Instructions: Use this form to request new projects or changes to your project configuration in HMIS. All fields are required for new projects.

Lead Agency:					
Program Name:	New	Already exi	sts (Id: )		
Collaborative Partners:					
List all collaborative partners, including roles and services provided					
HUD Project Type:	Select Project	t type from	the Drop do	wn:	
For details see HMIS Standards Manual - Element 2.02 <b>See Appendix 2</b>					
Does the Project receive referrals from Coordinated Entry?	Yes	No			
If project type is Services Only, are you affiliated with a residential project.	Yes Specify Project r	No name(s) and IĊ	D(s):		
Program Summary:  Provide a description of who this program serves, supports provided, etc.					
Victim Service Provider:	is your primary dating violence			victims Ye:	s of domestic violence,
<b>Program Start Date:</b> date services for this program began			Program End Da	nte: NA	
Geocode:  Primary site or service location		61404 61602	)	Li <sup>,</sup> Pl Sa	akland - 62508 vermore - 62034 easanton City - 62826 an Leandro - 63276 nion City - 63846
Service Site Full Address:  If multiple addresses list primary first					
Site Type:	Residenti	dential: Service al: Special Nee al: Special Nee	eds and Non-Spe	ecial Nee	eds

## Alameda County HMIS Provider Assessment

Housing Type:	Single site, single building Single site, multiple buildings Multiple sites (e.g., scattered-site housing, outreach).			
Federal Funding Components (list all):  See appendix 2 for full list of federal funding components. If local or other, please specify.				
Addition Federal Funding Components:				
Grant Identifier Number				
Local Funding Components (list all):				
Eligibility requirements:	Any Disability Specific Disability, specify:	Age, specify age range limits:		
None	Homeless (HUD definition)  Chronic Homeless (HUD definition)	Income Limits, specify min/ max:		
Capacity:  List projected number of individuals who may be served during a 12 month period	N/A can serve an indefinite number of individuals  Target number served (within 12 month period):  Max number served (within 12 month period):			
Length of Services Provided:	•	p to 18 months Other p to 24 months		
Are individuals within this program also jointly served by another HMIS program?	If yes, specify:			
Are financial rental assistance services provided?	Yes If yes, specify type of assistance: If yes, specify duration of assistance	:		
Additional Pertinent Information:				

Admin Information		
Agency HMIS Contact/Lead:	Name: Phone:	Job Title: Email:
Agency address:		

**Total Unit Inventory (# units)** 

Bed Inventory Information						
INSTRUCTIONS: Bed and unit information is required for all housing and shelter projects including: Emergency Shelter, Transitional Housing, Safe Haven, Rapid Rehousing, Perm Supportive Housing, and Other Perm Housing. If the program has additional bed inventories submit another version of this table.						
Bed Inventory Start Date:						
Shelter Bed Type Emergency Shelter projects only	Facility based Other (church or non-homeless facility) Voucher (hotel/motel)					
Target Population	Domestic Violence Victims	Veterans	Persons with HIV/AIDS			
Bed Type	Households without Children	Households with at least One Child and one Adult	Households with Only Children			
Beds Dedicated to Chronic Homeless Veterans						
Beds Dedicated to Youth (under 25) Veterans						
Beds Dedicated to Any Other Veteran						
Beds Dedicated to CH Youth (under 25)						
Beds Dedicated to Any Other Youth (under 25)						
Beds Dedicated to Any Other CH						
All Other Non-Dedicated Beds						
<b>Total Bed Inventory (# beds)</b> should be sum of above						

## Alameda County HMIS Provider Assessment

## APPENDIX 1: HMIS HUD Project Type: Picklist

- Emergency Shelter Entry Exit
- o Emergency Shelter Night-by-Night
- Transitional Housing
- o PH Permanent Supportive Housing (disability required for entry)
- Street Outreach
- o Services Only
- o Other
- o Haven
- o PH Housing Only
- PH Housing with Services (no disability required for entry)
- Day Shelter
- o Homelessness Prevention
- PH Rapid Re-Housing
- o If PH- Rapid Re-Housing, identify sub type

**RRH: Services Only** 

RRH: Housing with or without services

Coordinated Entry

https://www.hudexchange.info/programs/hmis/hmis-data-standards/standards/project-descriptor-data-elements/202-project-information/

## **APPENDIX 2: HMIS Federal Funding Sources Picklist**

- HUD: CoC Homelessness Prevention (High Performing Communities Only)
- HUD: CoC Permanent SupportiveHousing
- HUD: CoC Rapid Re-Housing
- HUD :CoC Supportive Services Only
- o HUD: CoC Transitional Housing
- O HUD: CoC Safe Haven
- HUD: CoC Single Room Occupancy (SRO)
- HUD: CoC Youth Homeless Demonstration Program (YHDP)
- HUD: CoC Joint Component TH/RRH
- HUD: ESG Emergency Shelter (operating and/or essential services)
- HUD: ESG Homelessness Prevention
- o HUD: ESG Rapid Re-housing
- HUD: ESG Street Outreach
- HUD: Pay for Success
- HUD: Public and Indian Housing (PIH) Programs
- o HUD: Rural Housing Stability Assistance Program
- HUD: HOPWA Hotel/Motel Vouchers
- o HUD: HOPWA Housing Information
- HUD: HOPWA Permanent Housing Placement (facility based or TBRA)
- HUD: HOPWA Permanent Housing Placement
- HUD: HOPWA Short-Term Rent, Mortgage, Utility assistance
- HUD: HOPWA Short-Term Supportive Facility
- HUD: HOPWA Transitional Housing (facility based or TBRA)

- o HUD: HUD/VASH
- O HHS: PATH Street Outreach & Supportive Services Only
- HHS: RHY Basic Center Program (prevention and shelter)
- HHS: RHY Maternity Group Home for Pregnant and Parenting Youth
- o HHS: RHY Transitional Living Program
- o HHS: RHY Street Outreach Project
- HHS: RHY Demonstration Project
- o VA: CRS Contract Residential Services
- o VA: Grant Per Diem Bridge Housing
- o VA: Grant Per Diem Case Management/Housing Retention
- VA: Grant Per Diem Clinical Treatment
- VA: Grant Per Diem Hospital to Housing
- VA: Grant Per Diem Low Demand
- o VA: Grant Per Diem Service Intensive Transitional Housing
- VA: Grant Per Diem Transition in Place
- o VA: Community Contract Safe Haven Program
- o VA: Supportive Services for Veteran Families
- Local or Other Funding Source (Please Specify)