



SOLANO COC NEW PROGRAM REQUEST FORM QUICK GUIDE

Form Purpose

- Use this form to set up a new program in HMIS.

Who Should Complete It?

- The Partner Agency Lead (PAL).

What Happens After You Submit?

- Bitfocus staff will follow up with any questions and confirm setup.

[Click here for link](#)



THE BASICS: WHO, WHAT, WHY

- Email of Partner Agency Lead
- Requesters Name
 - The person authorized by Agency to make changes to and/or request new programs.
- Agency Name
 - The agency that will be administering this program.
- Program Name
 - This is the name of the new program you are requesting
- Program Description.
 - A brief description of the program and types of services provided.

THE DETAILS: WHEN, WHERE, HOW

- Operating Start Date
 - Date clients are expected to be enrolled into the program.
- Operating End Date (if applicable)
 - When will this program stop providing services?
- Program Address
 - Physical Location of Primary Program Site.
- Program Funding
 - Select funding source to comply with federal reporting requirements.
- Grant Identifier
 - If available please enter the Grant ID.
- Program Type
 - Select one of the HUD program types. Review [here](#).

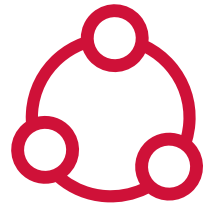
THE TECHNICALS: HMIS SETUP NEEDS

- For Emergency Shelter Programs Only
 - Select and answer questions only if applicable.
- Housing Type
 - Please provide detailed housing inventory information.
- Target Population
 - Client population receiving services.
- Geocode
 - Please select: Solano County, Vacaville, Fairfield, Vallejo
- HMIS Participating Project
 - Will this project enter client information into HMIS?

FOR FURTHER DETAILS ON HOUSEHOLD TYPES & BUI, [CLICK HERE](#).

- Which Types of Households does this Project Serve (select all that apply)
 - Adults Only - Households without Children
 - Households with at least 1 Adult & 1 Child
 - Households with Children Only (under 18)
- Bed Type - Bed and Unit Inventory (BUI) Information (if applicable)
 - Availability of BUI
 - When does your program operate?
 - BUI Details (please provide info with household type)
 - Dedicated Beds (please provide the number of dedicated beds) under the listed options
- Total Bed Inventory
- Total Unit Inventory

The End



- Services Available in Program
 - Service Item
 - List here the different service items you want listed under the main service.
 - Delivery Type
 - For more information on service setup, click [here](#) for the Help Desk article on service items.
- Additional Notes
 - Please include any additional information that may be relevant to program set up.

CLICK THE SUBMIT BUTTON!