HMIS Housing Program/Grant Setup

Instructions: Fill out this form to add/modify HMIS Program Information. All sections – Agency, Program, Funding, Program Type, Population, & Inventory need to be completely filled out. If you have any questions, please contact HMIS Support at hmis@homelesshouston.org. Fax completed forms to (713) 739-8038, or scan and email to hmis@homelesshouston.org.

Agency Information

Organization Name:	
Organization Mailing Address:	
Contact Name:	
Contact Number:	
Contact Email:	

Project/Program Setup

Program Name:			
Program Start Date:		Program End Date:	
Program Type:			
List the organizations that require access to this program:			

Grant Setup

Grant Name:			
Grantee Agency:			
Federal Grant Program:			
Grant Program Component:			
Grant Start Date:		Grant End Date:	
List the organizations that require to access this program:			

Service & Unit Setup

On the HMIS Standard Service Code list, check the boxes next to the services that will be funded and provided through the program and grant listed above. Also, please complete the unit configuration form.

Project/Program Authorization

I authorize that the above information is a true and accurate statement of the characteristics of the above-named project.

Completed By: _____ Signature: _____ Date: _____

HMIS Housing Facility Setup

Instructions: Fill out this form to add/modify HMIS Facility Information. All sections need to be completely filled out. This is the second page of the Program Setup. If you have any questions, please contact HMIS Support at hmis@homelesshouston.org. Fax completed forms to (713) 739-8038, or scan and email to hmis@homelesshouston.org.

Housing Facility Setup *(complete for each facility)*

Facility Name:	
Contact Name:	
Contact Phone:	
Contact Email:	
Site Configuration:	
Site Configuration Detail:	
Geo Code:	

Housing Facility Descriptors

Housing Type:	
Voucher Type (if applicable):	
Continuum of Care (CoC) Project:	Yes No
Disaster Recovery Project:	Yes No
Target Population A:	
Target Population B:	
Special Populations:	
Total HMIS Units:	Total HMIS Beds:

Project/Program Bed and Unit Inventory Information *(complete the table below)*

Household Type	Year-Round Availability		Total Dedicated Beds			Overflow and Seasonal Bed Availability (Emergency Shelter Only)	Total Units	Total Beds
	Total Units	Total Beds	Veteran	Chronic Homeless	Youth*			
Households without children						Total Number of Overflow		
Households with children						Total Number of Seasonal		
Households with children only						Seasonal Start Date:		
						Seasonal End Date:		

Persons under age 25, including children under age 18 and young adults ages 18 to 24

HMIS Housing Program Unit Configuration

Instructions: Fill out this form to add/modify HMIS Unit/Bed Information. All sections need to be completely filled out. This is the third page of the Program Setup. If you have any questions, please contact HMIS Support at hmis@homelesshouston.org. Fax completed forms to (713) 739-8038, or scan and email to hmis@homelesshouston.org.