Appendix F: NYC HMIS Project Information Form

One form must be completed for each HMIS-participating project and submitted to DSS prior to initial upload, when there are changes to any Project F information, and on an annual basis thereafter.

For consolidated projects or other projects that are organized as smaller constituent projects in the NYC HMIS data warehouse, one Appendix F form must be completed for each of the constituent projects.

For TH-RRH projects, HUD requires that they are set up as two distinct projects in HMIS; submit separate Appendix F forms for the TH and RRH components of your project.

Projects must split into two separate projects if only a portion of the clients are being uploaded; contact DSS and Foothold Technology for further clarification and/or assistance.

Organization Name	
Project Name (as per NYC HMIS)	
Project Name (as per Grant/GIW)	
Contract Grant #	
Is this a consolidated project?	☐ Yes ☐ No If yes, provide HMIS project names for all projects in the consolidation: _____

Project Address 1*	
Project Address 2*	
Project City*	
Project State	
Project Zip Code	
Project County	
Contact Person	
Contact Email	
Contact Phone #	
Include contact in HMIS e-list?	☐ Yes ☐ No

* If project is a victim services provider, provide zip code but do not disclose address or city.

1. **Is this project dedicated to serving homeless and formerly homeless persons?**
   ☐ Yes
   ☐ No

   1a. If no, is a portion of the project dedicated to serving homeless or formerly homeless persons?
   ☐ Yes
   ☐ No

2. **Does this project upload client data to HMIS?**
   ☐ Yes
   ☐ No

3. **If this program does not upload into HMIS, is it because this program a victim services provider?**
   ☐ Yes
   ☐ No

4. **If this project uploads client data to HMIS, is information included on <u>all</u> current clients in the project?**
   ☐ Yes
   ☐ No

5. **Project Type:** (check ONLY ONE - Each project type is distinct and requires separate HMIS set-up. A project that has multiple types should complete multiple forms and only select one type per form/set-up. If you have more than one project type at your site (e.g. HUD TH and SAMHSA PATH), you must create separate projects in HMIS and upload separately for each project.)
   ☐ Coordinated Assessment
   ☐ Day Shelter
   ☐ Homelessness Prevention
   ☐ Other (specify: _____)
   ☐ PH – Housing Only
   ☐ PH – Housing with Services (no disability required for entry)
   ☐ PH – Permanent Supportive Housing (disability required for entry)
   ☐ PH – Rapid-Re-Housing
   ☐ Safe Haven
   ☐ Services Only
   ☐ Street Outreach
   ☐ Transitional Housing
   ☐ Emergency Shelter
   > If this project is an Emergency Shelter project, indicate method of tracking ES utilization:
   > ☐ Entry/Exit Method
   > ☐ Night-by-Night Method

6. Federal Partner Funding Source: (check all that apply and complete columns to the right)

Federal Partner Programs & Components	*Original Grant Start Date** MM/DD/YYYY	*Terminating Grant End Date*** MM/DD/YYYY	*Grant Number (first 6 digits)*
HUD: COC			
☐ HUD:CoC – Permanent Supportive Housing			
☐ HUD:CoC – Rapid Re-Housing			
☐ HUD:CoC – Supportive Services Only			
☐ HUD:CoC – Transitional Housing			
☐ HUD:CoC – Safe Haven			
☐ HUD:CoC – Single Room Occupancy (SRO)			
☐ HUD:CoC – Youth Homeless Demonstration Program (YHDP)			
☐ HUD:CoC – Legacy funding: Shelter Plus Care (S+C)			
☐ HUD:CoC – Legacy funding: Section 8 Moderate Rehab SRO			
☐ HUD:CoC – Legacy funding: Supportive Housing Program (SHP)			
HUD: ESG			
☐ HUD:ESG – Emergency Shelter (operating and/or essential services)			
☐ HUD:ESG – Homelessness Prevention			
☐ HUD:ESG – Rapid Rehousing			
☐ HUD:ESG – Street Outreach			
HUD: HOPWA			
☐ HUD:HOPWA – Hotel/Motel Vouchers			
☐ HUD:HOPWA – Housing Information			
☐ HUD:HOPWA – Permanent Housing (facility based or TBRA)			
☐ HUD:HOPWA – Permanent Housing Placement			
☐ HUD:HOPWA – Short-Term Rent, Mortgage, Utility assistance			
☐ HUD:HOPWA – Short-Term Supportive Facility			
☐ HUD:HOPWA – Transitional Housing (facility based or TBRA)			
HUD/VASH			
☐ HUD:HUD/VASH			
HHS: PATH and HHS: RHY			
☐ HHS:PATH – Street Outreach & Supportive Services Only			
☐ HHS:RHY – Basic Center Program (prevention and shelter)			
☐ HHS:RHY – Maternity Group Home for Pregnant and Parenting Youth			
☐ HHS:RHY – Transitional Living Program			
☐ HHS:RHY – Street Outreach Project			
☐ HHS:RHY – Demonstration Project			

*If this grant has been renewed, provide original grant start date.

