

HMIS New Agency Signup Form

Please take a moment to read these instructions prior to completing this form. These instructions provide valuable information that will allow you to complete the survey quickly and more efficiently.

Background: We are required to have each CoC Member Agency/Program, annually complete this form, regarding changes in service delivery and operations in order to properly complete the Continuum of Care (CoC) application for funding as well as to comply with federal reporting requirements. The questions on the form provided are formatted to reflect the HMIS Data Standards released by HUD in 2014.

Instructions: Please complete **ONE** form **FOR EACH SITE** that provides housing, shelter, or services.

Site Information

Question 1

- Single Site, Single Building: your housing units or service encounters are centrally located in one building structure.
- Single Site, Multiple Buildings: your program is centrally located on one site, but there are multiple buildings on that site, (e.g. single apartment complex with multiple buildings and program units in two or more buildings).
- Multiple Sites: your sites consist of multiple buildings that are not centrally located.

Question 2

Please be sure to fill out the address specific to the program that you have selected for this survey. Please remember that if there are multiple sites that are on separate programs, fill out an additional survey for that program. Mobile programs please list the administrative office as the address.

Question 3

- Non-residential: programs that do not offer overnight stays.
- Residential (Special Needs Only): residential programs (programs that do offer overnight stays), and accept clients with substance abuse problems, mental illness issues, persons with HIV/ AIDS, persons with physical disabilities, and/or elderly persons.
- Residential (Special needs and non-special needs): residential program accepts BOTH clients with substance abuse problems, mental illness issues, persons with HIV/ AIDS, persons with physical disabilities, and/or elderly persons, and clients without special needs.

Question 4

- Mass shelter/ Barracks: Multiple individuals and/or family households sleep in a large room with multiple beds.
- Dormitory/Hotel/Motel: Most individuals and/or families share small to medium sized sleeping rooms or have private sleeping rooms. Persons may or may not share a common kitchen, common bathroom, or both.
- Shared Housing: Most individuals and/or families reside in one or more shared housing units that house up to eight individuals or four families. Each unit includes a kitchen and a bath. Each family, generally, has a private sleeping room. However, more than one individual may share sleeping space.
- Single room occupancy: Most individuals reside in a private unit with a sleep/living room intended for one occupant that contains no bathroom or kitchen, or contains either, but not both.
- Single Apartment: Most individuals and/or families reside in a self-contained apartment intended for one individual or family household that includes a private kitchen and bathroom.
- Single homes/townhomes/duplexes: Intended for one individual or family household.
- Not Applicable: Non-Residential Program: Programs that do not provide residential services.

Monitoring Completed by



Program Type

Question 5

Please choose the MOST appropriate program type that describes your site service. Select only ONE response.

- Emergency Shelter
- Transitional Housing
- Permanent Supportive Housing
- Homeless Outreach
- Homelessness Prevention and Rapid Re-Housing
- Service Only Program
- Other
- Safe Haven
- Permanent Housing

Bed and Inventory Information

Question 6

- Household without Children: Beds available for households with adults (over 18) only.
- Households with Children: Beds available for households with at least one adult and one child (under 18) or households with unaccompanied youth only or households with multiple children.

Question 7

- Facility Based: Beds (including cots or mats) are located in a residential homeless assistance facility dedicated for use by persons who are homeless.
- Voucher: Beds are located in a hotel or motel and made available by the homeless assistance program through vouchers or other forms of payment.
- Other: Beds are located in a campground, church, or other facility not dedicated for use by persons who are homeless.

Question 8

Inventory Type

Determine if the bed inventory is current, new, or under development.

- Current (C) – Beds or vouchers that were available for occupancy **ON** or **BEFORE** January 31st, **of the current year**.
- New (N) – Beds or vouchers that were available for occupancy **BETWEEN** February 1, of **last year** and January 31st **of the current year**.
- Under Development (U) – Beds that are fully funded but were NOT available for occupancy as of January 31st, **of the current year**.

Question 9

Target Population A

Please choose the MOST appropriate population that your site serves. It should represent 75% of the clients served by the program. Select only ONE response.

- Single Males (18+)
- Single Females (18+)
- Single Males and Females (18+)
- Couples Only (No Children)
- Single Males and Households with Children
- Single Females and Households with Children
- Households with Children
- Unaccompanied Young Males (under 18)
- Unaccompanied Young Females (under 18)
- Unaccompanied Young Males and Females (under 18)
- Single Males and Females and Households with Children

Monitoring Completed by



Question 10
Target Population B

Please choose the MOST appropriate specialty population that your site serves. Select only ONE response.

- DV: Domestic Violence Victims: Program that targets people who have experienced domestic violence.
- Vet: Veterans: Program that targets veterans
- HIV: Persons with HIV/AIDS: Program that targets people with HIV and/or AIDS
- N/A: Not Applicable – Programs that target none of the above.

Question 11

Identify whether or not the program receives any funds from the HUD McKinney-Vento.

