

# New HMIS Program Request Form

Request Date: \_\_\_\_\_ Agency Name: \_\_\_\_\_

**General Program Information:**

Program Start Date: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Description:

Program Type: \_\_\_\_\_

Affiliated with a Residential Project:  Yes  No

**(If yes)** Name of Agency and Program Affiliated with: \_\_\_\_\_

Program Applicability: \_\_\_\_\_ Target Population: \_\_\_\_\_

Geocode: \_\_\_\_\_

Project is Coordinated Entry Access Point:  Yes **If yes (choose all that apply)**  No

Homeless Prevention Assessment, Screening, and/or Referral

Crisis Housing Assessment, Screening, and/or Referral

Housing Assessment, Screening, and/or Referral

Direct Services (search and/or placement support)

Project Receives CE Referrals:  Yes  No

CE Participation Start Date: \_\_\_\_\_

HOPWA-funded Medically Assisted Living Facility:  Yes  No

Will This Program be Accepting Internal HMIS Referrals:  Yes  No

**If yes:** Referrals accepted:  Intra-agency only  Inner-agency **(other agencies can send referrals)**

Responsible Staff Member (who will receive/process referrals:

\_\_\_\_\_ (CHO)

\_\_\_\_\_ (CM)

**Program needs:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Coordinated Entry Events       | <input checked="" type="checkbox"/> Program Files           | <input checked="" type="checkbox"/> Close Services Upon Exit                  |
| <input type="checkbox"/> Goals                          | <input type="checkbox"/> Aging into Adulthood Notification  | <input type="checkbox"/> Enrollment Age Warning (If checked: Age _____)       |
| <input type="checkbox"/> Auto Service Placement         | <input type="checkbox"/> Auto Exit Due to Inactivity        | <input type="checkbox"/> Enable all client forms (If ES this must be checked) |
| <input checked="" type="checkbox"/> Link From History   | <input checked="" type="checkbox"/> Cascade Enrollment Data |   |
| <input checked="" type="checkbox"/> Program Assessments | <input checked="" type="checkbox"/> Cascade Assessment Data |   |
| <input type="checkbox"/> Program Notes                  |   |   |

**Funding Source Information:**

Funding Source:  Federal  Local, State or Other Funding Source  Private/Donations/Client Funded

Name: \_\_\_\_\_

Funding Start Date: \_\_\_\_\_ Funding End Date: \_\_\_\_\_

Grant Identifier: \_\_\_\_\_ Grant Amount: \_\_\_\_\_

**Bed and Unit Inventory (Fill out if program is ES, TH, RRH, PSH):**

(If program has Beds and/or Unit Inventory for different household types, different availability types, and/or beds reserved for type fill out a separate "Bed and Unit Inventory" section for each type)

Inventory Start Date #1: \_\_\_\_\_

Inventory Start Date #2: \_\_\_\_\_

Household Type: \_\_\_\_\_

Household Type: \_\_\_\_\_

Bed Type: \_\_\_\_\_

Bed Type: \_\_\_\_\_

Availability: \_\_\_\_\_

Availability: \_\_\_\_\_

Beds reserved for:

- Youth-Veterans  Any Other Youth  
 Any Other Veterans  Non-Dedicated Beds

Beds reserved for:

- Youth-Veterans  Any Other Youth  
 Any Other Veterans  Non-Dedicated Beds

Inventory Start Date #3: \_\_\_\_\_

Inventory Start Date #4: \_\_\_\_\_

Household Type: \_\_\_\_\_

Household Type: \_\_\_\_\_

Bed Type: \_\_\_\_\_

Bed Type: \_\_\_\_\_

Availability: \_\_\_\_\_

Availability: \_\_\_\_\_

Beds reserved for:

- Youth-Veterans       Any Other Youth
- Any Other Veterans       Non-Dedicated Beds

Beds reserved for:

- Youth-Veterans       Any Other Youth
- Any Other Veterans       Non-Dedicated Beds

**Services Needed:** (If yes, answer questions below)

Yes       No

Service Category #1: \_\_\_\_\_

Geocode for services: \_\_\_\_\_

List titles of individual services under this category (separate service titles with commas)

Do you need to track staff time with this service?       Yes       No

Do you need to track the geolocation of these services?       Yes       No

Do you need note sections for these services?       Yes       No

Are these services only available to program participants?       Yes       No

Will these services be provided to multiple HH members at the same time?       Yes       No



Service Category #2: \_\_\_\_\_

Geocode for services: \_\_\_\_\_

List titles of individual services under this category (separate service titles with commas)

Do you need to track staff time with this service?       Yes       No

Do you need to track the geolocation of these services?       Yes       No

Do you need note sections for these services?       Yes       No

Are these services only available to program participants?       Yes       No

Will these services be provided to multiple HH members at the same time?       Yes       No



Service Category #3: \_\_\_\_\_

Geocode for services: \_\_\_\_\_

List titles of individual services under this category (separate service titles with commas)

Do you need to track staff time with this service?  Yes  No

Do you need to track the geolocation of these services?  Yes  No

Do you need note sections for these services?  Yes  No

Are these services only available to program participants?  Yes  No

Will these services be provided to multiple HH members at the same time?  Yes  No



Service Category #4: \_\_\_\_\_

Geocode for services: \_\_\_\_\_

List titles of individual services under this category (separate service titles with commas)

Do you need to track staff time with this service?  Yes  No

Do you need to track the geolocation of these services?  Yes  No

Do you need note sections for these services?  Yes  No

Are these services only available to program participants?  Yes  No

Will these services be provided to multiple HH members at the same time?  Yes  No

### HMIS Lead Agency Only

Notes

Current Living Situation: \_\_\_\_\_

**Custom Requests** (If yes, upload information to TrackIt!)

Custom Data Point(s): \_\_\_\_\_

Custom Forms: \_\_\_\_\_

Custom Assessment(s): \_\_\_\_\_