

Agency Set-up Form

Thank you for your interest in participating in the OC HMIS. Please complete the form below, and e-mail to ederycke@211oc.org. If you have any questions about this form, please call 714-589-2360. Thank you!

Agency Information

Agency/Organization Name:

Each agency is required to have a HMIS Agency Administrator and back-up. They must be HMIS users, and they are responsible for communicating changes to HMIS to other users at the agency. They are also responsible for notifying 211OC of changes in personnel, and monitoring compliance with the HMIS Policies and Procedures. They must also make sure that all users accessing HMIS have attended training. Please identify the agency administrator and back-up below.

Agency Administrator: **Email:**

Back-up Agency Administrator: **Email:**

Main Office Location

Address: **Address 2:**

City: **State:** **Zip Code:**

Website:

Main Office Contact

First Name: **Last Name:**

Work Phone: **Cell Phone:** **Fax:**

Email:

Contact Type:	<input type="checkbox"/> Director	<input type="checkbox"/> Manager's Secretary	Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms
	<input type="checkbox"/> Director's Secretary	<input type="checkbox"/> Case Worker		<input type="checkbox"/> Mrs	<input type="checkbox"/> Dr
	<input type="checkbox"/> Manager	<input type="checkbox"/> Security Officer		<input type="checkbox"/> Miss	

Project Information

Please complete the Project Information section for each project at your agency.

Project:

Project

Type:

(Please
choose
only one)

- | | | |
|---|--|---|
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Other | <input type="checkbox"/> PH - Permanent Supportive Housing
(disability required for entry) |
| <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Safe Haven | <input type="checkbox"/> PH - Housing with services (no disability
required for entry) |
| <input type="checkbox"/> Day Shelter | <input type="checkbox"/> PH - Rapid Re-housing | <input type="checkbox"/> Homelessness Prevention |
| <input type="checkbox"/> Street Outreach | <input type="checkbox"/> PH - Housing Only | <input type="checkbox"/> Coordinated Assessment |
| <input type="checkbox"/> Services Only | | |

Method for Tracking ES Utilization:

- Entry/Exit Date Night-by-Night

Project Description
(optional):

A target population should be selected if the project is designed to serve that population and at least three-fourths (75 %) of the clients served by the provider project fit the target group descriptor. If none of the target populations apply to the project, this question can be left blank.

Target

Population A:
(Please
choose only
one)

- | | |
|---|---|
| <input type="checkbox"/> SM Single Males 18 and Over | <input type="checkbox"/> HC Households with Children |
| <input type="checkbox"/> SF Single Females 18 and Over | <input type="checkbox"/> YM Unaccompanied Young Males
under 18 |
| <input type="checkbox"/> SMF Single Males and Females 18 and Over | <input type="checkbox"/> YF Unaccompanied Young Females
under 18 |
| <input type="checkbox"/> CO Couples Only, No Children | <input type="checkbox"/> YMF Unaccompanied Young Males
and Females under 18 |
| <input type="checkbox"/> SM + HC Single Males and Households with
Children | <input type="checkbox"/> SMF + HC Single
Males/Females/Households with
Children |
| <input type="checkbox"/> SF + HC Single Females and Households with
Children | |

Target Population B: (Please
choose only one)

- HIV/AIDS DV NA

Project Location

Please report the address associated with the project where most project housing is located. Scattered-site housing projects, Street Outreach, and Services Only projects should record the address of their administrative office.

If project location is the same as Main Office location, please check here.

Address: Address 2:

City: State: Zip Code:

- Housing Type: (please choose one only)
- Mass Shelter/Barracks
 - Single Apartments (non-SRO) Units
 - Dormitory/Hotel/Motel
 - Single Homes/Townhouses/Duplexes
 - Shared Housing
 - Not Applicable: Non-Residential Project
 - Single Room Occupancy (SRO) Units

Project Contact

First Name: Last Name:

Work Phone: Cell Phone: Fax:

Email:

- Contact Type:
- Director
 - Manager's Secretary
 - Director's Secretary
 - Case Worker
 - Manager
 - Security Officer
- Title:
- Mr
 - Ms
 - Mrs
 - Dr
 - Miss

Bed and Unit Inventory

	Households with Children and Adults	Households without Children	Households with Only Children	Total
Beds				
Units				

Milestones

Milestones are the goals the clients in the project are trying to achieve. If there are Performance Measures in the contract, the milestones should help the project to meet those Performance Measurements.

Milestone Title	Which Performance Measure is the Milestone attached to?

Please complete the remainder of this document for each separate funding source associated with this project.

Funding Source

If a contract has been created for this funding source, please send a copy of the contract.

Funding Source: Contract Type:

Contract Number: Contract Amount: Contract Length:

Contract Code: New Renewal Extension
 Payment Type: Reimbursement Fee for Service Advance

Contract Start Date: Contract End Date:

Performance Measure 1 in Contract:

Performance Measure 2 in Contract:

Performance Measure 3 in Contract:

Funding Source Contact

First Name: Last Name:

Work Phone: Cell Phone: Fax:

Email:

Title: Mr Ms Mrs Dr Miss

Contact Type: Primary Contact Project Sponsor Grantee Program Analyst

Clerical Grantee Official Sponsor Official

Services Provided

Please list the services that are provided by the contract.

Activity Name	Activity Type	Activity Unit Type	Number of Units Per Service Provided	Unit Cost (to the program)	Description (optional)
	<input type="checkbox"/> Service <input type="checkbox"/> Case <input type="checkbox"/> Session	<input type="checkbox"/> Minutes <input type="checkbox"/> Days <input type="checkbox"/> Units <input type="checkbox"/> Cost			
	<input type="checkbox"/> Service <input type="checkbox"/> Case <input type="checkbox"/> Session	<input type="checkbox"/> Minutes <input type="checkbox"/> Days <input type="checkbox"/> Units <input type="checkbox"/> Cost			
	<input type="checkbox"/> Service <input type="checkbox"/> Case <input type="checkbox"/> Session	<input type="checkbox"/> Minutes <input type="checkbox"/> Days <input type="checkbox"/> Units <input type="checkbox"/> Cost			
	<input type="checkbox"/> Service <input type="checkbox"/> Case <input type="checkbox"/> Session	<input type="checkbox"/> Minutes <input type="checkbox"/> Days <input type="checkbox"/> Units <input type="checkbox"/> Cost			
	<input type="checkbox"/> Service <input type="checkbox"/> Case <input type="checkbox"/> Session	<input type="checkbox"/> Minutes <input type="checkbox"/> Days <input type="checkbox"/> Units <input type="checkbox"/> Cost			
	<input type="checkbox"/> Service <input type="checkbox"/> Case <input type="checkbox"/> Session	<input type="checkbox"/> Minutes <input type="checkbox"/> Days <input type="checkbox"/> Units <input type="checkbox"/> Cost			
	<input type="checkbox"/> Service <input type="checkbox"/> Case <input type="checkbox"/> Session	<input type="checkbox"/> Minutes <input type="checkbox"/> Days <input type="checkbox"/> Units <input type="checkbox"/> Cost			