

## HMIS New Provider Set up

Use this form to request a new provider set up in DC's HMIS. Please allow 2 weeks from completed submission for the set up to be completed.

If you have questions, contact the HMIS Helpdesk at [hmis@community-partnership.org](mailto:hmis@community-partnership.org)

\* Required

### 1. Email address \*

---

**2. Name of Agency \***

If your agency is not on this list, please reach out to [HMIS@community-partnership.org](mailto:HMIS@community-partnership.org)  
Mark only one oval.

- Access Housing INC
- Amerigroup
- AmeriHealth
- Bethany Inc
- Bradley & Associates
- Bread for the City
- Bright Beginnings Inc
- Calvary Episcopal Church
- Calvary Women's Services
- Casa Ruby
- Catholic Charities
- Central Union Mission
- Christ House
- City Care Health Services
- Coalition for the Homeless
- Collaborative Solutions for Communities
- Communities Helping & Empowering Patriots
- Community Connections
- Community for Creative Non-Violence
- Community of Hope
- The Community Partnership for the Prevention of Homelessness
- Community Solutions
- Contemporary Family Services
- CORE DC
- Cornerstone
- Covenant House Washington
- DC Central Kitchen
- D.C Department of Employment Services
- DC Doors
- Department of Human Services
- Department of Corrections
- Department of Health
- Department of Veteran Affairs
- Department of Youth Rehabilitation Services
- Deputy Mayor of Health and Human Services
- District Alliance for Safe Housing

- Downtown Business Improvement District
- Downtown Cluster of Congregations
- East River Family Strengthening Collaborative
- Echelon Community Services
- Edgewood/Brookland Family Support Collaborative
- Everyone Home DC
- Executive Office of the Mayor - DC Office of Neighborhood Safety and Engagement
- Family Matters of Greater DC
- Family Wellness Center
- Far Southeast Family Strengthening Collaborative
- Federal City Recovery
- Friendship Place
- Georgetown Ministry Center
- Georgia Avenue Family Support Collaborative
- Gospel Rescue Ministries
- Greater Washington Urban League
- Healthy Babies
- HER Resiliency Center
- HIPS
- Homes for Hope
- House of Ruth
- Housing Counseling Services
- Housing Up
- Howard University Hospital
- Inner City Family Services
- Jobs Have Priority
- Joseph's House
- Latin American Youth Center
- Life Care
- Life Deeds
- Life Enhancement Services
- Life Stride, Inc
- Mayor's Office of LGBTQ Affairs
- Mayor's Office of Returning Citizens Affairs
- Mayor's Office of Veteran Affairs
- MBI Health Services
- McClendon Center
- MedStar

- Metropolitan Education Solutions
- Miriam's Kitchen
- Mount Vernon Place United Methodist Church
- My Sister's Place
- National Center for Children and Families
- National Community Church
- Neighbor's Consejo
- New Endeavors by Women
- New Hope Ministries
- North Capitol Collaborative Inc
- N Street Village
- Office of State Superintendent of Education
- Open Arms Housing
- Parenthood Justice League
- Partners in Drug Abuse Rehabilitation Counseling
- Pathways to Housing DC
- Postive Kinship Bonding
- Prestige Behavioral Health Services
- Preventive Measures, LLC
- PSI
- Regional Addiction Prevention Inc
- Right Inc
- The Salvation Army
- Sasha Bruce Youthwork
- So Others Might Eat
- St. Aloysius Roman Catholic Church
- St. Margaret's Church
- Street Sense
- Supporting & Mentoring Youth Adovcates & Leaders
- Temple Micah
- Temple Sinai
- TERRIFIC Inc
- Thirve DC
- Trusted Health Plan
- Umbrella Therapeutic Services
- United Planning Organization
- Unity Health Care
- Us Helping Us

- US Veterans Initiative
- Veterans in the Rise
- Virginia Williams/Frontline Services
- Voices for a Second Chance
- Volunteers of America
- Wanda Alston Foundation
- Washington Hebrew
- Wheeler Creek
- YWCA National Capital Area
- Other

**3. If Other Agency, Please Specify**

---

**4. Name of Program \***

---

**5. Address of Program (including zip code) \***

If scattered site program, zip code of where most units are located, or address of Agency's office.

---

**6. Type of Address provided \***

*Mark only one oval.*

- Physical Site
- Office Site

**7. Program's Point of Contact Name \***

This is the person we will contact with any questions about the program including but not limited to vacancies, grant information, and CAHP participation.

