



HMIS AGENCY/PROJECT PROFILE

Please complete all information.

Agency Name:					
Physical Address:					
Mailing Address:					
City:		State:		Zip:	
County:					
Project Name:					
Physical Address:					
Mailing Address:					
City:		State:		Zip:	
County:					
Main Contact Number:					
Contact Number 2:					
Fax:					
Email Address:					
Website:					
Project Contact Personnel					
Name:					
Title:		Phone #:			
Name:					
Title:		Phone #:			
Project Type: (check only one)					
<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):				
Show Agency Profile on Public Site?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Show Agency on Printed Directory?		<input type="checkbox"/> Yes <input type="checkbox"/> No			



Provide a description of your Program/Project:

Handicap Access:

☐ Yes ☐ No

Brochures:

☐ Yes ☐ No

Hours of Operation:

Zips Served:

Program Fees:

Intake Procedure: (provide form examples when possible)

Eligibility:

Languages:



Provider Grant Type: (Please select one)	<input type="checkbox"/> HOPWA	<input type="checkbox"/> PATH	<input type="checkbox"/> RHYMIS	<input type="checkbox"/> SSVF	<input type="checkbox"/> N/A or Other Type
How is your project funded:					
List Grant Identifier, Start Date and End Date for all funding sources for your project.					
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 - Supportive Services Only					
HUD:CoC - Transitional Housing					
HUD:ESG - Emergency Shelter					
HUD:ESG - Homelessness Prevention					
HUD:ESG - Street Outreach					
HUD:ESG - Rapid Re-Housing					
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					
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					
YHDP: Rapid Re-Housing					
YHDP: Street Outreach					
YHDP: Transitioal Housing					



Target Population:	<input type="checkbox"/> DV: Domestic Violence <input type="checkbox"/> HIV: Persons with HIV/AIDS <input type="checkbox"/> N/A: Not applicable	
Bed/Unit/Case Inventory		
Name:		
Household Type:	<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	
Bed Type:	<input type="checkbox"/> Facility-based <input type="checkbox"/> Voucher <input type="checkbox"/> Other	
Availability:	<input type="checkbox"/> Year-Round <input type="checkbox"/> Seasonal <input type="checkbox"/> Overflow	
Bed Inventory:		
➤ 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):		
Unit Inventory:		
Inventory Start Date:		
Inventory End Date:		
HMIS Participating Beds:		
HMIS Participation Start Date:		
HMIS Participation End Date:		
McKinney Vento Funding:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Completed by:		
Last updated on:		