



HMIS Project Form

KANSAS BALANCE OF STATE COC PROJECTS

The New Project Form is to be used to notify BoSCoC a new/renewal homeless dedicated project is beginning or has begun to serve clients in the Kansas Balance of State Continuum of Care. For HMIS participating new projects, the Director or assigned Program Manager should submit this form whenever a new project begins to serve clients. HMIS non-participating projects should also submit this form when the project begins to serve clients.

To Add or Modify a Project in HMIS, you must complete one HMIS Project Set Up form for each separate Project Component.. If you have any questions, please contact HMIS Support or email hmis@kshomeless.com

Processing time is 5 business days from date of submission. Once the program is added to HMIS, a follow-up meeting will be scheduled to go over the project before going live.

Agency Information

Date of Application *

MM-DD-YYYY

Date

Agency/ Organization Name *

Agency Contact *

First Name

Last Name

Contact Title *

Contact Phone *

Contact Email *

example@example.com

Agency Address*

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Application Type *

- ☐ New
- ☐ Renewal

New Project Information

Only applicable if the project address site is different from above:

Street Address

Street Address Line 2

City

State

Zip Code

Funding Source (check all that apply):

- | | | | |
|------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> HUD CoC | <input type="checkbox"/> HUD ESG City | <input type="checkbox"/> HUD ESG County | <input type="checkbox"/> HUD ESG State |
| <input type="checkbox"/> HUD HOPWA | <input type="checkbox"/> HUD VASH | <input type="checkbox"/> HHS PATH | <input type="checkbox"/> VA SSVF |
| <input type="checkbox"/> EHAP | <input type="checkbox"/> HHS RHY | <input type="checkbox"/> CDBG | <input type="checkbox"/> Local |
| <input type="checkbox"/> VA GPD | <input type="checkbox"/> EFSP | <input type="checkbox"/> Other | |

Grant Name:

Explanation of Project *

HMIS Users who will have access to this project.

Please enter their full name.

New Project Name in HMIS *

(for a renewal project, use the name that shows in HMIS).

Operating Start Date *

First Date Project Will Serve Clients

Operating End Date *

This date impacts bed utilization for HMIS participating projects

New Project Type. Please select one. *

- | | |
|--|---|
| <input type="radio"/> Prevention | <input type="radio"/> Street Outreach |
| <input type="radio"/> Emergency Shelter | <input type="radio"/> Transitional Housing |
| <input type="radio"/> PH - Rapid Rehousing | <input type="radio"/> PSH - Permanent Supportive Housing
(disability required for entry) |
| <input type="radio"/> PH - Housing with Services (no
disability required for entry) | <input type="radio"/> PH - Housing Only |
| <input type="radio"/> Coordinated Entry | <input type="radio"/> Services Only |
| <input type="radio"/> Day Shelter | <input type="radio"/> Safe Haven |
| <input type="radio"/> Other | |

Target Population

- | | |
|--|---|
| <input type="radio"/> Domestic
Violence Victims | <input type="radio"/> Persons with HIV/AIDS |
|--|---|

Homeless Categories Served:

- | | |
|--|--|
| <input type="checkbox"/> Category 1 - Literally Homeless | <input type="checkbox"/> Category 2 - Imminent Risk of
Homelessness |
| <input type="checkbox"/> Category 3 - Homeless under
other Federal statutes | <input type="checkbox"/> Category 4 - Fleeing/Attempting
to Flee DV |

Housing Type

- | | |
|--|--|
| <input type="radio"/> Site-based – single site | <input type="radio"/> Tenant-based –scattered site |
| Site-based –clustered/
multiple sites | Other |

Tracking Services

Please select if these services are funded by:

PATH

RHY

SSVF

Other

HMIS Services (Please list all services to be tracked through HMIS):

Would you like to schedule a short follow-up meeting with the HMIS Administrator to review the project set-up after it is complete?

☐ Yes ☐ No