



MSCCoC-MIS New ServicePoint Project Request

Community Alliance for the Homeless | Management Information Systems | Tanyce McCray-Davis | MIS Director/System Admin II
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PLEASE FILL IN ALL GREEN BOXES

Organization Name:	New Project Name:
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.	
What is the go live date for this project?	

Project Type (choose one)



<input type="checkbox"/>	Emergency Shelter
<input type="checkbox"/>	Transitional Housing
<input type="checkbox"/>	Permanent Supportive Housing
<input type="checkbox"/>	Services Only
<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
<input type="checkbox"/>	Other:

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

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)

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

VETERAN Dedicated BEDS: (VA Funded Agencies Must Report Inventory)

Number of Veteran Single Adult BEDS:	
Number of Veteran Family BEDS:	

YOUTH Dedicated BEDS: (RHY Funded Agencies Must Report Inventory)

Number of Youth Single Adult BEDS:	
Number of Youth Children Only BEDS:	
Number of Youth Family BEDS:	

CHRONIC Dedicated BEDS: (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.	