

New provider or Project Set Up Form

To be completed for each Kentucky Housing Corporation HMIS entity, including Victim Service Providers.

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) | |
|--|--|

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 | | | |