinical Treatment	
<input type="checkbox"/> Grant Per Diem – Service Intensive Transitional Housing	<input type="checkbox"/> Grant Per Diem – Transition in Place	<input type="checkbox"/> Community Contract Safe Haven Program	
<input type="checkbox"/> Compensated Work Therapy Transitional Residence	<input type="checkbox"/> Supportive Services for Veteran Families		
Other			
<input type="checkbox"/> N/A	Other Funding:		

(Signature)

(Date)