

HMIS-ERIE PROVIDER FORM

Last Updated: August 12, 2009

Name: Name of the Provider being created (Ex: The Refuge) _____

Alias AKA: (Unofficial commonly used provider name) _____

Parent Provider: (Ex: Erie United Methodist Alliance) _____

Street Address: Physical street location of this Provider

Address City State Zip

Area: Geographical Area used as a search criteria in ResourcePoint

Eastside (city) Downtown (city) West County
 Westside (city) East County South County

Mailing Address: Mailing address of this Provider (If different from Street Address)

Address City State Zip

Telephone 1-4 (Number): List up to four telephone numbers Provider

Phone 1: Description:

Phone 2: Description:

Phone 3: Description:

Phone 4: Description:

Fax: _____

Fax2: _____

Contact Person (Primary contact(s) for this provider)

Contact Name: _____ Contact2 Name: _____

Contact Title: _____ Contact2 Title: _____

Contact Email: _____ Contact2 Email: _____

Contact Phone: _____ Contact2 Phone: _____

Resource contact for this provider: (For HMIS purposes. Does NOT display in ResourcePoint)

Contact Name: _____

Contact Title: _____

Contact Email: _____

Contact Phone: _____

Website Address: Website address for this Provider _____

Legal Status: Select only *one* of the following:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> City/County (Parish) | <input type="checkbox"/> Educational | <input type="checkbox"/> Faith Based-Non Profit | <input type="checkbox"/> Federal |
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Other | <input type="checkbox"/> Private Individual | <input type="checkbox"/> Private-Non Profit |
| <input type="checkbox"/> Profit | <input type="checkbox"/> Public Service | <input type="checkbox"/> Religious | <input type="checkbox"/> State |
| <input type="checkbox"/> United Way | <input type="checkbox"/> Volunteer | | |

Description: Description of Services provided by this Provider

Landmarks: Description of landmarks to help locate this Provider such as cross street as well as public transit information (e.g. what busses pass your site).

Handicap Access: Select Yes or No as to whether this Provider has handicap access to their location.

Hours: Hours of operation for this Provider

Target Population Description (HMIS System Administrator will use your description to determine AIRS Taxonomy search terms and codes):

Program Fees: List fees associated with this Provider's Services

Intake Procedure: *(optional)*

Eligibility:

Languages Spoken at the Site:

Does this provider have shelter beds?

- Yes No

Is there a bedlist to be created in ServicePoint?

- Yes No

Select the appropriate section that describes the bedlist. Select ONE per bedlist.

- Family Section
 Men's Section
 Women's Section
 Men's and Women's Section

Services you provide (PPrimary, SSecondary or Occasional)

Service1: _____ P S O

Service2: _____ P S O

Service3: _____ P S O

Service4: _____ P S O

BEDLIST CONFIGURATION

(Necessary for Emergency Shelters, Optional for other providers)

FLOOR						
Room Name or #						
Bed1						
Bed2						
Bed3						
Bed4						
Bed5						
Bed6						

Shelter Requirements:

FIPS code: (DO NOT COMPLETE)

2360420493

COC Code: (DO NOT COMPLETE)

PA-605

Geocode: (Select one of the following)

422178 (Erie) 424434 (Millcreek) 429049 (County)

Program Type Code:

Select one of the following:

- Emergency shelter (e.g., facility or vouchers) (HUD)
- Transitional housing (HUD)
- Permanent supportive housing (HUD)
- Street outreaches (HUD)
- Homeless prevention (e.g., security deposit) (HUD)
- Services only type of program (HUD)
- Other (HUD)

Program Site Configuration Type:

Select one of the following:

- Single Site: single building
- Single Site: multiple buildings
- Multiple Sites

Site Type:

Select one of the following:

- Non-Residential: Services only
- Residential: special needs and non special needs
- Residential: special needs only

Housing Type:

Select one of the following:

- Mass Shelter/Barracks
- Dormitory/hotel/motel
- Shared Housing
- Single Room Occupancy (SRO) Units
- Single Apartment (Non-SRO) Units
- Single homes/townhouses/duplexes
- Not Applicable: non-residential program

BED UNIT INVENTORY

Site Name: _____

Household Type:

- Households without children Households with children

Bed Type:

- Facility-Based
 Voucher
 Other: _____

Availability:

- Year round
 Seasonal
 Overflow

Bed Inventory: _____

Chronic Homeless Bed Inventory (Permanent Supportive Housing Programs Only): _____

Unit Inventory: _____

Inventory Start Date: _____ mm/dd/yyyy

Inventory End Date: _____ mm/dd/yyyy

HMIS participating beds: _____

HMIS participation start date: _____ mm/dd/yyyy

HMIS participation end date: _____ mm/dd/yyyy

TARGET POPULATION(S)

Target population A:

- | | |
|---|--|
| <input type="checkbox"/> SM: Single Males (18 & older) | <input type="checkbox"/> HC: Households with Children |
| <input type="checkbox"/> SF: Single Females (18 & older) | <input type="checkbox"/> YM: Unaccompanied Young Males (under 18) |
| <input type="checkbox"/> SMF: Single Males & Females (18 & older) | <input type="checkbox"/> YF: Unaccompanied Young Females (under 18) |
| <input type="checkbox"/> CO: Couples Only, No Children | <input type="checkbox"/> YMF: Unaccompanied Young Males & Females (under 18) |
| <input type="checkbox"/> SM+HC: Single Males & Households with Children | <input type="checkbox"/> SMF+HC: Single Male & Female & Households with Children |
| <input type="checkbox"/> SF+HC: Single Females & Households with Children | |

Target population B:

- | | |
|--|---|
| <input type="checkbox"/> DV: Domestic Violence Victims | <input type="checkbox"/> HIV: Persons with HIV/AIDS |
| <input type="checkbox"/> VET: Veterans | <input type="checkbox"/> NA: Not Applicable |