

Santa Barbara County HMIS

PROJECT SETUP FORM

Instructions: Please complete one form per project and send to Kimberlee Albers, Santa Barbara County Housing and Community Development, via e-mail at kalbers@co.santa-barbara.ca.us.

Agency/Organization Name: _____

Project Name: _____

Location Information

Address Type: _____

Street Address: _____

City: _____

Zip Code: _____

Contact Number: _____

Contact Personnel

Name: _____

Title: _____

Email Address: _____

Phone Number: _____

Project Information

Project Type:

| | | |
|--|--|---|
| <input type="checkbox"/> Coordinated Assessment | <input type="checkbox"/> PH – Housing only | <input type="checkbox"/> Safe Haven |
| <input type="checkbox"/> Day Shelter | <input type="checkbox"/> PH – Housing with services (no disability required for entry) | <input type="checkbox"/> Services Only |
| <input type="checkbox"/> Emergency Shelter (ES) | <input type="checkbox"/> PH – Permanent Supportive Housing (PSH) (disability required for entry) | <input type="checkbox"/> Street Outreach |
| <input type="checkbox"/> Homelessness Prevention | <input type="checkbox"/> PH – Rapid Re-Housing | <input type="checkbox"/> Transitional Housing |
| | | <input type="checkbox"/> Other |

Target Population:

| | | |
|--|--|---|
| <input type="checkbox"/> Domestic Violence Victims | <input type="checkbox"/> Persons with HIV/AIDS | <input type="checkbox"/> Not Applicable |
|--|--|---|

Method for Tracking Utilization (ES only):

| | |
|--|---|
| <input type="checkbox"/> Entry/Exit Date | <input type="checkbox"/> Night-by-Night |
|--|---|

Bed Type (ES only):

| | | |
|---|----------------------------------|--------------------------------|
| <input type="checkbox"/> Facility-based | <input type="checkbox"/> Voucher | <input type="checkbox"/> Other |
|---|----------------------------------|--------------------------------|

Availability (ES only):

| | | |
|-------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Year-round | <input type="checkbox"/> Seasonal | <input type="checkbox"/> Overflow |
|-------------------------------------|-----------------------------------|-----------------------------------|

Bed and Unit Inventory

| | Households without children | Households with at least 1 adult and 1 child | Households with only children | Total |
|----------------------------------|-----------------------------|--|-------------------------------|-------|
| Total Units | | | | |
| Total Beds | | | | |
| Any homeless population | | | | |
| Chronic Homeless Beds (PSH only) | | | | |
| Veteran Beds | | | | |
| Youth Beds | | | | |
| Youth under age 18 | | | | |
| Youth ages 18 to 24 | | | | |

Federal Partner Funding Sources

Federal Partner Program:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> HUD: CoC – Homelessness Prevention <input type="checkbox"/> HUD: CoC – Permanent Supportive Housing <input type="checkbox"/> HUD: CoC – Rapid Re-Housing <input type="checkbox"/> HUD: CoC – Supportive Services Only <input type="checkbox"/> HUD: CoC – Transitional Housing <input type="checkbox"/> HUD: CoC – Safe Haven <input type="checkbox"/> HUD: CoC – Single Room Occupancy (SRO) <input type="checkbox"/> HUD: ESG – Emergency Shelter <input type="checkbox"/> HUD: ESG – Homelessness Prevention <input type="checkbox"/> HUD: ESG – Rapid Re-Housing <input type="checkbox"/> HUD: ESG – Street Outreach <input type="checkbox"/> HUD: HOPWA – Hotel/Motel Vouchers <input type="checkbox"/> HUD: HOPWA – Housing Information <input type="checkbox"/> HUD: HOPWA – Permanent Housing <input type="checkbox"/> HUD: HOPWA – Permanent Housing Placement <input type="checkbox"/> HUD: HOPWA – Short-Term Rent, Mortgage, Utility Assistance <input type="checkbox"/> HUD: HOPWA – Short-Term Supportive Facility <input type="checkbox"/> HUD: HOPWA – Transitional Housing | <ul style="list-style-type: none"> <input type="checkbox"/> HUD: HUD/VASH <input type="checkbox"/> HHS: PATH – Street Outreach & Supportive Services Only <input type="checkbox"/> HHS: RHY – Basic Center Program <input type="checkbox"/> HHS: RHY – Maternity Group Home for Pregnant and Parenting Youth <input type="checkbox"/> HHS: RHY – Transitional Living Program <input type="checkbox"/> HHS: RHY – Street Outreach Project <input type="checkbox"/> HHS: RHY – Demonstration Project <input type="checkbox"/> VA: Community Contract Emergency Housing <input type="checkbox"/> VA: Community Contract Residential Treatment Program <input type="checkbox"/> VA: Domiciliary Care <input type="checkbox"/> VA: Community Contract Safe Haven Program <input type="checkbox"/> VA: Community Contract Safe Haven Program <input type="checkbox"/> VA: Grant and Per Diem Program <input type="checkbox"/> VA: Compensated Work Therapy Transitional Residence <input type="checkbox"/> VA: Supportive Services for Veteran Families <input type="checkbox"/> N/A |
|---|--|

Grant Identifier: _____

Grant Start Date: _____

Grant End Date: _____