

# Columbus ServicePoint Program Implementation Request Form

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact email: \_\_\_\_\_

Please check one:

This program *is* funded through CSB and/ or CoC HUD or HOPWA.

This program is *not* funded through CSB or CoC HUD or HOPWA.

We intend to participate in CSP with the targeted implementation date of \_\_\_\_\_

Proposed CSP name of new program: \_\_\_\_\_

Designated Site Administrator: \_\_\_\_\_

Type of Program: \_\_\_\_\_

Program Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Data to be tracked:  CSB Required Data Elements  HUD Required Data Elements

Other, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will CSP be utilized to track service items and/or referrals for this program?  Yes  No

If yes, please describe services to be tracked and/or with whom referrals will be exchanged:

\_\_\_\_\_  
\_\_\_\_\_

What kind of tracking/ reporting will the data be utilized for? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will this data be shared with any other organization/ program?  Yes  No

If yes, list the organizations/programs and describe in what manner and for what purpose the data is being shared: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please give the number of personnel on-staff that currently have CSP access authorization: \_\_\_\_\_

Please give the number of staff that will require access authorization to CSP for this program (not including personnel that already have access authorization to CSP): \_\_\_\_\_

I certify that the preceding information is true and accurate.

\_\_\_\_\_  
Agency Executive Director or Program Director

\_\_\_\_\_  
Date

**—INFORMATION BELOW THIS LINE TO BE COMPLETED BY CSB DATABASE ADMINISTRATOR ONLY—**

If this program is funded through CSB or HUD, please give starting contract period: \_\_\_\_\_

Is this a HUD Continuum of Care funded project?  Yes  No

If yes, give Project Type: \_\_\_\_\_ CoC Code: OH-503

Is this a Rebuilding Lives (RL) Program?  Yes  No

How many units are:

\_\_\_\_\_ Single Adult RL Units      \_\_\_\_\_ Family RL Units      \_\_\_\_\_ Non-RL Units

Will the Non-RL Units also be tracked in CSP?  Yes  No

If yes, will they be tracked under a separate program name?: \_\_\_\_\_

*Please Note: Non-RL units are to be tracked in CSP under a separate program name. Please submit a separate implementation request form marked 'Non-Funded' Program.*

If the Program Type is Emergency Shelter please indicate shelter level & capacity:

Shelter Level:                      Tier I                                      Tier II

Capacity: \_\_\_\_\_ Regular Capacity      \_\_\_\_\_ Winter Overflow Capacity

Will the HUD Assessment A/B be utilized for this program?  Yes  No

Will this program utilize a ShelterPoint bedlist?  Yes  No

Will this program be reviewed for quality assurance by CSB?  Yes  No

If applicable, to what group/system does this program belong? (i.e. PSH, ES/Men, ES/Family, etc.): \_\_\_\_\_

Please add any other important information below: