

Provider Descriptive Elements 2024-2025

1. Which of the following BEST describes your project (please select ONE)?

**If you have multiple projects, please complete a separate form for each one.*

- Coordinated Entry
- Day Shelter
- Emergency Shelter
- Homelessness Prevention
- PH (Permanent Housing) – Housing only
- PH (Permanent Housing) – Housing w/ services (no disability required for entry)
- PH (Permanent Housing) – Permanent **Supportive** Housing (disability required for entry)
- PH (Permanent Housing) – Rapid Re-housing
- Safe Haven
- Services Only
- Street Outreach
- Transitional Housing
- Other (please describe): _____

2. Project Operating Dates: **These are the dates the project starts (or has started) and the date the project is due to end. A program may be ongoing and have no end date—in such a case, leave the end date blank.*

a. Operating Start Date: _____/_____/_____

b. Operating End Date: _____/_____/_____

3. Does this project (or program being set up in HMIS) receive any of the following grant types?

**Check all that apply, or N/A if none apply*

- HOPWA HUD-CoC PATH RHY SSVF Not Applicable

4. Please select all applicable services that your project or program provides.

**If there are services your project or program provides that are not listed here, please list them in the blank cells at the bottom of the chart.*

BASIC NEEDS-Food and Material Goods	BASIC NEEDS: Housing and Shelter	Other Services <i>(most commonly accessed)</i>
<input type="checkbox"/> Emergency Food	<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Case Management
<input type="checkbox"/> Food vouchers	<input type="checkbox"/> Rapid Re-Housing	<input type="checkbox"/> Employment Preparation
<input type="checkbox"/> Food pantry	<input type="checkbox"/> Homelessness Prevention	<input type="checkbox"/> Housing Search Assistance
<input type="checkbox"/> Formula/Baby Food	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Moving Assistance
<input type="checkbox"/> Diapers	<input type="checkbox"/> Permanent Housing	<input type="checkbox"/> Housing Counseling
<input type="checkbox"/> Household Goods	<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Mental Health Counseling
<input type="checkbox"/> Material Goods	<input type="checkbox"/> Homelessness Diversion	<input type="checkbox"/> Substance Use Counseling
<input type="checkbox"/> Furniture	<input type="checkbox"/> Day Shelter	<input type="checkbox"/> Childcare Assistance
<input type="checkbox"/> Baby Furniture	<input type="checkbox"/> Homeless Motel Vouchers	<input type="checkbox"/> Benefits Assistance
<input type="checkbox"/> Personal/Grooming Supplies	<input type="checkbox"/> Rent Payment Assistance	<input type="checkbox"/> Utility Deposit Assistance
<input type="checkbox"/> Clothing vouchers	<input type="checkbox"/> Rental Deposit Assistance	<input type="checkbox"/> Utility Payment Assistance
<input type="checkbox"/> Mobile Device Assistance	<input type="checkbox"/> Rental Application Fee Assistance	<input type="checkbox"/> Transportation/Bus Passes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bus Fare (local/long dis.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. If you have a **Federal Funding Partner**, please check all that are applicable for this project/program below:

