Provider Information Page Form

To be completed for each KYHMIS entity, **including Victim Service Providers.**

Agency Information

Organization Name	
Organization Physical Address and County	
Street	
City, State, Zip	
County	
Organization Mailing Address (if different from physical address)	
Street	
City, State, Zip	
Telephone Number	

Contact Information

Executive Director	
Telephone Number	
Fax Number	
E-mail Address	

HMIS Contact	
Telephone number	
E-mail Address	

Additional Contact	
Additional Contact Email	

Operating Date

Operating Start Date (date project originally started-even if prior to receiving funding)	

Federal Partner Funding Source (CoC, ESG, etc.)

Federal Partner Program	
Grant Identifier (KY000, etc.)	
Grant Start Date	
Grant End Date	

Program Information

Please complete for each program you administer and that is listed on the Housing Inventory Chart (Emergency Shelter, Transitional Housing, Permanent Housing, and HPRP). Depending on the number of housing programs you administer, you may have more than one of these forms to fill out for each program(s) used. Report the bed number as they are being used at the time of the Point-In-Time Count.

Each program with a bed should complete this section and make copies if you administer more than one housing program.

Project Name:	
HMIS Project Name *(preference you would like)***:**	
Program Type Code (please check only one)	☐ Emergency Shelter ☐ Transitional Housing ☐ Prevention ☐ Rapid Re-housing ☐ Permanent Supportive Housing ☐ Services Only ☐ Other ☐ Street Outreach
Housing Type: (please check one.)	
☐ Dormitory Hotel/Motel	☐ Single Apartments (Non SRO) Units
☐ Non Applicable: Non-Residential Program	☐ Single Homes/Townhomes/Duplexes
☐ Mass Shelter/Barracks	☐ Single Room Occupancy (SRO) Units
☐ Shared Housing	
Is this a Victim Services Provider	
☐ Yes ☐ No	
Is this a VA Program? (please check one.)	
☐ Yes	
☐ No	
If yes, what type?	
☐ SSVF	☐ VADOM
☐ GPD	☐ HUD VASH

CoC Code

CoC Code Start Date	
CoC Code End Date	

Bed Unit Inventory

One or more Bed and Unit Inventory information records must be recorded for each program.   A program that serves households with at least one adult and one child, households with only children, and households without children will need one filed out for each household type. Bed and Unit Inventory information records in order to track inventory information by household type. If a program provides different types of beds (i.e. year round, and seasonal), then a separate record is established for each bed type. If a program has voucher and facility based beds, then a separate record is established for each type.

HMIS Project Name:				
Bed Type:	☐ Facility Based	☐ Voucher		☐ Other

Target Pop. A	Target Pop B.	Does this program receive McKinney Vento?
Please Select.	Please Select.	Please Select

Beds Households with at least one adult and one child	Units Households with at least one adult and one child	Beds Households without Children	Units Households without Children	Beds Households with only Children	Units Households with only Children	HMIS Beds Households with at least one adult and one child	HMIS Beds Households without Children	HMIS Households with only children

HMIS Participation Start Date	HMIS Participation End Date	Year Round Beds	Year Round Units	Chronically Homeless Beds (PSH Only)	Total Seasonal Beds (ES Only)	Seasonal Beds Availability in HMIS (ES Only)	Seasonal Beds Availability Start Date (ES Only)	Seasonal Beds Availability End Date (ES Only)	Overflow Beds	PIT Count

Please have the Executive Director of the Agency and the Person who has prepared the 2014 Admin Provider/Housing Inventory Chart Information sign below.

Executive Director:			
	Please Print Name		Signature
Person Prepared Form:			
	Please Print Name		Signature