

Clarity New Program Request Form

Program Name:					
Program Description:					
Operating Start Date:					
Cross Agency Services:					
Program Type:					
Program Applicability:					
Continuum Project:	YES				
Target Population:					
Geo Code:					
HMIS Participating Project:	YES				
Continuum of Care:	CA-519				
Public Listing:	YES			If Behavioral Health, Ampla or Youth 4 Change program check here: <input type="checkbox"/>	
Goals:	NO				
Auto Service Placement:					
Eligibility:					
Link from History:					
Program Assessments:	YES				
Program Notes:					
Program Files:	NO				
Program Charts:	NO				
Auto Exit due to Inactivity:					
Auto Exit When Housed:					
Cascade Enrollment Data:	YES	If Yes, Threshold of days:	365		
Cascade Assessment Data:	YES	If Yes, Threshold of days:	365		
Close Services Upon Exit:	YES				
Enrollment Age Warning:		If Yes, age 17 and under:			
Enable All Client Forms:	NO				

Additional Agency Information:

Is this a HOPWA funded Medically Assisted Living Facility:	
Funding Sources:	
Sites:	
Documentation Required:	
Program Assessments:	Status & Annual Assessment
Agency Address:	
Program Address:	

When completed, please email form to HMIShelp@buttecounty.net

DESS HMIS Administrator:

Funding Sources:	
Funding Source Non-Federal:	
Grant Identifier:	

Enrollment Data Element Sheet Attached: Yes No