** If grant is expected to be renewed, leave grant end date blank.

Federal funding sources continue on next page

Federal Partner Funding Source: (check all that apply and complete columns to the right) *continued*

Federal Partner Programs & Components	*Original Grant Start Date** MM/DD/YYYY	*Grant End Date*** MM/DD/YYYY *(if terminating)*	*Grant Number (first 6 digits)*
VA			
☐ VA: CRS Contract Residential Services			
☐ VA: Community Contract Safe Haven Program			
☐ VA: Compensated Work Therapy Transitional Residence			
☐ VA: Supportive Services for Veteran Families			
☐ VA: Grant Per Diem — Bridge Housing			
☐ VA: Grant Per Diem — Low Demand			
☐ VA: Grant Per Diem — Hospital to Housing			
☐ VA: Grant Per Diem — Clinical Treatment			
☐ VA: Grant Per Diem — Service Intensive Transitional Housing			
☐ VA: Grant Per Diem — Transition in Place			
N/A			
☐ N/A: Other Federal funding. Specify: _____			

*If this grant has been renewed, provide original grant start date.
** If grant is expected to be renewed, leave grant end date blank.

7. **Which of the following other sources of funding does this project receive?** (Check as many as apply).

☐ NY/NY 1 or 2   ☐ High Needs 1 or High Needs 2
☐ NY/NY 3   ☐ MRT
☐ NYC 15/15   ☐ OMH
☐ DHS SRO Support Subsidy   ☐ OASAS
☐ DOHMH   ☐ SHFYA
☐ HASA   ☐ Other (specify:_____)

8. **Bed and Unit Inventory Information:**

The inventory associated with the clients that are uploaded to the HMIS data warehouse must be listed as both beds <u>and</u> units. (If you use entitlement filters to upload a portion of your client data to HMIS, do not report here for the inventory associated with non-uploaded clients.)

- <u>Units</u> must be consistent with the household-level capacity for which this project is funded; if it houses single adults, each adult should be counted as his or her own household.
- <u>Beds</u> must be consistent with the person-level capacity for which this project is funded.
- Examples:
  - For projects serving single adults (i.e., a family of one), the counts of both units (household-level) and beds (person-level) typically match the number of persons.
  - For projects serving families with children, the count of units (household-level) typically matches the number of families; the count of beds (person-level) typically matches the number of persons.
  - For projects leasing to multiple households in within a larger apartment (e.g., 1 physical apartment with 3 rooms each leased to a person), the unit count is consistent with the number of households (including single-person households), and the bed count is consistent with the number of individuals.

	Count (Apartments or Units or Beds)
Physical apartments	
HOUSEHOLD/UNIT Inventory	
PERSON/BED Inventory	

9. **How would you describe the site where your housing units are located or your service encounters are provided?** (check only one)

☐ Site-based – single site
☐ Site-based – clustered/multiple sites
☐ Tenant-based – scattered site

10. **Which of the following target populations best describes the clients served by this project?** A population is considered a target population if the project is intended to serve that population and at least 75% of the clients served by the project fit that description. (check only one)

☐ SM   Single Males age 18 years and up

☐ SF   Single Females age 18 and over
☐ SMF   Single Male and Females age 18 and up
☐ CO   Couples Only, No Children
☐ HC   Households with Children
☐ SMHC   Single Males age 18 years and up and Households with Children

☐ SFHC   Single Females age 18 and up and Households with Children
☐ SMF+HC   Single Males and Females age 18 and up plus Households with Children
☐ YM   Youth Males under 25 years old
☐ YF   Youth Females under 25 years old
☐ YMF   Youth Males Females under age 25

11. **Does this project have any of the following "target populations"?** (if applicable, check only one).

A population is considered a target population if the project is designed to serve that population and at least three-fourths of the clients served by the project fit the description.

☐ Domestic violence victims   ☐ People with HIV/AIDS
☐ Veterans   ☐ Not Applicable

12. **When did your organization start operating this project (month/day/year)?** _____/_____/_____

5