

# KnoxHMIS

## Agency/ Program Information Form

Directions: Submit a form to add a resource or make changes to existing resources.  
 For an agency that is not in the system, list all available information.  
 For changes, include agency name, program name, and the fields needing to be changed  
**Submit this form to [hmissupport@utk.edu](mailto:hmissupport@utk.edu) and request that your program be added to KnoxHMIS.**

<b>Agency Name:</b>	
<b>Program Name:</b>	
<b>Agency/Program Description:</b>	
<b>Office Number:</b>	<b>Fax Number:</b>
<b>Physical Address:</b>	
<b>Mailing Address:</b>	
<b>Primary Contact Name:</b>	
<b>Title:</b>	<b>E-mail:</b>
<b>Secondary Contact Name:</b>	
<b>Title:</b>	<b>E-mail:</b>
<b>Hours of Operation:</b>	
<b>Website:</b>	
<b>Eligibility:</b>	
<b>Insurance Accepted:</b>	
<b>Program Fees:</b>	

**Intake/Application Process:**

**Spoken languages:**

**Primary Services:**

**Do you have to live in a certain county or area to access services? (circle one) YES NO**

**If yes, list counties/areas below:**

**Project Type:**

- Coordinated Assessment
- Emergency Shelter
- Day Shelter
- Homelessness Prevention
- PH-Permanent Supportive Housing (disability required for entry)
- PH –Housing with Services (no disability required for entry)
- PH –Housing Only
- PH -Rapid Re-Housing
- Safe Haven
- Services Only
- Street Outreach
- Transitional Housing
- Other

**Do you serve a target population(s):**

- Domestic Violence Victims/ Survivors
- HIV
- Veteran
- Youth (ages 24 and younger)
- Seniors (Ages 62+)
- Individuals Only
- Families

**Do you serve a target household type(s):**

- Single male (18 years or older)
- Single Female
- Single Male and Female
- Couple Only, no children
- Single Male Households= with Children
- Single Female Household with Children
- Households with Children
- Unaccompanied Young Males (younger than 18)
- Unaccompanied Young Females (younger than 18)

**Program Funding Source(s):**

- HUD:CoC Homelessness Prevention
- HUD:CoC Permanent Supportive Housing
- HUD:CoC Rapid Re-Housing
- HUD:CoC Supportive Services Only
- HUD:CoC Transitional Housing
- HUD:CoC Youth Homeless Demonstration Program (YHDP)
- HUD:ESG Emergency Shelter (operating and/or essential services)
- HUD:ESG Homelessness Prevention
- HUD:ESG Rapid Rehousing
- HUD:ESG Street Outreach
- HUD:HOPWA
- HUD:HUD/VASH
- HHS:PATH Street Outreach & Supportive Services Only
- HHS:RHY Basic Center Program (prevention and shelter)
- HHS:RHY Maternity Group Home for Pregnant and Parenting Youth
- HHS:RHY Transitional Living Program
- HHS:RHY Street Outreach Project
- HHS:RHY Demonstration Project
- VA Grant Per Diem
- VA Supportive Services for Veteran Families
- Not applicable
- Other: \_\_\_\_\_ (Federal, State, City, or County funding)

**Program Funding Source(s), Continued: Please list the grant award period & grant identifier number:**

**Person Submitting This Form:**

**Contact Info of Person Submitting (E-mail and/or Phone):**

**Date Submitted:**

**If you are a housing program and have beds/units, you will need to complete the additional "Housing Inventory Form."**