PIT App – Program List Confirmation

Link: https://poe.nutmegit.com/AppCenter2

- 1. Login Screen
 - a. <u>If you are HMIS user</u> then login with your hmis username and password. Make sure to also click on the 'HMIS Account' Box
 - b. <u>If you are a non-hmis user</u>, and you participated in the PIT count last year then you can use your email address as your username and the generic PIT password you have been assigned – Do not click on the 'HMIS Account' Box

Nutmeg Portal About Contact
Log in Use a local account or HMIS account to log in
Username
Password
HMIS Account
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2. Click on the PIT App Tile



3. Once in the App, you will see your PIT program assignment table

Your Programs

Note: The Bed Count must be completed before the Population Count can be entered.

HMIS Program ID	HMIS Particip?	Region	Agency	Program	Туре	Bed Count		Pop Count		Utilization
1592	~	Greater Hartford	Chrysalis Center	Chrysalis - Legion Court (PSH)(VET) (HC) HDX Name: Legion Court	PSH	47 36 🔪	~	🎦 8 / 🛔 19 🔪	۸	53 %
1588	~	Danbury	Catholic Charities of Fairfield County (Danbury)	CCFC Danbury - CCR - F.U.S.E L561502560 (DMHAS) HDX Name: CCFC Danbury - CCR - F.U.S.E L561502560 (DMHAS)	PSH	lo 10 🔪	~	🎦 11 / 🛔 11 🥆	~	110 %
1587	√	New Haven	The Connection, Inc	The Connection - Pendleton House (S+C)(PSH)(CT0297) HDX Name: Pendleton PSH (CT0297)	PSH	la 12 🔪	~	8 / ê 🔨		
1584	√	Greater Hartford	Capitol Region Mental Health S+C	Greater Hartford CAN Rental Assistance (PSH)(CT0022g) HDX Name: Greater Hartford Rental Assistance (CT0022g)	PSH	🗢 0 🔪	۸	88 / 🕯 🔨		

- 4. If you don't see a program you think you need access to, please email our help desk with the exact program name and we can assign it to you.
- 5. If you see a program that you don't think you should have access to then send us the program ID number showing in the HMIS Program ID Column
- 6. Once you are seeing all the programs needed, you can review and confirm you bed info.
- 7. Click on the 'pencil' icon under the bed count column.



- 8. First, review the program info:
- 9. If the program address is blank or incomplete please complete this information.
 - a. If you are a scattered site TH, PSH or RRH you can use your agency's address
 - b. If you are DV you only need to provide the zip code
 - c. If you are ES you can provide the address of the ES program

Pogram Inf	fo						
Program ID: 5528 HMIS ID: 1592							
🦰 Name	Chrysalis - Legion Court (PSH)(VET)(H	C)					
HDX Name	Legion Court						
Inventory Type	Current	•					
Program A	ddress						
 Address fields should reflect the location of the project's principal site or, for multiple site projects, the location in which the majority of the project's clients are housed. Tenant-based scattered site projects are only required to complete the geocode and ZIP Code fields based on where the majority of the clients are housed and may use the administrative address, if they wish to complete the remainder of the address fields. Victim Service Providers are not required to provide a street address. 							
Address Line 1	1	ŧ					
Address Line 2							
City °	State	Connecticut 👻					
Zip Code	00000						

10. You can also review the funding source options. If you feel the funding source is incorrect you can alert your PIT contact person. They will contact us if the funding source needs to be updated.

Federal Funding Sources	
funding sources appear to be incorrect, they must be changed in HMI	s.
e Funder Name	
CT: Coordinated Access	
CT: DOH Other Housing	
CT: General Program - Universal and Program Only	
CT: General Program - Universal Only	
CT: Soup Kitchen	
CT:DOH - HIV/AIDS Housing	
DMHAS / DDaP - Non-Treatment Program	
DMHAS / DDaP - Treatment Program	
HHS:PATH - Street Outreach & SS Only	
HHS:RHY - Basic Cntr Prog (prevention and shelter)	
HHS:RHY - Demonstration Project	
HHS:RHY - Maternity Group Home for Pregnant and Parenting Yout	h
HHS:RHY - Street Outreach Project	
HHS:RHY - Transitional Living Program	

11. Review you Bed Count Info – if you feel there is an error please complete the bed change form and submit to your PIT contact. They will need to update the beds for you.

Total Beds						
Households with Adults and Children						
Units (Adults w/ Children) Beds (Adults w/ Children)	12 36					
Year-Round Beds for Adults Only						
Male Female Unassigned	Total					
Year-Round Beds for Children Only						
Male Female Unaccompanied Youth (Under 18) 0	Unassigned Total 0 0					

12. Review your Subpopulation Beds. Same as above, if a change is needed please contact your CoC's PIT contact person using the bed change form

Beds Dedicated To Sub-Populations					
Sub-Population	Households w/ Only Adults	Households w/ Adults & Children	Households w/ Only Children		
Veterans	0	36			
Youth Veterans	0	0			
Chronic Homeless Veterans	0	0			
Minors (Under 18)			0		
Youth (18-24)	0	0			
Minors or Youth (0-24)	0	0	0		
Chronic Homeless Youth)	0	0			
Chronic Homeless)	0	0	0		
Summary					
Total beds: 36					

13. Emergency shelter Programs Only, will also need to confirm overflow and/or seasonal beds. If you have seasonal beds you will need to provide the dates of availability as well.

Additional Capacity				
Overflow Beds				
Overflow	0			
Seasonal Beds				
Seasonal	0			
Seasonal Start Date	mm/dd/yyyy	Ð		
Seasonal End Date	mm/dd/yyyy	۵		

- 14. Once complete, make sure to click on the 'confirm' button and save
- 15. If your counts are not complete, meaning you are waiting for your CoC to update your beds based on your bed change form you can click on 'These Counts are NOT accurate' and save.