---

**8. Program's Point of Contact email address \***

---

**9. Date program began serving clients/will begin serving clients \***

*Example: December 15, 2012*

---

**10. Population Served \***

If your program will serve more than one of these options, we will likely need to create multiple providers in HMIS. Complete this form for each population you will serve with this program.

Contact [HMIS@community-partnership.org](mailto:HMIS@community-partnership.org) with questions.

Mark only one oval.

- Single Adults
- Households with Children
- Single Youth 18-24
- Single Youth under 18 only
- Both Single Youth under 18 and 18-24
- Youth Headed Households 18-24
- Minor Youth Headed Households

**11. Program Type \***

If you are unsure what type your program is please refer to this definition document:

[https://drive.google.com/open?id=1Ny7BSpkjJu1\\_1CFJgGCP-7XkUGEMnE4V](https://drive.google.com/open?id=1Ny7BSpkjJu1_1CFJgGCP-7XkUGEMnE4V)

Mark only one oval.

- Homelessness Prevention *Skip to question 24.*
- Street Outreach *Skip to question 24.*
- Emergency Shelter - Low Barrier Shelter *Skip to question 11.*
- Emergency Shelter - Severe Weather *Skip to question 11.*
- Emergency Shelter - Temporary Shelter *Skip to question 11.*
- Emergency Shelter - Short Term Family Housing *Skip to question 11.*
- Transitional Housing *Skip to question 13.*
- Rapid Re-housing *Skip to question 13.*
- Permanent Supportive Housing *Skip to question 13.*
- Permanent Housing with Services (no disability required) *Skip to question 13.*
- Permanent Housing - Housing Only *Skip to question 13.*
- Day Shelter/Drop in Center *Skip to question 24.*
- Supportive Services Only *Skip to question 24.*
- CAHP *Skip to question 24.*

## Emergency Shelter Questions

These questions are required for all new emergency shelter programs

**12. Availability of shelter \***

If this program has beds for multiple availability (such as some are year round and some are seasonal) multiple forms will need to be completed for each type of availability your program has. These will be combined into a single provider in HMIS

*Mark only one oval.*

Year Round - these beds are always available regardless of time of year and vacancies at other locations

Seasonal - these beds are only available during certain times of the year but during that part of the year they are always available

Overflow - these beds are only available when all other beds have been filled.

**13. Bed Type \***

If your program has multiple bed types, you will need to complete multiple of these forms. These will need to be multiple providers in HMIS.

*Mark only one oval.*

Facility Based - Beds (including cots or mats) located in a residential homeless assistance facility dedicated for use by persons who are homeless.

Vouchers - Beds located in a hotel or motel and made available by the homeless assistance project through vouchers or other forms of payment.

Other - Beds located in a church or other facility not dedicated for use by persons who are homeless

## Beds and Units

**14. For single individuals programs, number of beds**

---

**15. For Family programs, number of units**

---

**16. For Family programs, average household size**

---

**17. Housing Type \***

*Mark only one oval.*

Single Site

Site based - clustered or multiple sites

Tenant-based scattered site

## Specific Population Bed/unit breakouts

We need to know how many units/beds are dedicated to each type of sub-population. These numbers combined should equal total number of beds/units asked previously. These are based on your contract requirements or how you are dedicating your beds.

18. **Number of Beds/units for Chronically Homeless Veterans \***

---

19. **Number of beds/units for Youth (18-24) veterans \***

---

20. **Number of beds/units for any other veterans \***

---

21. **Number of beds/units for Chronically Homeless Youth \***

---

22. **Number of beds/units for any other Youth \***

---

23. **Number of beds/units for any other Chronically Homeless people \***

---

24. **Non-dedicated beds/units \***

---

## **Funding and Start Date**



**25. Funding Source for program \***

Check all that apply.

- HUD CoC
- HUD ESG
- HUD VASH
- HUD HOPWA
- Youth Homeless Demonstration Program (YHDP)
- HHS RHY
- HHS PATH
- VA SSVF
- VA GPD
- VA Contract
- DHS Sole Source
- DHS Management
- DHS Direct
- TCP Direct
- Private Agency Funds
- Other: \_\_\_\_\_

**26. If Federally funded, grant identifier**

\_\_\_\_\_

**27. Grant Start Date \***

\_\_\_\_\_

*Example: December 15, 2012*

A copy of your responses will be emailed to the address you provided

---

Powered by

