HMIS New Provider Set up

Use this form to request a new provider set up in DC's HMIS. Please allow 2 weeks from completed submission for the set up to be completed. If you have questions, contact the HMIS Helpdesk at hmis@community-partnership.org

* Required

1. Email address *

https://docs.google.com/forms/d/1fFPf-3yD94Kx6b6OJQSj9UOmpt3J...
2. Name of Agency *

If your agency is not on this list, please reach out to HMIS@community-partnership.org

Mark only one oval.

- Access Housing INC
- Amerigroup
- AmeriHealth
- Bethany Inc
- Bradley & Associates
- Bread for the City
- Bright Beginnings Inc
- Calvary Episcopal Church
- Calvary Women's Services
- Casa Ruby
- Catholic Charities
- Central Union Mission
- Christ House
- City Care Health Services
- Coalition for the Homeless
- Collaborative Solutions for Communities
- Communities Helping & Empowering Patriots
- Community Connections
- Community for Creative Non-Violence
- Community of Hope
- The Community Partnership for the Prevention of Homelessness
- Community Solutions
- Contemporary Family Services
- CORE DC
- Cornerstone
- Covenant House Washington
- DC Central Kitchen
- D.C Department of Employment Services
- DC Doors
- Department of Human Services
- Department of Corrections
- Department of Health
- Department of Veteran Affairs
- Department of Youth Rehabilitation Services
- Deputy Mayor od Health and Human Services
- District Alliance for Safe Housing
Downtown Business Improvement District
Downtown Cluster of Congregations
East River Family Strengthening Collaborative
Echelon Community Services
Edgewood/Brookland Family Support Collaborative
Everyone Home DC
Executive Office of the Mayor - DC Office of Neighborhood Safety and Engagement
Family Matters of Greater DC
Family Wellness Center
Far Southeast Family Strengthening Collaborative
Federal City Recovery
Friendship Place
Georgetown Ministry Center
Georgia Avenue Family Support Collaborative
Gospel Rescue Ministries
Greater Washington Urban League
Healthy Babies
HER Resiliency Center
HIPS
Homes for Hope
House of Ruth
Housing Counseling Services
Housing Up
Howard University Hospital
Inner City Family Services
Jobs Have Priority
Joseph's House
Latin American Youth Center
Life Care
Life Deeds
Life Enhancement Services
Life Stride, Inc
Mayor's Office of LGBTQ Affairs
Mayor's Office of Returning Citizens Affairs
Mayor's Office of Veteran Affairs
MBI Health Services
McClendon Center
MedStar
3. If Other Agency, Please Specify

4. Name of Program *

5. Address of Program (including zip code) *
   If scattered site program, zip code of where most units are located, or address of Agency’s office.

6. Type of Address provided *
   *Mark only one oval.

   ○ Physical Site
   ○ Office Site

7. Program’s Point of Contact Name *
   This is the person we will contact with any questions about the program including but not limited to vacancies, grant information, and CAHP participation.

8. Program’s Point of Contact email address *

9. Date program began serving clients/will begin serving clients *
   *Example: December 15, 2012
10. **Population Served** *
   If your program will serve more than one of these options, we will likely need to create multiple providers in HMIS. Complete this form for each population you will serve with this program. Contact [HMIS@community-partnership.org](mailto:HMIS@community-partnership.org) with questions.
   
   *Mark only one oval.*
   
   - Single Adults
   - Households with Children
   - Single Youth 18-24
   - Single Youth under 18 only
   - Both Single Youth under 18 and 18-24
   - Youth Headed Households 18-24
   - Minor Youth Headed Households

11. **Program Type** *
   If you are unsure what type your program is please refer to this definition document: [https://drive.google.com/open?id=1Ny7BSpkJu1_1CFJqGCP-7XkUGEMnE4V](https://drive.google.com/open?id=1Ny7BSpkJu1_1CFJqGCP-7XkUGEMnE4V)
   
   *Mark only one oval.*
   
   - Homelessness Prevention  
   - Street Outreach  
   - Emergency Shelter - Low Barrier Shelter  
   - Emergency Shelter - Severe Weather  
   - Emergency Shelter - Temporary Shelter  
   - Emergency Shelter - Short Term Family Housing  
   - Transitional Housing  
   - Rapid Re-housing  
   - Permanent Supportive Housing  
   - Permanent Housing with Services (no disability required)  
   - Permanent Housing - Housing Only  
   - Day Shelter/Drop in Center  
   - Supportive Services Only  
   - CAHP

**Emergency Shelter Questions**
These questions are required for all new emergency shelter programs
12. **Availability of shelter** *
   If this program has beds for multiple availability (such as some are year round and some are seasonal) multiple forms will need to be completed for each type of availability your program has. These will be combined into a single provider in HMIS
   
   **Mark only one oval.**
   
   - Year Round - these beds are always available regardless of time of year and vacancies at other locations
   - Seasonal - these beds are only available during certain times of the year but during that part of the year they are always available
   - Overflow - these beds are only available when all other beds have been filled

13. **Bed Type** *
   If your program has multiple bed types, you will need to complete multiple of these forms. These will need to be multiple providers in HMIS.
   
   **Mark only one oval.**
   
   - Facility Based - Beds (including cots or mats) located in a residential homeless assistance facility dedicated for use by persons who are homeless.
   - Vouchers - Beds located in a hotel or motel and made available by the homeless assistance project through vouchers or other forms of payment.
   - Other - Beds located in a church or other facility not dedicated for use by persons who are homeless

## Beds and Units

14. **For single individuals programs, number of beds**

15. **For Family programs, number of units**

16. **For Family programs, average household size**

17. **Housing Type** *
   
   **Mark only one oval.**
   
   - Single Site
   - Site based - clustered or multiple sites
   - Tenant-based scattered site

### Specific Population Bed/unit breakouts
We need to know how many units/beds are dedicated to each type of sub-population. These numbers combined should equal total number of beds/units asked previously. These are based on your contract requirements or how you are dedicating your beds.
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Number of Beds/units for Chronically Homeless Veterans *</td>
</tr>
<tr>
<td>19</td>
<td>Number of beds/units for Youth (18-24) veterans *</td>
</tr>
<tr>
<td>20</td>
<td>Number of beds/units for any other veterans *</td>
</tr>
<tr>
<td>21</td>
<td>Number of beds/units for Chronically Homeless Youth *</td>
</tr>
<tr>
<td>22</td>
<td>Number of beds/units for any other Youth *</td>
</tr>
<tr>
<td>23</td>
<td>Number of beds/units for any other Chronically Homeless people *</td>
</tr>
<tr>
<td>24</td>
<td>Non-dedicated beds/units *</td>
</tr>
</tbody>
</table>

**Funding and Start Date**
25. **Funding Source for program**
   
   *Check all that apply.*

   - [ ] HUD CoC
   - [ ] HUD ESG
   - [ ] HUD VASH
   - [ ] HUD HOPWA
   - [ ] Youth Homeless Demonstration Program (YHDP)
   - [ ] HHS RHY
   - [ ] HHS PATH
   - [ ] VA SSVF
   - [ ] VA GPD
   - [ ] VA Contract
   - [ ] DHS Sole Source
   - [ ] DHS Management
   - [ ] DHS Direct
   - [ ] TCP Direct
   - [ ] Private Agency Funds
   - [ ] Other: ____________

26. **If Federally funded, grant identifier**

27. **Grant Start Date**

   *Example: December 15, 2012*

A copy of your responses will be emailed to the address you provided.

Powered by Google Forms