



# MSCCoC\_MIS Project Description Data Element Form

Community Alliance for the Homeless | Management Information Systems | Tanyce McCray-Davis | MIS Director/System Admin II  
 Off 901-527-1302 | Cell 901-652-2678 | Email: tanyce@cafh.org

Organization Name:	New Project Name:
Contact Name: (person who completed this form)	Contact Email:
Contact Phone:	
Does additional Staff need trained for data entry? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list.	
Parent Provider:	Project Name:
Provider Profile	Description of Services Provided:
Contact Name: (person who completed this form)	
Contact Phone:	Contact Email:
Does additional Staff need trained for data entry? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list.	
<b>LOCATION INFORMATION</b> (physical address)	
Street Address:	P. O. Box:
City:	State:
County:	Zip:
Landmarks:	
<b>MAILING ADDRESS</b>	
Mailing Address:	Mailing Address:
Mailing City:	Mailing State:
Mailing County:	Mailing Zip:
<b>CONTACT PERSONNEL</b>	
Contact 1:	Title:
Email:	Phone:
Contact 2:	Title:
Email:	Phone:
Contact 3:	Title:
Email:	Phone:
Contact 4:	Title:
Email:	Phone:

FAX NUMBERS	
Fax 1:	Fax 2:
ADDITIONAL INFORMATION	
Website Address:	Days & Hours of Operations:

**Project Type (choose one)**

<input type="checkbox"/>	Emergency Shelter
<input type="checkbox"/>	Transitional Housing
<input type="checkbox"/>	Permanent Supportive Housing
<input type="checkbox"/>	Other Permanent Housing (Disability not required)
<input type="checkbox"/>	Rapid Rehousing

**Housing Type (choose one)**

<input type="checkbox"/>	Site Based: Single Site
<input type="checkbox"/>	Site Based: Clustered/Multiple Site
<input type="checkbox"/>	Tenant Based: Scattered Site

**Site Based - Provide Main Site Address (DV Optional):**

**Tenant Based - Provide Zip Code of Most Beds/Units (DV Optional):**



**Target Population A (choose one)**

<input type="checkbox"/>	SM - Single Males 18+
<input type="checkbox"/>	SF - Single Females 18+
<input type="checkbox"/>	SMF - Single Males and Females 18+
<input type="checkbox"/>	CO - Couples Only, No Children
<input type="checkbox"/>	HC - Households with Children
<input type="checkbox"/>	SMHC - Single Males 18+ and Households with Children
<input type="checkbox"/>	SFHC - Single Females 18+ and Households with Children
<input type="checkbox"/>	SMF+HC - Single Males and Females 18+ and Households with Children
<input type="checkbox"/>	YM - Youth Males Under 25
<input type="checkbox"/>	YF - Youth Females Under 25
<input type="checkbox"/>	YMF - Youth Males and Females Under 25

**Target Population B (choose one)**

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

**PROGRAM FEES**  
Intake/Application Process

<input type="checkbox"/>	Completion of the DHHS Shelter Placement Form	<input type="checkbox"/>	Completion of Provider Specific Referral Form
<input type="checkbox"/>	Completion of Psychosocial Assessment	<input type="checkbox"/>	Results of TB Test
<input type="checkbox"/>	Other, Please specify:		

**ELIGIBILITY**

**Eligibility Requirements**

<input type="checkbox"/>	Client is willing to accept case management.	<input type="checkbox"/>	Client is willing to participate in a treatment program.
<input type="checkbox"/>	Client must have a substance dependency issue.	<input type="checkbox"/>	Income is not required.
<input type="checkbox"/>	Client is willing to follow program rules.	<input type="checkbox"/>	Client must remain abstinent from illegal substances.
<input type="checkbox"/>	Client must have a co-occurring disorder.	<input type="checkbox"/>	Income is required and the client must be willing to pay 30% of income or entitlements.
<input type="checkbox"/>	Client is willing to live in a group home setting.	<input type="checkbox"/>	Client is willing to provide supporting documentation. Please specify:
<input type="checkbox"/>	Income is not required.	<input type="checkbox"/>	Other, Please specify other eligibility requirements:

**LANGUAGES SPOKEN AT SITE:**

**VOLUNTEER OPPORTUNITIES:**

**WISH LIST:**

HANDICAP ACCESS?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
SHELTER?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

AFFILIATED WITH A RESIDENTIAL PROJECT?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
PRINCIPAL SITE?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**STANDARDS INFORMATION**

**Legal Status**

**Note: Select only one from the following list below.**

<input type="checkbox"/>	City/County (Shelby)	<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		

**HUD STANDARDS**

**Organization Identifier (Agency/Provider Identifier) Project Type**

Select one of the following:

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

**FEDERAL PARTNER FUNDING SOURCES:**

**Federal Programs**

<input type="checkbox"/>	UD:CoC - Homelessness Prevention (High Performing Comm. Only)
<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 (operating and/or essential services)
<input type="checkbox"/>	HUD:ESG - Homelessness Prevention
<input type="checkbox"/>	HUD:ESG - Rapid Rehousing
<input type="checkbox"/>	HUD:ESG - Street Outreach
<input type="checkbox"/>	HUD:Rural Housing Stability Assistance Program
<input type="checkbox"/>	HUD:HOPWA - Hotel/Motel Vouchers
<input type="checkbox"/>	HUD:HOPWA - Housing Information
<input type="checkbox"/>	HUD:HOPWA - Permanent Housing (facility based or TBRA)
<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 (facility based or TBRA)
<input type="checkbox"/>	HUD/VASH
<input type="checkbox"/>	HHS:PATH - Street Outreach & Supportive Services Only
<input type="checkbox"/>	HHS:RHY - Basic Center Program (prevention and shelter)
<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: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

