|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Site type:** | |  |  |  |  | | --- | --- | --- | --- | | **Not a Service Provider** | **Housing (Beds and Units)** | **Services** | **Other:** | |
| **Lead Agency:** |  |
| **Program Name:** | **New**  Already exists within InHOUSE |
| **Collaborative Partners:**  **N/A**  *List all collaborative partners,*  *including roles and services provided* |  |
| **HUD Type:**  *Select only one*  **Matches the Funders**  **regulatory agreement** | |  |  |  | | --- | --- | --- | | Emergency Shelter | Transitional Housing | Permanent Supportive Housing | | Homeless Outreach | Prevention | Rapid Re-housing | | Services Only program | Other | Safe Haven | | Permanent Housing |  |  | |
| **CoC (Community) Type:**  **Same as HUD Type**  *Select only one*  *(If more than one type selected,*  *please explain:*      *)* | |  |  |  | | --- | --- | --- | | Emergency Shelter | Transitional Housing | Permanent Supportive Housing | | Homeless Outreach | Prevention | Rapid Re-housing | | Services Only program | Other | Safe Haven | | Permanent Housing | SOP-Employment | SOP-Services tied to Perm Housing | | SOP-Case Mgmt tied to Othr Hsg | Other-Drop-in Center | Other-Legal | | Other-Aftercare | Other/Specify: |  | |
| ***Transitional Housing Only:*** |  |
| **Program Summary:**  *Provide a brief description of who this program serves, supports provided, etc.* |  |
| **Program Start Date:**  *This is the date in which the*  *services for this program began* | 1/1/2001 |
| **Administration Location:** |  |
| **Administration Contact:** | Name:       Job Title:       Phone:       Email: |
| **Service Site information:** | **Single site, single building**  Housing units (or service encounters) are at one site, in a single structure.  **Single site, multiple buildings**  Housing units (or service encounters) are at one site, in multiple structures (e.g.,  single apartment complex with multiple buildings and program units in two or  more buildings).  **Multiple sites**  Housing units (or service encounters) are at multiple sites (e.g., scattered-site  housing, outreach). |
| **Service Site Address:** |  |
| **Geocode:**  *Primary location of*  *services provided* | |  |  |  | | --- | --- | --- | | Alameda County 69001 | Alameda 60012 | Berkeley 60324 | | Fremont 61404 | Hayward 61602 | Oakland 62508 | | Livermore 62034 | Pleasanton City 62826 | San Leandro 63276 | | Union City 63846 | Other (City:      ) 69001 | | |
| **Agency HMIS Contact/Lead:** | Name:       Job Title:       Phone:       Email: |
| **Operating funds:**  *Check all that apply* | |  |  |  | | --- | --- | --- | | McKinney-Vento | FESG | CSBG | | ESG (Shelter) | ESG (Solutions - *new*) | HOME | | SAMHSA | HOPWA | CDBG | | MHSA | VASH | Measure 5 | | CHASS | SSA | General Fund | | Foundation, Private | Donations | Other: | |
| **Eligibility requirements:**  **None** | |  |  | | --- | --- | | Disability  Any | Specific type: | | Homeless (HUD definition) |  | | Chronic Homeless (HUD definition) |  | | Age | Age range limits: | | Income  minimum:        maximum: | | |

|  |  |
| --- | --- |
| **Bed Inventory Information** |  |
| **Beds Created:** | Date operations open:       Date operations close:  **New Beds**  **New Funding (existing beds)** |
| |  |  |  |  | | --- | --- | --- | --- | |  | **Households without Children** | **Households with at least one Child and one Adult** | **Households with only Children** | | **Bed Type**  *Emergency Shelter Programs only* | |  |  |  | | --- | --- | --- | | Facility based | Voucher | Other | | |  |  |  | | --- | --- | --- | | Facility based | Voucher | Other | | |  |  |  | | --- | --- | --- | | Facility based | Voucher | Other | | | **Availability** | |  |  |  | | --- | --- | --- | | Year round | Seasonal | Overflow | | |  |  |  | | --- | --- | --- | | Year round | Seasonal | Overflow | | |  |  |  | | --- | --- | --- | | Year round | Seasonal | Overflow | | | **Bed inventory**  **(# beds)** |  |  |  | | **CH Bed inventory**  **(# beds)**  *Permanent Supportive Housing only* |  |  |  | | **Unit Inventory**  **(# units)** |  |  |  | | **Inventory Start Date** |  |  |  | | **Inventory End Date** |  |  |  | | **# HMIS Participating Beds** |  |  |  | | **HMIS Participation Start Date** |  |  |  | | **HMIS Participation End Date**  (if applicable) |  |  |  | | **Target Population A**  *Select only one option per household type* | |  |  | | --- | --- | | SM Single Males | SF Single Females | | SMF Single Males and Females | CO Couples only, no children | | |  |  | | --- | --- | | HC Households with Children | SMHC Single Males and Households with Children | | SFHC Single Females and Households with Children | SMF+HC Single Males and Females plus Households with children | | |  |  | | --- | --- | | HC Households with Children | SMHC Single Males and Households with Children | | SFHC Single Females and Households with Children | SMF+HC Single Males and Females plus Households with children | | | **Target Population B**  *Select only one option per household type* | |  |  |  | | --- | --- | --- | | Domestic Violence | Veteran | Persons with HIV/AIDS | | |  |  |  | | --- | --- | --- | | Domestic Violence | Veteran | Persons with HIV/AIDS | | |  |  |  | | --- | --- | --- | | Domestic Violence | Veteran | Persons with HIV/AIDS | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Programmatic Functions** | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |
| **Capacity:**  *List projected number of individuals who*  *may be served during a 12 month period* | **N/A** can serve an indefinite number of individuals  Target number served (within 12 month period):  Maximum number of individuals that can be served (within 12 month period):  **Modifications to existing capacity**  New total:  Reasons for modification: |
| **Length of Services:** | |  |  |  | | --- | --- | --- | | 0-30 days | 31-90 days | up to 1 yr/ 12 months | | up to 18 months | up to 24 months | Other: | |
| **Support Provided:** | |  |  |  |  | | --- | --- | --- | --- | |  | **Yes** | **No** | **Info** | | Are individuals within this program also jointly served by another InHOUSE program? If so, which? |  |  |  | | Is this a collaboration with another federal/state/local resource, if so which? |  |  |  | | Are financial rental assistance services provided, if so which? |  |  |  | | If Yes to the above question, do the financial resources have a limited duration? How long? |  |  |  | |  |  |  |  | |
| **Additional Pertinent Information:** |  |
| **Data Accessibility:** | Access to this program’s data is granted to (select all applicable parties):   |  |  | | --- | --- | | All users within the Agency | Funder: | | Collaboration Agencies: |  | |
| **Confirmation of data provided** | The information within this document has been reviewed and confirmed by the parties listed below.  **Name of Funder (Organization):**  Date:       Staff Name:       Job Title:       Phone:       Email:  **Agency Executive Authority:**  Date:       Name:       Job Title:       Phone:       Email: |
| Inputted into InHOUSE Date:       Staff: | |