



Greater Kansas City Coalition to End Homelessness

3200 Wayne Avenue, Suite 202  
Kansas City, MO 64109

Phone: (816) 924-7997

Fax: (816) 924-7994

[www.gkcceh.org](http://www.gkcceh.org)

## Are you a provider and want to get your organization setup in HMIS?

There are two google forms to fill out with information about your organization and program. Once your request is reviewed, MO-604 staff will respond to the request within two weeks. You will then receive an email detailing organization set up specifications as well as information in regards to membership and user fees.

Step 1: Fill out the following google form with organization specific information.

<https://docs.google.com/forms/d/e/1FAIpQLSfF0dE7LohCSrHxgoQAsAbMoYWkaifvMb8TVQTHWlpQXW4RhQ/viewform>

Step 2: Fill out the following google form with program specific information.

[https://docs.google.com/forms/d/e/1FAIpQLSfWmp7Fhk3GlmnMYRzXLt\\_mNwcNPsYDPwU2Lbc3iRJGkB22Ug/viewform](https://docs.google.com/forms/d/e/1FAIpQLSfWmp7Fhk3GlmnMYRzXLt_mNwcNPsYDPwU2Lbc3iRJGkB22Ug/viewform)

1. Enter your name, email address, phone number, agency name and the name of the new project.

Your Name \*

Your answer

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Email \*

Your answer

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Phone number \*

Your answer

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Agency Name \*

Your answer

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Project Name \*

Your answer

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Is this a new project or new funding for an existing project? \*

New project

New funding for an existing project

2. Enter the physical address, any partnering organizations and the operating start date.
3. Enter the project type (Homeless prevention, Rapid Rehousing, Emergency Shelter, etc.), housing type (Site based, Tenant based, etc.) and if the project receives federal funding.

Programs Physical Address \*

Your answer

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Partnering Organizations \*

Your answer

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Operating Start Date \*

Date

mm/dd/yyyy

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Project Type \*

Choose

---

Housing Type \*

Choose

---

Federal Funding \*

Your answer

4. Select if the project participates in HMIS, if it's a Continuum Project, or if it is a part of the CoC's coordinated entry system.

5. Include all program assessments needed (basic four include HUD Universal, HUD Program, HUD Financial Assessment, HUD Health Insurance Assessment) and any services for the program (Rent, Utility, Medical, etc.)

Does this project participate in HMIS? \*

YES  
 NO

Continuum Project \*

YES  
 NO

Does this project access and triage/prioritize clients for crisis and housing resources as a part of your CoC's coordinated entry system? \*

YES  
 NO

Program Assessments needed \*

Your answer

Program Services \*

Your answer

6. Enter bed capacity or N/A.

7. Leave any other notes or relevant information that MO-604 staff should know when setting up the program.

Does this project access and triage/prioritize clients for crisis and housing resources as a part of your CoC's coordinated entry system? \*

YES  
 NO

Program Assessments needed \*

Your answer

Program Services \*

Your answer

Bed Capacity (Units/Slots- target population) \*

Your answer

Please leave any other notes relevant to project set up

Your answer

Submit

Both google sheets need to be completed before the program and organization can be added to HMIS.