

Merced City & County Continuum of Care HMIS New Agency/New Program Setup Form

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.

Program/Agency Details

Name of Agency:	
Agency Address:	
City, State, Zip:	
Default Profile:	[2024] CoC Project [Standard] (Custom)
Name of Program:	
Operating Start Date:	
Operating End Date: (This field can be left blank if date not known)	
Program Type:	<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Rapid Re-Housing (housing & services) <input type="checkbox"/> Rapid Re-Housing (services only) <input type="checkbox"/> PH: Permanent Supportive Housing <input type="checkbox"/> PH: Housing Only <input type="checkbox"/> PH: Housing with Services <input type="checkbox"/> Services Only <input type="checkbox"/> Street Outreach <input type="checkbox"/> Coordinated Entry <input type="checkbox"/> Other:
Program Applicability:	<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Homeless Outreach <input type="checkbox"/> Permanent Housing for Disabled <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Supportive Services Only <input type="checkbox"/> Project Based Rental Assistance <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Sponsor Based Rental Assistance <input type="checkbox"/> Tenant Based Rental Assistance <input type="checkbox"/> Rapid Re-Housing <input type="checkbox"/> Homeless Prevention

Continuum Project	<input type="checkbox"/> Yes <input type="checkbox"/> No
HMIS Participation Status:	Active
Target Population:	<input type="checkbox"/> Survivors of Domestic Violence <input type="checkbox"/> People living with AIDS/HIV <input type="checkbox"/> Not Applicable
Housing Type:	<input type="checkbox"/> Site-based/Single Site <input type="checkbox"/> Site-based/Clustered, Multiple Sites <input type="checkbox"/> Tenant-based/Scattered site <input type="checkbox"/> Not Applicable
HMIS Participating Status:	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
If Active, HMIS Participation Status Start Date:	
If Active, HMIS Participation Status End Date: (This field can be left blank)	
Coordinated Entry (CE) Access Point?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, CE Start Date:	
If Yes, CE End Date: (This field can be left blank)	

Funding Source Information

Name: (What do you want to call this funding source?)	
Status:	Active
Local or Other Funding Source?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Name of Local/Other:	
If No, What is the Funding Source?	
Funding Start Date:	
Funding End Date:	
Grant Identifier:	
Grant Amount:	
Is the Funding Start Date and End Date the Same as the Grant Start Date & End Date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No:	Grant Start Date:
	Grant End Date:

Program Services

Services can be added to your program. In Clarity, each Service has a name, plus one or more service items. For example, the name of the Service is Financial Assistance, and the service item is 'Rent Payment Assistance.' If you want services added to your program, let us know which service item(s) to add.

<input type="checkbox"/> Financial Assistance:	<input type="checkbox"/> Application Fees <input type="checkbox"/> Rent Payment Assistance <input type="checkbox"/> Security Deposit <input type="checkbox"/> Utility Payment Assistance <input type="checkbox"/> Moving Expenses <input type="checkbox"/> Emergency Transfer Costs <input type="checkbox"/> Credit Repair
<input type="checkbox"/> Case Management:	<input type="checkbox"/> Intake and Assessment <input type="checkbox"/> Case Planning <input type="checkbox"/> Benefits Counseling and Application Assistance <input type="checkbox"/> Financial Counseling and Budgeting
<input type="checkbox"/> Housing Navigation:	<input type="checkbox"/> Landlord Engagement & Mediation <input type="checkbox"/> Housing Search <input type="checkbox"/> Housing Placement <input type="checkbox"/> Housing Habitability Inspection <input type="checkbox"/> Eviction Prevention
<input type="checkbox"/> Service Coordination:	<input type="checkbox"/> Referrals
<input type="checkbox"/> Employment Services:	<input type="checkbox"/> Job Search Assistance <input type="checkbox"/> Job Training/Skills Development <input type="checkbox"/> Resume Building and Interview Preparation <input type="checkbox"/> Job Placement Assistance <input type="checkbox"/> Employer Engagement <input type="checkbox"/> Work Readiness Programs
<input type="checkbox"/> Food Services:	<input type="checkbox"/> Emergency Food Assistance <input type="checkbox"/> Meal Programs
<input type="checkbox"/> Transportation Services:	<input type="checkbox"/> Bus/Transit Pass
<input type="checkbox"/> Outreach & Engagement:	<input type="checkbox"/> Contact Made
<input type="checkbox"/> Services Attempted:	<input type="checkbox"/> Service Attempt Made
<input type="checkbox"/> Services Declined:	<input type="checkbox"/> Client Declined Services
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

In adding your service items, we will make the following assumptions:

- The Start Date and End Date of the service item is the same as the Operating Start Date and Operating End Date of your program (see page 1 for dates)
- The service item is a one-time event
- You will have the option of including household members

There are multiple variations on how to configure services in Clarity. If services need to be configured in ways that differ from the above assumptions, or you want to include additional features (e.g.: charge the cost of the service against a grant amount), then:

Check this box and we will contact you to discuss how to configure services for your program.

Bed & Unit Inventory

This section is optional. If your program is a residential program, please let us know the following

<u>Bed & Unit Inventory</u>	
Inventory Start Date:	
Inventory End Date:	
Household Type:	<input type="checkbox"/> Households without children <input type="checkbox"/> Households with at least 1 adult & 1 child <input type="checkbox"/> Households with only children
Dedicated Beds:	<input type="checkbox"/> Youth-Veterans # of beds: _____ <input type="checkbox"/> Any Other Veteran # of beds: _____ <input type="checkbox"/> 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 (or vouchers) in your program.

Total Unit Inventory: Number of units or houses (as applicable)*

*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.