

Step-by-Step Guide for Completing HMIS Project Form in Google Docs

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Created by

Homeless Coalition

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STEP 1

Use the dropdown menu to select if the program is a VSP.

Victim Services Provider *

Whether or not the project is a Victim Service Provider (Yes/No).

Choose 

STEP 2

Select your organization.

If your organization is not listed, please select 'Other' and enter the organization name manually.

Organization Name *

The name of the organization as entered in HMIS that the project is associated with.

- Access Support Network (ASN)
- Bay Area Community Services (BACS)
- Catholic Charities of the Diocese of Monterey
- Central Coast Center for Independent Living (CCCIL)
- CHISPA
- City of Salinas
- City of Seaside
- City of Soledad
- Community Homeless Solutions
- Community Human Services (CHS)
- County of San Benito
- CSUMB
- Downtown Streets Team (DST)
- Epicenter of Monterey
- Franciscan Workers of Junipero Serra

STEP 3

Enter the Project Name.

Use the instructions in the image to help you find the project name in HMIS.

Project Name *

The project name, as entered in HMIS. If you don't know the name as entered in HMIS, log into HMIS and use the provider ID in the search bar to identify the program name.

1 Click Admin

2 Click Provider Admin

3 Enter program name here

OR

Enter provider ID here

Your answer

STEP 4

Enter the Provider ID.

Use the instructions in the image to help you find the project ID in HMIS.

Provider ID *

The ID number assigned to the project in HMIS. If you don't know the provider ID, log into HMIS and use the program name in the search bar to identify the provider ID. *If your program is not in HMIS, use "4000" as the provider ID. CHSP will assign an ID after the form is submitted.*

STEP 5

Enter the contact person's name.

Contact Person *

The individual responsible for managing the program's data and handling all related correspondence.

STEP 6

Enter the contact's phone number.

Contact Phone *

The contact number for correspondence regarding the program and any HMIS data related inquiries.

Your answer

STEP 7

Enter the contact's email.

Contact Email *

The email address for correspondence regarding the program and any HMIS data related inquiries.

Your answer

STEP 8

Enter program address.

Program Address *

Enter the address associated with the project service site (where most project housing is located in the CoC geographic area), including the street address, city, and ZIP code. Do **NOT** enter address information for **Victim Service Provider** projects **other than the ZIP code**.

CoCs are required to enter an address for all projects that are site-based (options 1 and 2, under Housing Type).

If a site-based project has multiple sites, the CoC must enter the address for the site where most beds and units are located. *Note that this address is specific to the project and may be different than the administrative address of the organization. For scattered-site projects (option 3 under Housing Type), only the ZIP code where most project beds and units are located will be required. If this is a scattered-site project, use "Scattered-site Project" as the address and proceed with the form as instructed.*

STEP 9

Use the dropdown menu to select the city.

City *

The city associated with the project service site (where most project housing is located in the CoC geographic area).

STEP 10

Use the dropdown menu to select the zip code.

Zip Code *

The zip code associated with the project service site (where most project housing is located in the CoC geographic area). For VSP projects, this is the only required address element.

Choose ▼

STEP 11

Use the dropdown menu to select the county.

County *

Choose ▼

STEP 12

Click Next.

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STEP 13

Select the Project Type.

Project Characteristics

Project Type *
The project type and sub-type (ES, TH, SH, RRH, OPH, PSH, etc.)

Choose ▼

STEP 14

Enter the Operating Start Date.

Operating Start Date *
The date the project started serving clients.

Date

mm/dd/yyyy 📅

STEP 15

Enter the Operating End Date. If the program is still operating, skip this field.

Operating End Date

The date the project closed or expected to close.

Date

STEP 16

Use the dropdown menu to identify the HMIS Participation Status.

HMIS Participation Status *

Whether or not the project is HMIS Participating, Not Participating, or Comparable Database Participating.

STEP 17

Use the dropdown menu to identify the Target Population.

Target Population *

Whether the project has a target population (e.g., survivors of domestic violence or people with HIV/AIDS).

Choose ▼

STEP 18

Use the dropdown menu to identify the Housing Type.

Housing Type *

From the drop-down menu, select the "Housing Type." The Housing Type options are: site-based – single site; site-based – clustered/multiple sites; or tenant-based - scattered site.

Choose ▼

STEP 19

Click Next

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STEP 20

Select the funding component.

Federal Partner Funding Sources

Projects funded in whole or in part by CoC Program funds are to be identified based on the CoC Program component. Select the appropriate CoC component for each project:

Federal Partner Program and Components (Funding Sources) *

- HUD:CoC - Homelessness Prevention (High Performing Comm. Only)
- 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:ESG - Emergency Shelter (operation and/or essential services)
- HUD:ESG - Homelessness Prevention
- HUD:ESG - Rapid Rehousing
- HUD:ESG - Street Outreach
- HUD: Pay for Success
- HUD: Public and Indian Housing (PIH) Programs
- HUD: Rural Housing Stability Assistance Program
- HUD:HOPWA - Hotel/Motel Vouchers
- HUD:HOPWA - Housing Information

STEP 21

If your funding is not listed, please select 'Other' and enter the funding's Grant ID manually.

- VA: Community Contract Safe Haven Program
- VA: Compensated Work Therapy Transitional Residence
- VA: Supportive Services for Veteran Families
- Other:

STEP 22

Click Next.

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STEP 23

Enter the Inventory Start Date.

Bed and Unit Inventory Information

Inventory Start Date *
Enter the date the project started serving clients, as reported in HMIS.

Date

mm/dd/yyyy

STEP 24

Use the dropdown menu to select the Inventory Type.

Inventory Type *
Indicate whether the inventory is current or under development.

Choose

STEP 25

Use the dropdown menu to select the Bed Type.

Bed Type *

Facility-based beds, voucher beds, and other beds.

Choose ▼

STEP 26

Use the dropdown menu to identify the Household Type.

Household Type *

Select the household type of clients this program serves. **"Households with at least one adult and one child"** are considered families. **"Households without children"** are single adults, and **"Households with children only"** are households that have children but no adults.

Choose ▼

STEP 27

Use the dropdown menu to identify the Bed and Unit Availability.

Availability *

Bed and Unit Availability:

- 1. Year-Round Beds/Units:** Year-round beds and units are available on a planned year-round basis.
- 2. Seasonal Beds (Emergency Shelter Only):** Seasonal beds (during a defined period of high demand) are not available year-round, but instead are available on a planned basis, with set start and end dates, during an anticipated period of higher demand. *For the HIC, identify the total number of seasonal beds available for occupancy on the night of the inventory count.*
- 3. Overflow Beds (Emergency Shelter Only):** Overflow beds are available on an ad hoc or temporary basis during the year in response to demand that exceeds planned (year-round or seasonal) bed capacity. *For the HIC, CoCs with overflow beds must report the total number of overflow beds that were available for occupancy on the night of the inventory count. If there is no fixed number of overflow beds, CoCs may instead report the number of overflow beds that were occupied on the night of the inventory count.*

Choose ▼

STEP 28

Click Next.

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STEP 29

Enter the number of Beds for Adults & Child Households.

All Year-Round Beds/Units for Households

With Children: Adults & Child Households (AC)

Beds *

Your answer

STEP 30

Enter the number of Units for Adults & Child Households.

Units *

The 'Total Unit Inventory' is a count of the total number of units available for occupancy.

Your answer

STEP 31

Enter the number of beds for chronic homeless Adults & Child Households.

Beds-Chronic *
Beds that are dedicated specifically to chronically homeless individuals.

Your answer

STEP 32

Enter the number of beds that are dedicated specifically to homeless veterans.

Beds-Veteran *
Beds that are dedicated specifically to homeless veterans.

Your answer

STEP 33

Enter the number of beds that are dedicated specifically to homeless youth.

Beds-Youth *
Beds that are dedicated specifically to homeless youth.

Your answer

STEP 34

Click on Next

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STEP 35

Enter the number of beds that are dedicated specifically to Adult Only Households.

All Year-Round Beds/Units for Households

Without Children: Adult Only Households (AO)

Beds *

Your answer

STEP 36

Enter the number of beds that are dedicated specifically to chronic homeless adults.

Beds-Chronic *

Beds that are dedicated specifically to chronically homeless individuals.

Your answer

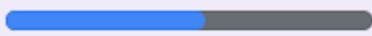
STEP 37

Enter the number of beds that are dedicated specifically to homeless veterans.

Beds-Veteran *
Beds that are dedicated specifically to homeless veterans.

STEP 38

Click on Next

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STEP 39

Enter the number of beds that are dedicated specifically to Children Only Households.

Child Only Households (CO)

Beds *

STEP 40

Enter the number of beds that are dedicated specifically to chronic homeless children.

Beds-Chronic *
Beds that are dedicated specifically to chronically homeless individuals.

STEP 41

Click on Next

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STEP 42

Enter the number of Seasonal Beds.

Seasonal Beds

If applicable, enter any seasonal beds and the start and end dates for those beds.
Emergency Shelter projects only.

Beds *

STEP 43

Enter Start Date.

Start Date *
If the field does not apply, use "1/1/1900" as the date.

Date

STEP 44

Enter End Date.

End Date *
If the field does not apply, use "1/1/1900" as the date.

Date

STEP 45

Click on Next

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STEP 46

Enter the number of Overflow Beds.

Overflow Beds

If applicable, enter the total number of overflow beds associated with the inventory record.
Emergency Shelter projects only.

Beds *

STEP 47

Click Next.

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STEP 48

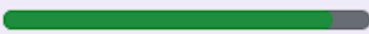
Enter the PIT count and any notes related to the program regarding data changes.

PIT Count *
Total number of people occupying the inventory on the night of the HIC and PIT count.

Notes *
Please provide any additional notes or updates relevant to the CHSP during this reporting period. This could include changes, important information, programs that have opened and/or closed during the reporting period, or context that may help in understanding the data or progress. If no relevant notes are available, please enter "N/A" in the field.

STEP 49

Click Next.

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STEP 50

Review the pertinent information and click Agree.

BE AWARE:

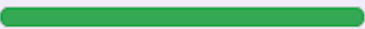
The HDX 2.0 will assign bed and unit inventory by household type based on how the inventory is recorded in HMIS, except in HMIS-participating RRH projects, which will be adjusted to reflect the actual service levels for these household type based on data from the LSA Calculated file. The HIC Upload will combine the separate records in HMIS to show all inventory dedicated to AC beds, AO beds, and CO beds together in the same HIC record, as long as the project type, housing type (single site, scattered site, etc.), and inventory type (current/under development) are the same. Seasonal and overflow beds will also be rolled up for ES projects, if applicable. [2024 HIC & PIT Count Data Submission Guidance pg. 40](#)

By completing this form, I confirm that all information provided is accurate and up ^{*} to date. Additionally, I affirm that this submission has been reviewed and approved by both my Supervisor and Executive Director.

Agree

STEP 51

Click Submit.

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