

REQUEST TO ADD NEW PROJECT / AGENCY FORM GUIDE

Please take a moment to read these instructions prior to completing this form. These instructions provide valuable information that will allow you to complete the Form quickly and more efficiently.

BACKGROUND

We are required to have each new CoC Member Agency/Project, to complete this form, to properly complete the Continuum of Care (CoC) application for funding as well as to comply with federal reporting requirements.

INSTRUCTIONS

Please complete **ONE** of these forms **FOR EACH NEW SITE** that you provide housing, shelter, or services through.

AGENCY INFORMATION

Please be sure to fill out the address specific to the agency that you have selected for this survey.

PROVIDER PROFILE

Please be sure to fill out the address specific to the project that you have selected for this survey. Please remember that if there are multiple sites that are on separate projects, fill out an additional survey for that project. Scattered Site projects please list the administrative office as the address.

Copy Provider: If you want the settings to be copied from an existing provider, you can put the name of the provider and the provider id number here.

HUD Provider/AIRS Complaint/ Uses ServicePoint/Operational: Please select all that apply to the provider or agency. AIRS stands for Alliance of Information and Referral Systems and if the provider is the complaint to the AIRS Standards and Quality indicators.

Contact Numbers, Contact Personnel & Additional Information: You will need to put in up to 3 contact numbers for the agency or the provider and up to 2 contact personnel's information. If you have two people, you will need to select one the primary contact.

Additional Information: You will need to add the website, the hours and volunteer opportunities the provider has since this will be portrayed in ResourcePoint and other providers can get information regarding this provider. For the four check boxes, please choose the options that apply to this provider.

STANDARDS INFORMATION

Operating Start Date: This is the date the program started being active and serving clients.

Project Type: Please choose the **MOST** appropriate project type that describes your site service.

Housing Type:

- Site Based - Single Site: your housing units or service encounters are centrally located in one building structure.
- Site Based - Clustered/Multiple Site: your project is centrally located on one site, but there are multiple buildings on that site,(e.g. single apartment complex with multiple buildings and project units in two or more buildings).
- Tenant Based - Scattered Site: your sites consist of multiple buildings that are not centrally located (Scattered Site).

Principle Site: Please choose if the program has a principle site or not.

Target Population: Please choose the MOST appropriate target population that your program serves.

Victim Services Provider: Please select yes or no if your provider is a victim services provider

Method of Tracking Emergency Shelter Utilization:

- Entry/Exit Date: You will need to select this if you use project entry and exit to track the number of clients for emergency shelters
- Night-by-Night: You will need to select this if you use ShelterPoint to track the number of clients for emergency shelters.

Continuum Project: You will need to select the appropriate option based on if the project is funded by HUD or not.

Grant Type: Please choose the MOST appropriate grant that applies to your program if applicable

- HOPWA – Housing Opportunities for Persons With AIDS
- PATH – Projects for Assistance in Transition from Homelessness
- RHY – Runaway and Homeless Youth
- SSVF – Supportive Services for Veteran Families

Service Transaction Workflow: If the provider uses the service transaction workflow and not the entry/exit, you will need to select yes or no

Geocode: The geocode associated with the geographic location of the principal provider project service site. Geocodes must be updated annually. Scattered-site housing provider projects should record the Geocode where the majority of beds are located or where most beds are located as of the inventory update.

ZIP Code

COC Code Start Date: This is when the program started operation in the COC. This is the same as Operating Start Date.

COC Code End Date: This will remain open until the project is completely closed.

Geography Type: Please choose the MOST appropriate geography type that applies to the program. For most MC COC, the option selected most of the time is “Urban”.

TARGET POPULATION**Which household type does the project serve?**

The number of beds and units available for each of the following household types:

- Households without children: Beds and units are intended for households with adults only. This includes households composed of unaccompanied adults and multiple adults.

- Households with at least one adult and one child: Beds and units intended for households with (at least) one adult and one child.
- Households with only children: Beds and units intended for households composed exclusively of persons under age 18, including one-child households, multi-child households or other household configurations composed only of children.

BED AND INVENTORY INFORMATION

What type of beds do you provide? (*Emergency Shelter Only*)

The Bed Type describes the type of beds offered by emergency shelter provider projects according to the following:

- Facility Based: Beds (including cots or mats) are located in a residential homeless assistance facility dedicated for use by persons who are homeless.
- Voucher: Beds are located in a hotel or motel and made available by the homeless assistance project through vouchers or other forms of payment.
- Other: Beds are located in a campground, church or other facility not dedicated for the use by persons who are homeless.

What is the availability?

You will need to identify when your beds are available and select from the options bellow.

- Year Round: Beds are available for a full 12 months.
- Seasonal: *Emergency Shelter Only*: Beds available on a planned basis with a set start and end date during periods of high demand. ***If in a 12-month period, your bed inventory changes, please record all beds available in the chart below under seasonal and/or year-round.***
- Overflow: *Emergency Shelter Only*: Beds available during high demand that exceeds available bed inventory.

Bed Inventory: the number of beds available for use between the start date and end date by household type (Single Adults/Couple, Families with Children, Household with only children)

Inventory Start Date: the date when the bed and unit inventory number first available.

HMIS Participation Start Date: the date when the program started participating in HMIS

Does your project receive any funds from the HUD McKinney Vento? Identify whether the project receives any funds from the HUD McKinney-Vento.

- HUD McKinney Vento projects include: Emergency Shelter Grant (ESG), Shelter Plus Care (SPC), Section 8 Moderate Rehab Single-Room Occupancy (SRO), and Supportive Housing Project (SHP).

Bed Inventory Chart

If the bed inventory changes, this information will need to be updated accordingly.

- Inventory Start Date: the date the bed and unit inventory started being active.
- Inventory End Date: the date the bed and unit inventory is no longer available.
- Chronic Homeless Bed Inventory: *Permanent Supportive Housing Only*: the number of beds available for use of Chronic Homeless persons between the start date and end date.
- Veteran: the number of beds available for veterans
- Youth: the number of beds available for youth
- # of Seasonal Beds / # of Overflow Beds: *Emergency Shelter Only*:
- **Federal Partner Program**: Please choose the MOST appropriate funding source for your program

TYPE OF SERVICES PROVIDED BY THE PROJECT (ONLY BY THIS PROJECT): Please choose ALL of the services this project provides and categorize them as primary, secondary and occasional depending on the frequency of the service your program provides. If there are additional services, you will need to write it out under 'other'.

Provider Specific Services: You can put services that are specific to you provider. For example, Ancillary Support Services, Attempt: Agency, Attempt: Community Visit, Attempt: In Home Visit, Face to Face: Agency, Face to Face: Community Visit and Face to Face: In Home Visit.

Provider Service Unit Type: These are measured by 15-minute increments and you will need to write the duration for the service

HMIS PARTICIPATION:

Does this project participate in HMIS?

What is a Homeless Management Information System (HMIS)?

HMIS is a database application that allows agencies within the continuum of care (CoC) to better provide services to the homeless population, by collecting basic demographic and other information in a secure site. HMIS allows organizations providing services to the homeless to collect client information electronically. HMIS is designed to be flexible, secure and protect client confidentiality.

User Updates

You will need to put the names and emails of users that need Enter Data As access to your provider.