HMIS Provider Site Profile

| Agency Name: | | |
|--|---------|--|
| Project/Site Name: | | |
| HMIS Contact Name: | | |
| Title: | | |
| Phone: | | |
| E-mail | | |
| Project/Site Physical Address (including city & zip code): | | |
| Agency Mailing Address (if different from above): | | |
| Provide a Description of your p | roject: | |
| | | |
| | | |
| | | |
| Hours of operation: | | |
| Program fees: | | |
| Intake/application process: | | |
| | | |
| Eligibility: | | |
| | | |
| Languages: | | |
| Is this project a shelter? | yes | |
| | no | |
| Operating start date: | | |

| Project type: | Coordinated Assessment | | |
|--------------------------------------|---|--|--|
| | Day Shelter | | |
| | Emergency Shelter | | |
| | Homelessness Prevention | | |
| | PH - Housing only | | |
| | PH - Housing with services (no disability required for entry) | | |
| | PH - Permanent Supportive Housing (disability required for entry) | | |
| | PH - Rapid ReHousing | | |
| | Safe Haven | | |
| | Services only | | |
| | Street Outreach | | |
| | Transitional Housing | | |
| | Other | | |
| Housing type: | Site based - single site | | |
| riodollig typo. | Site based - clustered/multiple sites | | |
| | Tenant based - scattered sites | | |
| | Toriant Sassa Soutiered Sites | | |
| Principle site: | yes | | |
| | no | | |
| Target population: | DV: Domestic Violence victims | | |
| | HIV: Persons with HIV/AIDS | | |
| | NA: Not Applicable | | |
| Victim Services Provider? | yes | | |
| VICIIII Services Frovider? | no | | |
| | | | |
| Provider grant type (if applicable): | HOPWA | | |
| | PATH | | |
| | RHY | | |
| | SSVF | | |
| Household type: | Households without children | | |
| · · | Households with at least one adult and one child | | |
| | Households with only children | | |
| Bed type: | Facility-based | | |
| 200 typo. | Voucher | | |
| | Other | | |
| | Outer | | |

| Availability: | Year-round |
|---|-------------------|
| | Seasonal |
| | Overflow |
| Bed inventory (total number of beds): | |
| of total, # of beds dedicated to Chronically Homeless (PSH only): | |
| of total, # of beds dedicated to Veterans: | |
| of total, # of beds dedicated to Youth: | |
| Unit inventory: | |
| Inventory start date: | |
| Number of HMIS participating beds: | |
| HMIS participation start date: | |
| Federal partner funding | HUD: CoC |
| sources: | HUD: ESG |
| | HUD: RHSAP |
| | HUD: HOPWA |
| | HUD: PIH Programs |
| | HUD: HUD/VASH |
| | HHS: PATH |
| | HHS: RHY |
| | VA |
| | N/A |
| For above, grant number: | |
| Grant start date: | |
| Please return completed form t | to: |
| Anne Barber, HMIS System Ad | lminietrator |

Anne Barber, HMIS System Administrator (585) 319-5091 ext. 102 (585) 319-5488 fax abarber@rochesterhomelesscoc.org