



**Ventura County Homeless Management Information System
New Project Request**

To have a new project configured in HMIS, please complete the information below. All information requested is necessary for the project configuration. We will contact you with additional follow-up questions, if necessary.

For questions on how to complete the form please feel free to contact our HMIS Support at (805) 477-5156.

Agency Information

Agency/Organization Name: _____

Each agency is required to have a HMIS Agency Administrator and a back-up. They must be HMIS licensed users, and they are responsible for communicating any HMIS changes to other HMIS users at their agency. They are also responsible for notifying HMIS Administration of changes in personnel, and monitoring compliance with the HMIS Policies and Procedures. They must also make sure that all users accessing HMIS have attended training and do not share log in information. Please identify the HMIS Agency Administrator and back-up below.

HMIS Agency Administrator: _____ Email: _____

Back up HMIS Agency Administrator: _____ Email: _____

Main Office Location

Address: _____

Address 2: _____

City: _____ Zip Code: _____ State: _____

Website: _____

Main Office Contact

First Name: _____ Last Name: _____
Work Phone: _____ Cell Phone: _____
Fax: _____ E-mail: _____
Title: _____

Program Information

Desired Project Name in HMIS: _____

Project Type: (Please indicate the type of homeless service[s] you will be offering).

Choose **only one** project type per request:

- | | | |
|---|---|--|
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Homeless Prevention | <input type="checkbox"/> PH - Permanent Supportive Housing
<i>(disability required for entry)</i> |
| <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Safe Haven | <input type="checkbox"/> PH - Housing with services
<i>(no disability required for entry)</i> |
| <input type="checkbox"/> Day Shelter | <input type="checkbox"/> PH- Rapid Re-housing | <input type="checkbox"/> Street Outreach |
| <input type="checkbox"/> PH- Housing Only | <input type="checkbox"/> Services Only | <input type="checkbox"/> Coordinated Assessment |

Other/please explain: _____

Project Location

Please report the address associated with the project where most project housing/services is located. Scattered-site housing projects, Street Outreach, and Services Only projects should record the address of their administrative office.

If project location is the same as Main Office location, please check here.

Address: _____

Address 2: _____

City: _____ Zip Code: _____ State: _____

Project Contact (For MOU, Invoicing, New User Requests, Disable user Requests)

First Name: _____ Last Name: _____

Work Phone: _____ Cell Phone: _____

Fax: _____ E-mail: _____

Title: _____

Project Referral Contact (For Coordinated Entry System Referrals)

First Name: _____ Last Name: _____

Work Phone: _____ Cell Phone: _____

Fax: _____ E-mail: _____

Title: _____

Housing Type (For Housing Projects ONLY- Emergency Shelter, Transitional Housing, Permanent Housing, Permanent Supportive Housing)

Site-based-single-site Tenant Based-scattered site Site-based/ multiple-clustered site

Household Type:

HH w/out Children HH w/ adults and Children HH w/ only Children

Bed Type:

Facility Type Voucher Year-Round Seasonal

Overflow Other Availability N/A

Data Entry Model Type:

Services Only Model: Services Only Entry/Exit

Tracking Method for Emergency Shelter Entry/Exit Night by Night

Population Serving

A target population should be selected if the project is designed to serve that population and at least three-fourths (75%) of the clients served by the provider. If none of the target populations apply to the project, please select not applicable.

Target Population: (Please Choose Only One)

- SM Single Males 18 and Over
- HC Households with Children
- SF Single Females 18 and Over
- YM Unaccompanied Young Males Under 18
- YM Unaccompanied Young females under 18
- SMF Single Males and Females 18 and Over
- CO Couples Only, No Children
- YMF Unaccompanied Young Males and Females Under 18 SMF + HC Single
- SM + HC Single Males and Households with Children
- Males/Females/Household with Children
- SF + HC Single Females and Households with Children
- CH Chronically Homeless Individuals and Families
- Not Applicable

Grant/Contract Information

Does your funding grant require participation in HMIS? Yes No

Provider Grant Type: Please select the applicable grant type

- HOPWA
- PATH
- RHY
- SSVF
- Other

Funding Source: Provide all pertinent information for funding source below. (Funding source information is mandatory)

1. Funding Source Name: _____ Grant ID: _____
 Grant Start Date: _____ Grant End Date _____
2. Funding Source Name: _____ Grant ID: _____
 Grant Start Date: _____ Grant End Date _____
3. Funding Source Name: _____ Grant ID: _____
 Grant Start Date: _____ Grant End Date _____

McKinney Vento Funding? Yes No

Services

Briefly describe the services that will be provided by this project and what will be captured in HMIS:

Bed and Unit Inventory

For applicable project types, separately provide bed unit inventory for *Adults Only*, *Adults with Children* and *Children Only*. Examples of project types include: Rapid re-housing, permanent supportive housing, permanent housing, emergency shelter, transitional housing and safe haven.

Of the total inventory what number of beds are dedicated to:	<i>Adults Only</i>	<i>Adults with Children</i>	<i>Children Only</i>
Chronically Homeless Veteran Bed Inventory number:			
Youth Veteran Bed Inventory number:			
Any other Veteran Bed Inventory number:			
Chronically Homeless Youth Bed Inventory number:			
Any other Youth Bed Inventory number:			
Any other Chronically Homeless Bed Inventory number:			
Non- Dedicated Inventory number:			
Unit Inventory Total:			
Inventory Start Date:			

The new project will be configured in HMIS once your request has been reviewed and approved by the Ventura County Continuum of Care and VCHMIS Teams.

Thank you.

Your HMIS Support Team