



## HMIS AGENCY/PROJECT PROFILE

Please complete all information.

<b>Agency Name:</b>					
<b>Physical Address:</b>					
<b>Mailing Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>County:</b>					
<b>Project Name:</b>					
<b>Physical Address:</b>					
<b>Mailing Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>County:</b>					
<b>Main Contact Number:</b>					
<b>Contact Number 2:</b>					
<b>Fax:</b>					
<b>Email Address:</b>					
<b>Website:</b>					
<b>Contact Personnel</b>					
<b>Name:</b>					
<b>Title:</b>		<b>Phone #:</b>			
<b>Name:</b>					
<b>Title:</b>		<b>Phone #:</b>			
<b>Project Type: (check only one)</b>					
<input type="checkbox"/> Coordinated Assessment (HUD)	<input type="checkbox"/> PH Housing with Services (no disability required for entry) (HUD)	<input type="checkbox"/> Services Only			
<input type="checkbox"/> Day Shelter (HUD)	<input type="checkbox"/> PH Supportive Housing (disability required for entry) (HUD)	<input type="checkbox"/> Street Outreach			
<input type="checkbox"/> Emergency Shelter (HUD)	<input type="checkbox"/> PH Rapid-Rehousing	<input type="checkbox"/> Transitional Housing			
<input type="checkbox"/> Homeless Prevention (HUD)	<input type="checkbox"/> Safe Haven				
<input type="checkbox"/> PH Housing only (HUD)	<input type="checkbox"/> Other (please specify):				
<b>Show Agency Profile on Public Site?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Show Agency on Printed Directory?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>Provide a description of your Agency/Project:</b>	
<b>Handicap Access:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Brochures:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Hours of Operation:</b>	
<b>Zips Served:</b>	
<b>Program Fees:</b>	
<b>Intake Procedure:</b> (provide form examples when possible)	
<b>Eligibility:</b>	
<b>Languages:</b>	

<b>Provider Grant Type: (Please select one)</b>	<input type="checkbox"/> HOPWA	<input type="checkbox"/> PATH	<input type="checkbox"/> RHYMIS	<input type="checkbox"/> SSVF	<input type="checkbox"/> N/A or Other Type
<b>How is your project funded:</b>					
<b>List Grant Identifier, Start Date and End Date for all funding sources for your project.</b>					
Funding Source	Grant Identifier	Grant Start Date	Grant End Date		
HUD:CoC - Homelessness Prevention (High Performing Comm. Only)					
HUD:CoC - Permanent Supportive Housing					
HUD:CoC - Rapid Re-Housing					
HUD:CoC - Safe Haven					
HUD:CoC - Single Room Occupancy (SRO)					
HUD:CoC - Supportive Services Only					
HUD:CoC - Transitional Housing					
HUD:ESG - Emergency Shelter (operating and/or essential services)					
HUD:ESG - Homelessness Prevention					
HUD:ESG - Rapid Re-Housing					
HUD:ESG - Street Outreach					
HUD:HOPWA - Hotel/Motel Vouchers					
HUD:HOPWA - Housing Information					
HUD:HOPWA - Permanent Housing (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)					
HUD:HUD/VASH					
HUD: Rural Housing Stability Assistance Program					
HHS:PATH - Street Outreach & Supportive Services Only					
HHS:RHY - Basic Center Program (prevention and shelter)					
HHS:RHY - Demonstration Project					
HHS:RHY - Maternity Group Home for Pregnant and Parenting Youth					
HHS:RHY - Street Outreach Project					
HHS:RHY - Transitional Living Program					
VA: Community Contract Emergency Housing					
VA: Community Contract Residential Treatment Program					
VA: Community Contract Safe Haven Program					
VA: Compensated Work Therapy Transitional Residence					
VA: Domiciliary Care					
VA: Grant and Per Diem Program					
VA: Supportive Services for Veteran Families					
N/A					



<b>Target Population:</b>	<input type="checkbox"/> DV: Domestic Violence <input type="checkbox"/> HIV: Persons with HIV/AIDS <input type="checkbox"/> N/A: Not applicable	
<b>Bed/Unit Inventory</b>		
<b>Name:</b>		
<b>Household Type:</b>	<input type="checkbox"/> Households without children <input type="checkbox"/> Households with at least one adult and one child <input type="checkbox"/> Households with only children	
<b>Bed Type:</b>	<input type="checkbox"/> Facility-based <input type="checkbox"/> Voucher <input type="checkbox"/> Other	
<b>Availability:</b>	<input type="checkbox"/> Year-Round <input type="checkbox"/> Seasonal <input type="checkbox"/> Overflow	
<b>Bed Inventory:</b>		
> Of the total bed inventory, what number of beds are dedicated to:		
Chronic Homeless Bed Inventory (PSH Only):		
Veteran Bed Inventory:		
Youth Beds Inventory:		
> Of the youth beds, what number are restricted to:		
Only under age 18:		
Only ages 18 to 24:		
Only under age 24 (both of the above):		
<b>Unit Inventory:</b>		
<b>Inventory Start Date:</b>		
<b>Inventory End Date:</b>		
<b>HMIS Participating Beds:</b>		
<b>HMIS Participation Start Date:</b>		
<b>HMIS Participation End Date:</b>		
<b>McKinney Vento Funding:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Completed by:</b>		
<b>Last updated on:</b>		