



Instructions/Tips for completing the HMIS Service Provider Set Up Form

General Information: A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Many funding sources require use of HMIS and have program specific data requirements. Agencies that are not required to use HMIS but elect to do so, are helping to better coordinate efforts at reducing homelessness across our community. “Voluntary” contributors may have fewer HMIS requirements but must still provide certain information in order to “create” the agency and/or projects within HMIS. The Project Set Up form is designed to capture the mandatory fields for both voluntary and required agencies/projects.

Project Name: Indicate the name for your agency or project

Parent Provider/Agency Name: If already an HMIS Participating Agency, provide agency name. If completing form for a new agency, this may be the same as your project name.

Project Description: This should include a brief narrative description on your agency’s vision, role, and/or project specific scope of service.

Module Access Settings:

- All projects in HMIS will use **ClientPoint**.
- Only projects with beds/lodging (Emergency Shelter, Safe Haven, Rapid Rehousing, Transitional Housing, and Permanent Housing) will use **ShelterPoint**.
- **Measurement Tools** should be selected if the agency/ project plans to utilize the Self Sufficiency Outcome Matrix (SSOM). The SSOM provides users with a template of questions regarding a client’s self-sufficiency in a program across multiple points in time with the goal of being able to show change over time. More information available by request.
- **SkanPoint** module facilitates the creation of bar-coded client ID cards for any client receiving services from a ServicePoint provider. The ID card can then be scanned by other providers in the ServicePoint database to quickly and accurately document services rendered to the client. SkanPoint can also generate cards in bulk for clients who are grouped together in a client list or simply all the clients in the database. A couple of examples of use may be: 1) using SkanPoint to generate ID cards for bedlists in ShelterPoint, 2) using SkanPoint to create ID cards for lists of clients who receive a particular service, such as meals at a food bank, and 3) easily adding the services through an automated routine. More information available by request.

Location Information: Primary location may be all that is necessary for an agency that has all projects on site. If a project will be based from a site that is different than the main agency, please include both the address for the agency and the address for the project.

Contact Numbers: Please provide contact numbers for the agency and project (if applicable).

Project Type: When completing project set up for a new agency, please select “Other”. When completing project set up for a project under an HMIS Participating Agency, please select which type of project based on what the project is either funded to do or has as its primary purpose. Only one project type should be selected.

***Emergency Shelter (ES) Type:** As of October 2020, all Emergency Shelters (ES) in FL-504 are Entry/Exit. Clients can have multiple Entry/Exits in an ES project. A new ES project would only select Night By Night if they did not intend to assign a client a bed for more than one night at a time or did not plan to measure client outcomes while in ES.

The following guidance is from the Emergency Solutions Grant (ESG) Program HMIS Manual: The Entry/Exit method should be used for all ESG-funded emergency shelters unless: The shelter serves a large number of clients on a nightly basis; Clients are permitted to spend nights at the shelter on an irregular basis; and there is a high degree of client turnover.

Service Transaction Workflow: Many projects are required to use Entry/Exits. This type of workflow allows for measurable client outcomes. Projects using the Entry/Exit workflow would check “No”.

If a project or agency does not receive funding that requires HMIS Entry/Exit and solely intends to provide stand-alone services such as meals, food pantries, personal hygiene items etc., they can elect to utilize service transactions only. Projects only using Service Transactions would check “Yes”.

Federal Partner Program: Please enter according to the following list of Federal Partner Programs:

