

HMIS Program Information Setup Form

Instructions:

Fill out this form to add/modify HMIS Program Information. All sections - Organization, Program, Location, and Facility need to be completely filled out. If you have any questions please call us at 951-358-6458.

Organization Setup

Organization Name: _____

Street (Main Office): _____

City, State, Zip: _____, _____, _____

Phone (Main Line): _____

Program Setup

Program Name: _____

Program Start Date: _____

Program End Date: _____

Program Capacity: _____
(or maximum beds)

Other Accessing Organizations: (that will access/enroll clients into this same program).

Organization Name: _____

Organization Name: _____

Program Type:

- Emergency Shelter
- Transitional Housing
- Permanent Housing (disability required for entry)
- Street Outreach
- Homelessness Prevention
 - Rental Assistance
 - Hotel/Motel Vouchers
- Rapid Rehousing
- Services Only Program
- Other
- Safe Haven

HMIS Program Information Setup Form

Permanent Housing with Services (no disability required for entry)

Site Configuration Type: Single site, single building
 Single site, multiple buildings
 Multiple sites

Continuum of Care Number: CA-608

Federal Grant Program Information

- | | |
|---|---|
| <input type="checkbox"/> CDBG | <input type="checkbox"/> VA: VA Funded Transitional Housing |
| <input type="checkbox"/> County General Funds | <input type="checkbox"/> VA: Supportive Services for Veteran Families |
| <input type="checkbox"/> EFSP | <input type="checkbox"/> VA: Health Care for Homeless |
| <input type="checkbox"/> EHAP | <input type="checkbox"/> Private |
| <input type="checkbox"/> ESG | |
| <input type="checkbox"/> HOPWA | |
| <input type="checkbox"/> HHS: PATH | |
| <input type="checkbox"/> HHS: RHY | |
| <input type="checkbox"/> HUD-CoC | |
| <input type="checkbox"/> HUD-VASH | |
| <input type="checkbox"/> HUD-Rural Housing Stability Assistance Program | |

Location Setup (where users will be doing data entry plus any non-residential program locations)

Location 1 Name: _____

Street: _____

City, State, Zip: _____, _____, _____

Geo Code:

- 60828 Western Region (Corona)
 61614 Western Region (Hemet)
 62367 Western Region (Riverside)
 62670 Desert Region (Palm Desert)
 62676 Desert Region (Palm Springs, Indio, Coachella)
 63048 Western Region (City of Riverside)
 69065 Riverside County

Location 2 Name: _____

Street: _____

City, State, Zip: _____, _____, _____

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Geo Code:

- 60828 Western Region (Corona)
- 61614 Western Region (Hemet)
- 62367 Western Region (Riverside)
- 62670 Desert Region (Palm Desert)
- 62676 Desert Region (Palm Springs, Indio, Coachella)
- 63048 Western Region (City of Riverside)
- 69065 Riverside County

Location 3 Name: _____

Street: _____

City, State, Zip: _____, _____, _____

Geo Code:

- 60828 Western Region (Corona)
- 61614 Western Region (Hemet)
- 62367 Western Region (Riverside)
- 62670 Desert Region (Palm Desert)
- 62676 Desert Region (Palm Springs, Indio, Coachella)
- 63048 Western Region (City of Riverside)
- 69065 Riverside County

Note: This form must be completed and filed with the HMIS Department. If you have any questions, please contact HMIS Support at 951-358-6458 or hmissupport@riversidedpss.org. Fax completed forms to: (951) 358-5662, or scan and email to: hmissupport@riversidedpss.org