

New provider or Project Set Up Form

To be completed for each new Louisville Continuum of Care HMIS agency and/or project.

Agency Information Contact Information

Organization Name	
Organization Physical Address and County	
Street	
City, State, Zip	
County	
Organization Mailing Address (if different from physical address)	
Street	
City, State, Zip	
Telephone Number	
Executive Director	
Telephone Number	
Fax Number	
E-mail Address	
HMIS Contact	
Telephone Number	
Email Address	
Additional Contact	
Additional Contact Email	

Operating Start Date

Operating Start Date (date project originally started- even if prior to receiving funding)	
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Federal Partner Funding Source (CoC, ESG, HOPWA, RHY, PATH, VA etc.)

Federal Partner Program	
Grant Identifier/# (KY000, etc.)	
Grant Start Date	
Grant End Date	

Project Information

Please complete this form for each project you wish to set up.

Project Name:	
HMIS Project Name (<i>preference you would like</i>):	
Program Type Code (please check only one)	<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Prevention <input type="checkbox"/> Rapid Re-housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Services Only <input type="checkbox"/> Other <input type="checkbox"/> Street Outreach
Housing Type: (please check one.)	
<input type="checkbox"/> Site-based-single site	<input type="checkbox"/> Tenant-based-scattered site
<input type="checkbox"/> Site-based- clustered/multiple sites	
Is this a Victim Services Provider	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Bed Unit Inventory

Bed and Unit Inventory information must be recorded for each project and each **Household Type** within that project.

Household types are defined as the following: *(Please select all that apply)*

- Households without children (no one under the age of 18)
- Households with at least one adult and one child (at least one adult over the age of 18 and one child under the age of 18)
- Households with only children (only children under the age of 18)

Record the Bed and Unit Inventory for each applicable Household Type, below: Please indicate how many beds and units are available (either always 'dedicated' or 'on average' for each household type listed below (if applicable). Based on your **Household Type** selections in the above section, please fill out the beds/units for each Household Type that the project serves.

Households without children (no one under the age of 18)

HMIS Project Name:	
Bed Type:	<input type="checkbox"/> Facility Based <input type="checkbox"/> Voucher <input type="checkbox"/> Other

Target Population A:	Target Population B:	Does this program receive McKinney Vento Funding?	Bed Type:	Availability:
<input type="checkbox"/> SM-Single Males 18 yrs old and over <input type="checkbox"/> SF-Single Females 18 yrs old and over <input type="checkbox"/> SMF-Single Males and Females 18 yrs old and over <input type="checkbox"/> CO-Couples Only, No Children <input type="checkbox"/> HC-Households with Children <input type="checkbox"/> SMHC-Single Males 18 yrs old and over and Households with Children <input type="checkbox"/> HC-Single Females 18 yrs old and over and Households with Children <input type="checkbox"/> SMF+HC Single Males and Females 18 yrs old and over plus Households w. children <input type="checkbox"/> YM-Youth Males under 25 yrs old <input type="checkbox"/> YF-Youth Female under 25 yrs old <input type="checkbox"/> YMF-Youth Males and Females under 25 yrs old	<input type="checkbox"/> DV-Domestic Violence <input type="checkbox"/> HIV-Persons with HIV/AIDS <input type="checkbox"/> NA: Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Facility-based <input type="checkbox"/> Voucher <input type="checkbox"/> Other	<input type="checkbox"/> Year-round <input type="checkbox"/> Seasonal <input type="checkbox"/> Overflow

Households without children bed/unit information:

Beds	Units

Total Seasonal Beds (ES Only)		Total Overflow Beds	
Seasonal Beds Start Date:		Overflow Beds Start Date:	
Seasonal Beds End Date:		Overflow Beds End Date:	
Total Dedicated Beds (If Applicable)			
Veteran Beds			
Unaccompanied Youth Beds (18-24)			

Households with at least one adult and one child (at least one adult over the age of 18 and one child under the age of 18)

HMIS Project Name:			
Bed Type:	<input type="checkbox"/> Facility Based	<input type="checkbox"/> Voucher	<input type="checkbox"/> Other

Target Population A:	Target Population B:	Does this program receive McKinney Vento Funding?	Bed Type:	Availability:
<input type="checkbox"/> SM-Single Males 18 yrs old and over <input type="checkbox"/> SF-Single Females 18 yrs old and over <input type="checkbox"/> SMF-Single Males and Females 18 yrs old and over <input type="checkbox"/> CO-Couples Only, No Children <input type="checkbox"/> HC-Households with Children <input type="checkbox"/> SMHC-Single Males 18 yrs old and over and Households with Children <input type="checkbox"/> HC-Single Females 18 yrs old and over and Households with Children <input type="checkbox"/> SMF+HC Single Males and Females 18 yrs old and over plus Households w. children <input type="checkbox"/> YM-Youth Males under 25 yrs old <input type="checkbox"/> YF-Youth Female under 25 yrs old <input type="checkbox"/> YMF-Youth Males and Females under 25 yrs old	<input type="checkbox"/> DV-Domestic Violence <input type="checkbox"/> HIV-Persons with HIV/AIDS <input type="checkbox"/> NA: Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Facility-based <input type="checkbox"/> Voucher <input type="checkbox"/> Other	<input type="checkbox"/> Year-round <input type="checkbox"/> Seasonal <input type="checkbox"/> Overflow

Households with at least one adult and one child bed/unit information:

Beds	Units

Total Seasonal Beds (ES Only)			Total Overflow Beds	
Seasonal Beds Start Date:			Overflow Beds Start Date:	
Seasonal Beds End Date:			Overflow Beds End Date:	
Total Dedicated Beds (If Applicable)				
Veteran Beds				
Parenting Youth Beds (18-24)				

Households with only children (only children under the age of 18)

HMIS Project Name:				
Bed Type:		<input type="checkbox"/> Facility Based	<input type="checkbox"/> Voucher	<input type="checkbox"/> Other
Target Population A:	Target Population B:	Does this program receive McKinney Vento Funding?	Bed Type:	Availability:
<input type="checkbox"/> SM-Single Males 18 yrs old and over <input type="checkbox"/> SF-Single Females 18 yrs and old and over <input type="checkbox"/> SMF-Single Males and Females 18 yrs old and over <input type="checkbox"/> CO-Couples Only, No Children <input type="checkbox"/> HC-Households with Children <input type="checkbox"/> SMHC-Single Males 18 yrs old and over and Households with Children <input type="checkbox"/> HC-Single Females 18 yrs old and over and Households with Children <input type="checkbox"/> SMF+HC Single Males and Females 18 yrs old and over plus Households w. children <input type="checkbox"/> YM-Youth Males under 25 yrs old <input type="checkbox"/> YF-Youth Female under 25 yrs old <input type="checkbox"/> YMF-Youth Males and Females under 25 yrs old	<input type="checkbox"/> DV-Domestic Violence <input type="checkbox"/> HIV-Persons with HIV/AIDS <input type="checkbox"/> NA: Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Facility-based <input type="checkbox"/> Voucher <input type="checkbox"/> Other	<input type="checkbox"/> Year-round <input type="checkbox"/> Seasonal <input type="checkbox"/> Overflow

Households with only children bed/unit information:

Beds	Units

Total Seasonal Beds (ES Only)		Total Overflow Beds	
Seasonal Beds Start Date:		Overflow Beds Start Date:	
Seasonal Beds End Date:		Overflow Beds End Date:	
Total Dedicated Beds (If Applicable)			
Youth Veteran Beds			
Unaccompanied Youth Beds			
Parenting Youth Beds			