



## Header Information

1. Program Name:
2. Parent Provider:
3. Program AKA:
4. Is your program the following:  
                  HUD/HMIS Provider      AIRS Compliant      Uses ServicePoint      Operational
5. Please forward a copy of your program logo to the HMIS office.

## Profile – Provider Profile

1. Description:
2. Module Access Settings:  
                  ActivityPoint      CallPoint      ClientPoint      Eligibility  
                  Measurement Tools      ShelterPoint      SkanPoint
3. Location Information:
  - a. Mailing Address:

Please check which address is primary.

b. Physical Address:

c. PO Box:

4. Contact Number:

- a.
- b.
- c.

5. Contact Personnel:

a.

b.

c.

6. Additional Information:

a. Website Address:

b. Hours:

c. Program Fees:

d. Intake/Application Process:

e. Eligibility:

f. Languages:

g. Volunteer Opportunitites:

h. Wishlists:

i. Accessibility:

j. Please check the following:

Handicap Access?      Brochures?      Show on Public Site?      Printed Directory?

Is Shelter?

Shelter Requirements:

## Profile – Standards Information

### 1. AIRS Standards Information:

a. AIRS Designation:      Agency              Site

b. Federal Employer ID:

c. Facility Type:

d. Year of Incorporation:

e. Legal Status:

f. Capacity Type:

g. Service Capacity:

h. Provider Maintaining:

### 2. Type of License:

a. License Type:

b. Payment Methods Accepted:      Cash/Check      Cashier Check      Credit Card      Insurance  
   Money Orders      Medicaid      Medicare      No Fees

### 3. HUD Standards Information

a. Organization Identifier:

b. Project Type:

c. Principal Site:      Yes              No

d. Target Population:

e. Geocode:

f. Method for Tracking ES:

g. CoC Project:      Yes              No

h. Provider Grant Type:

i. Service Transaction Workflow:      Yes              No

### 4. CoC Code

a. CoC Code:                              CoC Start Date:                              CoC End Date:

5. Bed and Unit Inventory

a. Name:

i. Household Type:

ii. Bed Type:

iii. Availability:

iv. Bed Inventory:

1. of the total inventory, what number of beds are dedicated to:

a. Chronic Homeless Bed Inventory (PSH Only):

b. Veteran Bed Inventory:

c. Youth Beds Inventory:

i. Of the youth beds, what number are restricted to:

1. Only under age 18:

2. Only ages 18-24:

3. Only under age 24 (both of the above):

v. Unit Inventory:

vi. Inventory Start Date:

vii. Inventory End Date:

viii. HMIS Participating Beds:

ix. HMIS Participation Start Date:

x. HMIS Participation End Date:

xi. McKinney Vento Funding:    Yes    No

6. Federal Partner Funding Sources

a. Federal Partner Program:

i. Grant Identifier:

ii. Grant Start Date:

iii. Grant End Date: