



# HMIS Project Setup & Update Form

## PROJECT INFORMATION

- **Project Name:**
  
- **Project Start Date:** **Project End Date:**

## PROJECT CONTACT INFORMATION

- **Contact Person:**
  - **Mailing Address:**
  
  - **Telephone:**
  - **Email:**
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## PROJECT DETAILS

- **Short Description of Project:**
  
  
  
  
  
  
  
  
  
  
- **Total Beds:** **Total Units:**
- **Project Type:** **Target Population:**
- **Household type served:**
- **Grant(s) or Funding Source (local, state and/or federal):**
  
  
  
  
  
  
  
  
  
  
- **Funding Start Date:** **Funding End Date:**

## DATA COLLECTION

- **List of all standard data elements to collect (Universal Data Elements Required\*) – See HMIS Data Standards Manual for entire list (select all that apply):**

3.20 Housing Move-in Date

3.917 Living Situation

4.2 Income and Sources

4.3 Non-Cash Benefits

4.4 Health Insurance

4.11 Domestic Violence

4.5-4.10 Disability Elements: Physical, Developmental, Chronic Health, HIV/AIDS, Mental Health Problem and Substance Abuse

RHY Data Elements

SSVF Data Elements

OHI- YAHP, IYHP, ACI etc.

HOPWA

VASH

Employment History

Education History

- **Are there any restrictions or modifications that need to be made to the standard data elements, if so, explain?**

Yes

No

- **Custom Data Elements (list all): Specify Data Collection Stages and allowable responses/values – Entry/Annual/Exit**

- **Required Reporting?**

Yes

No

- **Add details of your reporting requirements like the performance period(s), deadlines, staff responsibilities etc.:**

- Describe the project ending process: How will enrollments be exited? Will there be a final report required? Who will be responsible for notifying HMIS that the project has ended?
  
- Do you track services? If so, please indicate the names and units of measure for the services you wish to track (e.g. case management, minutes/hours).

#### COORDINATED ENTRY

- Will your project require service referrals from coordinated Entry?  
Yes                      No
  
- If yes, list the service referrals that you need:
  
- Who is the point of contact at your organization that will be responsible for receiving notification of clients referred to your agency for service? (Please provide email and telephone number)