How to Fill Out A Program Setup Form

KERN HEALTH SYSTEMS

1. Organization Information

Organization Name

Place the name of your organization here.

2. Project Information

Program Name

Continuum Project
[ ] Yes [ ] No

Operating Start Date   **Operating End Date**

Project Type
Select a Project Type

Affiliated with Residential Project
Select

If RRH, RRH Subtype
N/A

Project affiliated with SSO

Housing Type
N/A

HMIS Participating Status
Select

Target Population
HIV: Persons with HIV/AIDS

HOPWA funded Medically Assisted Living Facility
Select

Program Name – Enter the name of your program.

Continuum Project - Continuum Project refers to a distinct unit of an organization, which may or may not be funded by HUD or the Federal partners, whose primary purpose is to provide services and/or lodging for individuals and families experiencing homelessness or at-risk of experiencing homelessness and is identified by the Continuum as part of its service system. For example, a project funded by the HUD's CoC Program may be referred to as a "CoC Program-funded continuum project".

Operating Start and End Date – A program must have at least a start date. This typically but not always will match the funding start and end date.

Project Type – Select the appropriate project type.

Affiliated with Residential Project – Select whether this project is affiliated with a residential project.

If RRH, RRH Subtype – If you are creating an RRH program, please indicate

which specific subtype.

Project affiliated with SSO – If the program is affiliated with an SSO program, please indicate which one.

Housing Type – If this project offers housing, indicate which one.

HMIS Participating Status – Indicate whether this project will participate in HMIS and the COC as a whole.

Target Population – Indicate which specific type of population this project targets.

HOPWA funded Medically Assisted Living Facility – Indicate whether or not this project is a HOPWA project.

3. Continuum of Care Information

Project Street Address

Address   City   State   Zip Code

Project is a CE Access Point
Select

Provided by CE Project
Select

Project Receives CE Referrals
Select

Indicate the project's address, and whether it is a Coordinated Entry access point and if it should receive Coordinated Entry referrals.

4. Funding Sources

Funder Program and Components Select

If Local or other, please Specify   **Grant Identifier**

Grant Start Date   **Grant End Date**

Grant Amount

Funder Program and Components – Indicate the funding source. If it is Local, please specify where below.

Grant Identifier – Indicate the grant identifier.

Grant Start Date*, End Date, and Amount* – Indicate the start and end dates for funding as well as the amount. An * indicates it is required, even if the amount is $0.

This section is optional, and is only for programs that will offer housing or bed nights. Indicate the inventory start date and inventory date. At least a start date is required. Indicate if these beds are specific to a household type, such as adults only or adults with children, the type of emergency bed shelter, and whether they are seasonal or year round.

If your beds are for specific demographics such as veterans or youth, indicate the amount of beds under the dedicated bed inventory. If they are not, indicate the amount under Non-Dedicated beds.

There are three sections available for you, based on the three types of households in HMIS. You do not need to fill out all three if you are only serving specific households.

Failure to fill out the program setup form correctly and in its entirety will result in it being returned to you to finish. Any questions should be directed to the HMIS Helpdesk at hmissupport@kernhmis.com