**Select applicable options below that meet both the funding partner and program type criteria*

<input type="checkbox"/> HUD: CoC – Homelessness Prevention	<input type="checkbox"/> HUD: HOPWA – Short-term Rent, Mortgage, Utility assistance
<input type="checkbox"/> HUD: CoC – Permanent Supportive Housing	<input type="checkbox"/> HUD: HOPWA – Short term Supportive Facility
<input type="checkbox"/> HUD: CoC – Rapid Re-Housing	<input type="checkbox"/> HUD: HOPWA – Transitional Housing (facility-based or TBRA)
<input type="checkbox"/> HUD: CoC – Supportive Services Only (SSO)	<input type="checkbox"/> HUD: HOPWA - CV
<input type="checkbox"/> HUD: CoC – Transitional Housing	<input type="checkbox"/> HUD: Public and Indian Housing (PIH) Programs
<input type="checkbox"/> HUD: CoC – Safe Haven	<input type="checkbox"/> HUD: HUD/VASH
<input type="checkbox"/> HUD: CoC – Single Room Occupancy (SRO)	<input type="checkbox"/> HUD: PIH (Emergency Housing Voucher)
<input type="checkbox"/> HUD: CoC – Youth Homeless Demonstration Program (YHDP)	<input type="checkbox"/> HUD: HOME
<input type="checkbox"/> HUD: CoC – Joint Component RRH/PSH	<input type="checkbox"/> HUD: HOME (ARP)
<input type="checkbox"/> HUD: CoC – Joint Component TH/RRH	<input type="checkbox"/> HHS: PATH – Street Outreach and Supportive Services Only
<input type="checkbox"/> HUD: ESG – Emergency Shelter	<input type="checkbox"/> HHS: RHY – Basic Center Program (prevention and shelter)
<input type="checkbox"/> HUD: ESG – Homelessness Prevention	<input type="checkbox"/> HHS: RHY – Maternity Group Home for Pregnant and Parenting Youth
<input type="checkbox"/> HUD: ESG – Rapid Re-housing	<input type="checkbox"/> HHS: RHY – Transitional Living Program
<input type="checkbox"/> HUD: ESG – Street Outreach	<input type="checkbox"/> HHS: RHY – Street Outreach Project
<input type="checkbox"/> HUD: ESG – CV	<input type="checkbox"/> HHS: RHY – Demonstration Project
<input type="checkbox"/> HUD: Pay for Success	<input type="checkbox"/> VA: CRS Contract Residential Services
<input type="checkbox"/> HUD: Rural Housing Stability Assistance Program	<input type="checkbox"/> VA: Community Contract Safe Haven Program
<input type="checkbox"/> HUD: HOPWA – Hotel/Motel vouchers	<input type="checkbox"/> VA: Community Contract Safe Haven Program
<input type="checkbox"/> HUD: HOPWA – Housing Information	<input type="checkbox"/> VA: Grant and Per Diem Program
<input type="checkbox"/> HUD: HOPWA – Permanent Housing (facility - based or TBRA)	<input type="checkbox"/> VA: Supportive Services for Veteran Families
<input type="checkbox"/> HUD: HOPWA – Permanent Housing Placement	<input type="checkbox"/> N/A (Not Applicable)

6. What are the Start and End Dates for each Federal Funding Source you selected above, if any applied?

**If not applicable, or if there is no end date, leave blank.*

a. Federal Funding Source 1: _____

i. Start Date: ____/____/____ End Date: ____/____/____

b. Federal Funding Source 2: _____

i. Start Date: ____/____/____ End Date: ____/____/____

c. Federal Funding Source 3: _____

i. Start Date: ____/____/____ End Date: ____/____/____

7. Is this project a Victim Services Providers?

YES NO

8. If applicable, what is the grant identifier for the above selected grant(s)?

**This is usually a number, or letter/number combination*

a. Grant Identifier 1: # _____

b. Grant Identifier 2: # _____

c. Grant Identifier 3: # _____

9. If the program in HMIS does not have a Federal Funding Source, what is the name of the funding source(s) as well as the start and end dates for each source? **If not applicable, or there is no end date, leave blank.*

a. Non-Federal Funding Source 1: _____

i. Start Date: ____/____/____ End Date: ____/____/____

b. Non-Federal Funding Source 2: _____

i. Start Date: ____/____/____ End Date: ____/____/____

c. Non-Federal Funding Source 3: _____

i. Start Date: ____/____/____ End Date: ____/____/____

10. **FOR ALL BED PROJECTS**, please fill in the following items (fill separately for multiple bed projects):

a. **What household type do you serve?**

- Households without children
- Households with at least one child and one adult
- Household with only children (under 18)

b. **Describe your bed inventory for just the program identified in this form:**

TOTAL BED INVENTORY: _____	
Of the total bed inventory, what number of beds are dedicated to:	
Chronic Homeless Bed Inventory (PSH Only)?	=
Veteran Bed Inventory?	=
Youth Beds Inventory?	=
Of the youth beds, what number are restricted to:	
Only under age 18?	=
Only ages 18-24?	=
Only under age 24 (both of the above)?	=

c. **How many 'units' house your beds?** **This is the number of rooms that the beds are distributed among* # of Units: _____

d. **Do you get McKinney Vento funding?** YES NO