Merced County HMIS
New Agency/New Program

If your **Agency is already in HMIS**: this form will be used to create a new program for your agency.

If your **Agency is not in HMIS**: this form will be used to create your agency & create a program associated with your agency.

Name of Agency:	
Agency Address:	
City, State, Zip:	
Default Profile:	2024 General Intake
Name of Program:	
Operating Start Date:	
Operating End Date:	
Name of Funding Source:	
Program Type:	❑ Emergency Shelter ❑ Transitional Housing ❑ Rapid Re-Housing with Services ❑ Rapid Re-Housing without Services ❑ PH: Permanent Supportive Housing ❑ PH: Housing Only ❑ PH: Housing with Services ❑ Services Only ❑ Street Outreach ❑ Coordinated Entry ❑ Other:
Program Applicability:	❑ Emergency Shelter ❑ Homeless Outreach ❑ Permanent Housing for Disabled ❑ Transitional Housing ❑ Supportive Services Only ❑ Project Based Rental Assistance ❑ Single Room Occupancy ❑ Sponsor Based Rental Assistance ❑ Tenant Based Rental Assistance ❑ Rapid Re-Housing ❑ Homeless Prevention

Continuum Project	❏ Yes ❏ No
HMIS Participation Status:	Active
Target Population:	❏ Survivors of Domestic Violence ❏ People living with AIDS/HIV ❏ Not Applicable
Housing Type:	❏ Site-based/Single Site ❏ Site-based/Clustered, multiple sites ❏ Tenant-scattered site ❏ Not Applicable
HMIS Participating Status:	Active
Participation Status Start Date:	
Participation Status End Date:	
Coordinating Entry (CE) Access Point?:	❏ Yes ❏ No
CE Start Date:	
CE End Date:	

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This next section: Bed & Unit Inventory and Services are optional.

If your program is a residential program: provide the following:

Bed & Unit Inventory

Inventory Start Date:	
Inventory End Date:	
Household Type:	❑ Households without children ❑ Households with at least 1 adult & 1 child ❑ Households with only children
Dedicated Beds?:	❑ Youth-Veterans # of beds: _____ ❑ Any Other Veteran # of beds: _____ ❑ Any Other Youth # of beds: _____
Non-Dedicated Beds Total:	
Total Bed Inventory:	
Total Unit Inventory:	

> **What is the difference between Total Bed Inventory and Total Unit Inventory?**
>
> **Total Bed Inventory:** Number of beds in your program.
> **Total Unit Inventory**: Number of units*
>
> *Example: Your program has a total of 20 beds with 2 beds per unit. In this example: your total bed inventory is 20, and your total unit inventory is 10.