**Target Population A (choose one)**

<input type="checkbox"/>	SM - Single Males 18+
<input type="checkbox"/>	SF - Single Females 18+
<input type="checkbox"/>	SMF - Single Males and Females 18+
<input type="checkbox"/>	CO - Couples Only, No Children
<input type="checkbox"/>	HC - Households with Children
<input type="checkbox"/>	SMHC - Single Males 18+ and Households with Children
<input type="checkbox"/>	SFHC - Single Females 18+ and Households with Children
<input type="checkbox"/>	SMF+HC - Single Males and Females 18+ and Households with Children
<input type="checkbox"/>	YM - Youth Males Under 25
<input type="checkbox"/>	YF - Youth Females Under 25
<input type="checkbox"/>	YMF - Youth Males and Females Under 25

**Target Population B (choose one)**

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

**FUNDING SOURCES** (check all that apply):

**McKinney-Vento Funding**

<input type="checkbox"/>	AUG-CAFTH
<input type="checkbox"/>	HUD: City ESG - Emergency Shelter
<input type="checkbox"/>	HUD: City ESG - Prevention
<input type="checkbox"/>	HUD: City ESG - Rapid Re-Housing
<input type="checkbox"/>	HUD: State ESG - Emergency Shelter
<input type="checkbox"/>	HUD: State ESG - Prevention
<input type="checkbox"/>	HUD: State ESG - Rapid Re-Housing
<input type="checkbox"/>	HUD: CoC - Transitional Housing
<input type="checkbox"/>	HUD: CoC - Permanent Supportive Housing
<input type="checkbox"/>	HUD: CoC - Rapid Re-Housing
<input type="checkbox"/>	HUD: CoC - Single Room Occupancy
<input type="checkbox"/>	HUD: CoC - Supportive Services Only
<input type="checkbox"/>	Shelter Plus Care Program (S+C)
<input type="checkbox"/>	Section 8 Single Room Occupancy Program (SRO)
<input type="checkbox"/>	Supportive Housing Program (SHP)

**Other Funding Sources**

<input type="checkbox"/>	Shelter Assistance Fund (SAF)
<input type="checkbox"/>	HUD: HUD/VA Supportive Housing (HUD/VASH)
<input type="checkbox"/>	VA: Supportive Services for Veteran Families Program (SSVF)
<input type="checkbox"/>	VA: Grant and Per Diem Program (GPD)
<input type="checkbox"/>	VA: Grant and Per Diem Program Transition in Place (GPD TIP)
<input type="checkbox"/>	VA: Community Contract Emergency Housing (HCHV/EH)
<input type="checkbox"/>	VA: Community Contract Residential Treatment Program (HCHV/RT)
<input type="checkbox"/>	VA: Community Contract Safe Program (HCHV/SH)
<input type="checkbox"/>	VA: Compensated Work Therapy - Transitional Residence (CWT/TR)
<input type="checkbox"/>	HHS: RHY Basic Center Programs (BCP)
<input type="checkbox"/>	HHS: RHY Transitional Living Program (TLP)
<input type="checkbox"/>	HHS: RHY Maternity Group Homes for Pregnant Youth (MGH)
<input type="checkbox"/>	HUD: HOPWA - Hotel/Motel Vouchers
<input type="checkbox"/>	HUD: HOPWA - Permanent Housing
<input type="checkbox"/>	HUD: HOPWA - Permanent Housing Placement (Facility or TBRA)
<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 - Traditional Housing (Facility or TBRA)
<input type="checkbox"/>	HUD Public Indian Housing (PIH) Programs (Non-VASH)
<input type="checkbox"/>	Other: (specify)

**COC Code:** TN-501

**Continuum Project:**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

**Method for Tracking Emergency Shelter Utilization**

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

**CoC Start Date**

Month	Day	Year							

**CoC End Date**

Month	Day	Year							

**Geocode:** 471242

**Provider Grant Type** (select one of the following:)

<input type="checkbox"/>	HOPWA	<input type="checkbox"/>	PATH
<input type="checkbox"/>	RHYMIS	<input type="checkbox"/>	SSVF

Provider Grant Number (each grant listed)	Grant Start Date:	Grant End Date:

**BED INVENTORY** (RRH only reports beds OCCUPIED on the Point in Time):

**Bed Type (ES Only - Choose One)**

<input type="checkbox"/>	FACILITY BASED: Beds located in a residential homeless assistance facility dedicated for use by persons who are homeless.
<input type="checkbox"/>	VOUCHER: Beds located in a hotel or motel and made available by homeless assistance project through vouchers or other forms of payment.
<input type="checkbox"/>	OTHER: Beds located in a church or other facility not dedicated for use by persons who are homeless.

**TOTAL BEDS AVAILABLE:**

Number of Total Single Adult BEDS:			
Number of Total Children Only BEDS:			
Number of Total Family BEDS:		Number of Total Family UNITS:	

Overflow BEDS (ES Only):		Seasonal BEDS (ES Only):	
		Season Availability Dates:	

<b>VETERAN Dedicated BEDS:</b> (VA Funded Agencies Must Report Inventory)	
Number of Veteran Single Adult BEDS:	
Number of Veteran Family BEDS:	
<b>YOUTH Dedicated BEDS:</b> (RHY Funded Agencies Must Report Inventory)	
Number of Youth Single Adult BEDS:	
Number of Youth Children Only BEDS:	
Number of Youth Family BEDS:	
<b>CHRONIC Dedicated BEDS:</b> (PSH and OPH Only)	
Number of Chronic Single Adults BEDS:	
Number of Chronic Children Only BEDS:	
Number of Chronic Family BEDS:	

**SERVICES PROVIDED:**

1		4	
2		5	
3		6	