HMIS Application

Agency Contact & Basic Information

Agency Name: _____

Address: _____

Agency Executive Director/CEO Contact

Name: _____

Title: _____

Work Number: _____ - _____ - _____

Cell Number: _____ - _____ - _____

Fax Number: _____ - _____ - _____

Email: _____

Agency HMIS Administrator Contact

Name: _____

Title: _____

Work Number: _____ - _____ - _____

Cell Number: _____ - _____ - _____

Fax Number: _____ - _____ - _____

Email: _____

Project Information

*Your **Project Name** and **Project Type** should match those on your grant application. Housing programs will need to match the project on the HIC (Housing Inventory Count).*

Project Name: _____

Project Type:

☐ Emergency Shelter ☐ Homeless Prevention

☐ Rapid Rehousing ☐ Transitional Housing

☐ Supportive Services Only ☐ Permanent Supportive Housing

☐ Safe Haven ☐ Street Outreach

Please mark one of the two below:

☐ Exclusive: *A project that only serves homeless households is an Exclusive project. Typically this includes shelters, homeless transitional housing, permanent supportive housing, and street outreach.*

☐ Inclusive: *A project that serves many people including the homeless, step down programs, soup kitchens, treatment programs, day centers, and training programs is an Inclusive project.*

Number of household served over the last 12 months: ____

Project Start Date: _____ / _____ / _____

Project End Date: _____ / _____ / _____

Number of employees currently using HMIS: ____

Number of anticipated HMIs users needed: ____

Project Description:

_____

_____

_____

_____

*A **Target Population** is defined as consisting of at least three-fourths (75%) of the residents served by your project. Projects that do not serve a specific target population may leave this section blank.*

Target Population A (Please Choose One):

☐ Single Males 18 years and older ☐ Single Females 18 years and older

☐ Single Males and Females 18 years and older ☐ Couples only, no children

☐ Single Males and Households with children ☐ Single females and households with children

☐ Unaccompanied Males under 18 ☐ Unaccompanied females under 18

☐ Single Males/Females/Households with Children

Target Population B (Please Choose One):

☐ Domestic Violence ☐ Veterans ☐ Clients with HIV/AIDS

Bed Inventory by Household type: (For year-round beds only)

Identify the number of beds and units available for each of the following household types.

Voucher Programs: *Number of beds should equal the number of individuals served. Number of units should equal number of families served.*

Number of beds: _____ Number of Units: _____

Households without children: *Beds reserved for <u>adults only</u>. This includes households composed of unaccompanied adults and multiple adults.*

Number of beds: _____ Number of Units: _____

Households with at least one adult and one child: *Beds reserved for families with <u>at least</u> one adult and one child. Units should be the number of families that can be housed.*

Number of beds: _____ Number of Units: _____

Households with only children: *Beds reserved for children under the age of 18. Includes unaccompanied children, adolescent parents with children, and all other household configurations composed of only children. Units should be number of families that can be housed in the program.*

Number of beds: _____ Number of Units: _____

Total number of Year-round beds in program: _____

Total number of Year-round units in program: _____

Beds and Unit Availability

Seasonal beds: *Seasonal beds are not available during the entirety of the year, but instead are available on an as needed planned basis, with set start and end dates during anticipated periods of high demand.*

Number of beds: _____ Number of Units: _____

Overflow Beds: *Overflow beds are available on an ad-hoc or temporary basis during the year in response to demand that exceeds planned (year round/seasonal) bed capacity.*

Number of beds: _____ Number of Units: _____

Bed Type (Emergency and Transitional Shelters only). Please only check one.

☐ Facility-based: *Beds (including cots or mats) are located in a residential homeless assistance facility dedicated for use by persons who are homeless. For transitional housing programs, the distinguishing characteristic of these beds is that clients must vacate them when they exit the program. Beds may be located in a single facility or multiple facilities, including beds in units that are owned or leased by the program and which a client must leave when they exit the program.*

☐ Voucher: *For emergency shelters, beds are located in a hotel or motel and made available by the homeless assistance program through vouchers or other forms of payment. For transitional housing, the voucher bed type should be selected for beds where the program provides a time-limited subsidy in conventional rental housing that clients may continue to occupy after the exit the program.*

☐ Other: *Beds are located in a church or other facility not dedicated for use by persons who are homeless. For transitional housing programs, this category is not applicable.*

How many dedicated beds does your program have for these special sub populations?

Veterans: _____ Youth: _____

Locations

Please complete the location page for each location within your program. If all of the clients in your program served are served from one location (one building), fill out this form once. If your program serves clients in multiple locations, please fill out this form for each location.

Location Name: _____

Address: _____

City: _____ **State**: _____ **ZIP**: _____

Site Type:

☐ Residential: Special Needs ☐ Residential: Special Needs and Non-Special Needs

☐ Non-residential: Services only

Housing Type:

☐ Mass Shelter/Barracks ☐ Dormitory/Hotel/Motel

☐ Shared Housing ☐ Residential: Special Needs

☐ Single Room Occupancy Units ☐ Single apartment (Non-SRO) Units

☐ Not applicable: Non-residential Programs

If a licensed facility

License ID: _____ Legal Capacity: _____

Capacity: _____

License Expiration: _____ / _____ / _____

Location Contact:

Name: _____

Title: _____

Work Number: _____ - _____ - _____

Cell Number: _____ - _____ - _____

Fax Number: _____ - _____ - _____

Email: _____@_____._____

How many beds are at this location? _____

How many family units are at this location? _____

How many individual units are at this location? _____

Funding Sources

Please complete a funding source page for each funding source used by your project.

Funding Source Name: _____

Project Funded: _____

Funding source code/number or contract ID code/number: _____

Amount ($):_____

Years funded: _____

Funding Source:

☐ Housing and Urban Development (HUD) ☐ Emergency Solutions Grant (ESG)

☐ City of Orlando ☐ Orange County Government

☐ Runaway Homeless Youth (RHY) ☐ State

☐ Housing Opportunities for Persons with HIV/AIDS (HOPWA)

☐ Other: _____

Funding Source Start Date: _____ / _____ / _____

Funding Source End Date: _____ / _____ / _____

Do you have a dedicated funding source for HMIS? ☐ Yes ☐ No

If Yes: Source _____ Amount _____$

Funding Source Description: _____

Funding Source Status: ☐ Active ☐ Pending ☐ Closed

Target area(s) or outcome(s) tied to funding source/contract:

_____

_____

_____

_____

_____

_____

_____

Does the funding source have reporting required? If yes, please provide supporting documentation.

Funding Source Contact:

Name _____ Title _____

Work Number: _____ - _____ - _____ Cell Number: _____ - _____ - _____