- HUD McKinney Vento programs include: Emergency Solutions Grant (ESG), Shelter Plus Care (SPC), Section 8 Moderate Rehab Single-Room Occupancy (SRO), and Supportive Housing Program (SHP).

Question 12

BED INVENTORY CHART

Step #1: Begin by identifying when your beds are available.

The choices are:

- Year Round: Beds are available for a full 12 months.
- Seasonal: Emergency Shelter Only: Beds available on a planned basis with a set start and end date during periods of high demand. ***If in a 12 month period, your bed inventory changes, please record all beds available in the chart below under seasonal and/or year round.***
- Overflow: Emergency Shelter Only: Beds available during high demand that exceeds available bed inventory.

Step #2: Under the appropriate category please record the following data:

- Start Date: the date when the bed and unit inventory are first available.
- End Date: the date the bed and unit inventory is no longer available.
- Bed Inventory: the number of beds available for use between the start date and end date.
- Chronic Homeless Bed Inventory: Permanent Supportive Housing Only: the number of beds available for use of Chronic Homeless persons between the start date and end date.
- Unit Inventory: the number of units available between the start date and end date.

Name of Person Completing Form
Date Completed

Agency
Program Name

Thank you for taking the time to complete this form. Please complete ONE form FOR EACH AGENCY/PROGRAM where you provide housing, shelter, and services. Please email or fax the completed form to Tennessee Valley Coalition for the Homelessness, Inc, at (866) 876-0527 Attn. Melanie Cordell or email it to mcordell@tvchomeless.org.

Monitoring Completed by



Agency/Project Information

Project Description: _____

Contact Information:

Telephone Number: () -- _____

Telephone 2: () -- _____

Fax Number: () -- _____

Person in Charge: _____

Title: _____

Person in Charge Number: () --- _____

Person in Charge Email: _____

Contact Person 1 _____

Title: _____

Contact Number 1: () --- _____

Contact Email 1: _____

Contact Person 2 _____

Title: _____

Contact Number 2: () --- _____

Contact Email 2: _____

Monitoring Completed by



Site Information

1. How are your project sites configured?

- Single site, single building
 Single Site, multiple buildings
 Multiple Sites

2. What is the primary address of your project?

Address: _____

Address 2: _____

City: _____ County: _____ State: _____

Zip Code: _____

Landmarks: _____

Website: _____

Agency/Project Hours: _____

Fees: _____

Eligibility Criteria:

Areas Assisting: Anderson Blount Campbell Claiborne
 Cocke Grainger Hamblen Jefferson Loudon
 Monroe Sevier Union

Other: _____

3. What type of service does your project provide?

- Non-residential (Services only)
 Residential (Special needs and non-special needs)
 Residential (Special needs only)

4. What type of housing does your project provide?

- Mass shelter/ Barracks Dormitory/Hotel/ Motel
 Shared Housing Single Room Occupancy (SRO)
 Single Apartment Single Homes/ Townhomes/ Duplexes
 Non-applicable: Non-residential Project

Monitoring Completed by



Program Type Code

5. What type of service does your facility provide?

- | | |
|--|--|
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> Homeless Outreach |
| <input type="checkbox"/> Homelessness Prevention, Rapid Re-housing | <input type="checkbox"/> Services Only Program |

Bed and Inventory Information

6. Which type of services to households do you provide?

- Households with children Households without children

7. What type of beds do you provide?

- Facility Based Vouchers Other

8. What is your inventory type?

- Current (C) New (N) Under Development (U)

9. What target population does your program/service serve?

- | | |
|---|---|
| <input type="checkbox"/> Single Males (18+) | <input type="checkbox"/> Single Females (18+) |
| <input type="checkbox"/> Single Males and Females (18+) | <input type="checkbox"/> Couples Only (No Children) |
| <input type="checkbox"/> Single males with children | <input type="checkbox"/> Single females with children |
| <input type="checkbox"/> Households with Children | <input type="checkbox"/> Unaccompanied Young Males (Under 18) |
| <input type="checkbox"/> Unaccompanied Young Males and Females (under 18) | <input type="checkbox"/> Unaccompanied Young Females (Under 18) |
| <input type="checkbox"/> Single Males and Females with children | |

10. Which of the target population does your program/service provide?

- | | |
|--|---|
| <input type="checkbox"/> Domestic Violence Victims | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Persons with HIV/AIDS | <input type="checkbox"/> Not Applicable |

11. Does your project receive any funds from the HUD McKinney Vento? Yes No

12. Bed Inventory Chart – Please Complete Below:

	Emergency Shelter	Year Round Beds Transitional Housing	Permanent Supportive Housing	Seasonal Beds	Overflow Beds
Start Date					
End Date					
Bed Inventory for Singles					
Bed Inventory for Families with Children					
Chronic Homeless Bed Inventory (Permanent Housing Only)					
Unit Inventory					