Federal Partner Program and Components

1 HUD: CoC – Homelessness Prevention (High Performing Comm. Only)

2 HUD: CoC – Permanent Supportive Housing

3 HUD: CoC – Rapid Re-Housing

4 HUD: CoC – Supportive Services Only

5 HUD: CoC – Transitional Housing

6 HUD: CoC – Safe Haven

7 HUD: CoC – Single Room Occupancy (SRO)

43 HUD: CoC – Youth Homeless Demonstration Program (YHDP)

44 HUD: CoC – Joint Component TH/RRH

8 HUD: ESG – Emergency Shelter (operating and/or essential services)

9 HUD: ESG – Homelessness Prevention

10 HUD: ESG – Rapid Rehousing

11 HUD: ESG – Street Outreach

35 HUD: Pay for Success

- 36 HUD: Public and Indian Housing (PIH) Programs
- 12 HUD: Rural Housing Stability Assistance Program
- 13 HUD: HOPWA – Hotel/Motel Vouchers
- 14 HUD: HOPWA – Housing Information
- 15 HUD: HOPWA – Permanent Housing (facility based or TBRA)
- 16 HUD: HOPWA – Permanent Housing Placement
- 17 HUD: HOPWA – Short-Term Rent, Mortgage, Utility assistance
- 18 HUD: HOPWA – Short-Term Supportive Facility
- 19 HUD: HOPWA – Transitional Housing (facility based or TBRA)
- 20 HUD: HUD/VASH
- 21 HHS: PATH – Street Outreach & Supportive Services Only
- 22 HHS: RHY – Basic Center Program (prevention and shelter)
- 23 HHS: RHY – Maternity Group Home for Pregnant and Parenting Youth
- 24 HHS: RHY – Transitional Living Program
- 25 HHS: RHY – Street Outreach Project
- 26 HHS: RHY – Demonstration Project
- 27 VA: CRS Contract Residential Services
- 37 VA: Grant Per Diem – Bridge Housing
- 38 VA: Grant Per Diem – Low Demand
- 39 VA: Grant Per Diem – Hospital to Housing
- 40 VA: Grant Per Diem – Clinical Treatment
- 41 VA: Grant Per Diem – Service Intensive Transitional Housing
- 42 VA: Grant Per Diem – Transition in Place
- 45 VA: Grant per Diem – Case Management/Housing Retention
- 30 VA: Community Contract Safe Haven Program
- 33 VA: Supportive Services for Veteran Families
- 34 N/A
- 46 Local or Other Funding Source (Please Specify)

New agencies or new projects that select N/A or Local or Other Funding Source do not need to provide a Grant Identifier. New projects that are funded by a Federal Partner Program must include their grant number as their **Grant Identifier**.

Grant Start and End Dates: If a project is federally funded, grant start and end dates are required.

- If a new agency or project is not federally funded, but is grant based, please enter a start date and an end date according to your grant agreement.
- If a new agency or project is not federally funded or grant based, please enter a start date that coincides with your completion of the Project Set Up form and/or anticipated date for gaining HMIS access.

Grant Type: Please select the source of funding the project receives. If funding source is not listed, please select "Other" and enter the source. If a new agency or new project is not grant funded, please select "Other" and enter whether it's an internal budget, donations, or other non-grant source.

***Bed and Unit Inventory:** Only required for new projects that provide lodging/beds. This includes all Emergency Shelters, Safe Havens, Rapid Rehousing, Transitional Housing, Permanent Supportive Housing and other Permanent Housing. Other project types can skip to Services.

For projects with bed and unit inventory:

- Enter a name for your bedlist
- Choices for Household Type are Households without children, Households with at least one adult and one child, or Households with only children
- Bed Type options are Facility-based, Voucher, or Other
- Availability options are Year-Round, Seasonal, or Overflow
- If beds are *dedicated solely* for chronically homeless veterans, chronically homeless youth, non-chronic veterans, non-chronic youth, youth veterans, or any other chronically homeless population, the number of beds and units must be entered under the appropriate category.
- If beds/units are dedicated for youth, enter the number that are only under 18, only 18-24, or only under age 24 (both of the former).
- If beds are not *dedicated* to a specific population, enter the # of non-dedicated beds and units
- Enter the **Total** number of beds and units; include dedicated and non-dedicated. It is possible the total number will be the same as the total non-dedicated or be the total of any of the dedicated populations. *For example, any project that doesn't require chronicity and isn't dedicated to just veterans or youth, the non-dedicated numbers and total numbers would be the same.
- Inventory start date will be the date that the beds/units are available. If Inventory end date is known, enter that date. If Inventory end date is unknown, leave blank.

