|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |

 |

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 individualsTarget 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:       |