

# Oahu HMIS and CES Program and Inventory Setup Request Form

All federally funded homeless programs are required to be set up in HMIS. The HMIS Data Standards require that program setup data be confirmed at least annually for accuracy. **All fields are mandatory.**

Contact [hmis@partnersincareoahu.org](mailto:hmis@partnersincareoahu.org) with any questions.

## Agency Information

Agency Name: \_\_\_\_\_

Date: \_\_\_\_\_

Agency Address: \_\_\_\_\_

\_\_\_\_\_

## Program Information



Program Name: \_\_\_\_\_

Operating Start Date: \_\_\_\_\_ Operating End Date (if known): \_\_\_\_\_

Address (if different from agency address): \_\_\_\_\_

\_\_\_\_\_

**Program Type** (select **ONE** - If more than one type needs to be set up, use separate forms):

<input type="checkbox"/> Emergency Shelter		<input type="checkbox"/> Site-based – single site
<input type="checkbox"/> Transitional Housing		<input type="checkbox"/> Site-based – clustered/multiple sites
<input type="checkbox"/> PH – Permanent Supportive Housing (disability required for entry)		<input type="checkbox"/> Tenant-based – scattered site
<input type="checkbox"/> PH – Housing with services (No disability required for entry)		
<input type="checkbox"/> Safe Haven		
<input type="checkbox"/> PH – Housing Only		
<input type="checkbox"/> Rapid Rehousing		<input type="checkbox"/> Rapid Rehousing - Services Only
<input type="checkbox"/> Street Outreach		<input type="checkbox"/> Rapid Rehousing - With or without services
<input type="checkbox"/> Homelessness Prevention		
<input type="checkbox"/> Services Only		
<input type="checkbox"/> Day Shelter		
<input type="checkbox"/> Other(describe):		

Funding Source(s) (ESG, HPO, Ohana Zones, Private, YHDP, etc.)

List all sources: \_\_\_\_\_

Is this program funded by the CARES Act? \_\_\_\_Yes \_\_\_\_No

Funder Contact Information (Name, Email, Phone Number:

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Grant ID/Grant Number: \_\_\_\_\_

Grant Amount: \_\_\_\_\_

Grant Start Date: \_\_\_\_\_

Grant End Date: \_\_\_\_\_

**If a shelter or housing program, provide the following details:**

Max Capacity : \_\_\_\_\_

Usage Start date \_\_\_\_\_

Unit Inventory : \_\_\_\_\_

Usage End date \_\_\_\_\_

Bed Inventory : \_\_\_\_\_

Chronic Bed Inventory \_\_\_\_\_

**Check the box to indicate if the following will have access to your housing services:**

Allows Females (18+)

Allows Children

If yes, age range

Allows Males (18+)

Allows Transgender

Handicap Accessible

List number of dedicated slots / units (example: veterans: 5 beds; families with minor children: 4 slots)

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Would you like to setup Auto Exit for this program? If yes, how many days can a client stay enrolled without any services added before the enrollment gets auto-exited ? \_\_\_\_\_

If housing, indicate how will this contract will receive referrals into the program:

Coordinated Entry System Referrals

Community Referrals

Other (explain referral / entry process): \_\_\_\_\_

List all program eligibility requirements as specified by funder (Examples: chronically homeless, minor children, etc.) Also include any disqualifying factors (Example: felony charges):

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List all documents required in order to be enrolled in the program:

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List all documents required in order to complete a housing placement if a housing program:

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List staff members assigned to this project:

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List all services provided by the program that needs to be tracked in HMIS (Examples: Any types of training, counseling, financial assistance, transportation, mediation, supplies, medical assistance, legal services, benefits, etc.):

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**If RRH answer the following:**

What is the length of financial assistance this contract can provide each household? (Example: up to 3 payments of financial assistance, 1-3 months rental assistance to include utilities, 4-12 months, 12-24 months, etc.)

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What is the cap (if any) on the amount or length of rental assistance this contract can provide a household?

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What is the participant's financial responsibility for the duration of enrollment? If there is a process for determining this, please explain:

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What level of case management is provided with this program (including how often case management will meet with each household and for how long)?

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How many case managers will be staffing this program and what will be their average case load?

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Are there any target populations your program hopes to serve or have specified to serve in your contract?

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What is the rate of placements needed per month and for how many months in order to meet contract requirements? (Example: Starting on May 1 2022, program will place 10 households a month in permanent housing for a duration of 6 months in order to meet contract utilization requirements)

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