Services:

Geography Served:

- If the new agency or project will serve clients from all areas within FL 504 (Volusia and Flagler Counties), check "Yes"

- If the new agency or project can only serve clients from specific locations within the CoC, check “No” and specify which county, cities, and/or municipalities the agency/project can serve.

Primary Services Provided: Enter the services the project will provide. Examples include, case management, information and referral, rent payments, food pantry, bus passes etc. If services exceed the space provided, please add them at the bottom of the form or as an added attachment.

Project Eligibility Requirements: If the project has eligibility requirements above and beyond those imposed by federal funding, list those requirements. Examples would include income, domestic violence, sobriety, pregnant/parenting etc.

Users Needing Access: If an agency has active, existing HMIS Users, please list the names of the users who will need to enter or edit client records in the project. Anytime a new user needs access, a User License Request form with all of the user information will need to be completed for each new user. All existing users at an HMIS participating agency will have access to view client records in the new project.

All completed forms, and any questions, should be sent to Carolyn Dodge, HMIS Administrator, cdodge@vcch.org



Service Provider HMIS Configuration Form

Provider Information

Project Name: _____			
Parent Provider/Agency Name: _____			
Project Description:			
Module Access Settings	<input type="checkbox"/> Provider uses ClientPoint <input type="checkbox"/> Provider uses Measurement Tools <input type="checkbox"/> Provider uses ShelterPoint <input type="checkbox"/> Provider uses SkanPoint		
Location Information	Primary Location		
	Additional Address (if applicable)		
	Geocode		
Contact Numbers	Name	Phone Number	Title
HUD Standards Information	Project Type		
	<input type="checkbox"/> Homeless Prevention (HP) <input type="checkbox"/> Emergency Shelter/Safe Haven/Transitional Housing (ES/SH/TH) <input type="checkbox"/> Rapid Rehousing (RRH) <input type="checkbox"/> Joint RRH & TH <input type="checkbox"/> Permanent Supportive Housing (PSH) <input type="checkbox"/> Supportive Services Only (SSO) <input type="checkbox"/> Outreach <input type="checkbox"/> Other		
	**If project is classified as an Emergency Shelter what is the program's method for tracking? (night by night or longer stay ES) _____		
	Is this program a Continuum of Care Project? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Service Transaction Workflow (<i>program does not use Entry/Exit</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Funding Partner Program	Federal Partner Program:		Grant Identifier:

	Grant Start and End Date:		
	Grant Type: <input type="checkbox"/> HUD <input type="checkbox"/> DCF <input type="checkbox"/> County ESG <input type="checkbox"/> United Way <input type="checkbox"/> Other :		
Bed and Unit Inventory *Only Applicable to projects with beds* See below for more detail	Bedlist Name:		
	Household Type:	Bed Type	Availability
	Bed Inventory (of the total inventory what number of beds are dedicated to)		
	Chronically Homeless (CH) bed inventory:	Veteran bed inventory:	Youth bed inventory:
	Of the youth beds, what number are restricted to:		
	Only under 18:	Only ages 18 – 24:	Only under age 24 (both of the former):
	Unit Inventory:	Inventory Start Date:	Inventory End Date:
	HMIS Participating Beds:	HMIS Participation Start Date:	HMIS Participation End Date:
	Target Population(s):	McKinney Vento funded: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Services	Geography Served Volusia/Flagler	Does this project serve all geographies (NOTE: This includes all geography in our CoC (FL-504)) <input type="checkbox"/> Yes <input type="checkbox"/> No If No, specify area served:
Primary Services Provided			
Project eligibility requirements			

Bed and Unit Inventory is required for all Emergency Shelter/Safe Havens, Permanent Supportive Housing, Transitional Housing, and Rapid Rehousing Projects. HUD provides the following guidance: "Projects that provide emergency shelter or housing rental assistance vouchers and without a fixed number of units or vouchers (e.g., Emergency Shelter-hotel/motel project, Rapid ReHousing, some scattered site PH-Permanent Supportive Housing) should determine the number of beds (and units) based on the maximum number of persons (and households) who can be housed on a given night."