

## PIT App – Program List Confirmation

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

### 1. Login Screen

- a. **If you are HMIS user** then login with your hmis username and password. Make sure to also click on the **'HMIS Account' Box**
- b. **If you are a non-hmis user**, 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

Remember me?

LOG IN

[Resend email confirmation](#)

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### 2. Click on the PIT App Tile

Nutmeg Portal [Admin](#)

## Available User Tools

Point-In-Time Count (PIT)

Yearly Point-In-Time Homelss  
Count project tools & reports

GO TO APP

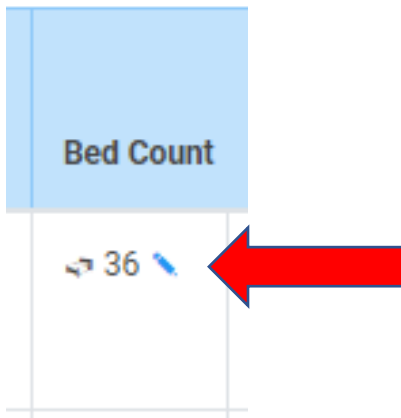
3. Once in the App, you will see your PIT program assignment table

**Your Programs**

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

HMIS Program ID	HMIS Particip?	Region	Agency	Program	Type	Bed Count	Pop Count	Utilization
1592	✓	Greater Hartford	Chrysalis Center	Chrysalis - Legion Court (PSH)(VET) (HC) <i>HDX Name: Legion Court</i>	PSH	↔ 36 ✎ ✓	👤 8 / 🧑 19 ✎ ⚠	53 %
1588	✓	Danbury	Catholic Charities of Fairfield County (Danbury)	CCFC Danbury - CCR - F.U.S.E. - L561502560 (DMHAS) <i>HDX Name: CCFC Danbury - CCR - F.U.S.E. - L561502560 (DMHAS)</i>	PSH	↔ 10 ✎ ✓	👤 11 / 🧑 11 ✎ ✓	110 %
1587	✓	New Haven	The Connection, Inc	The Connection - Pendleton House (S+C)(PSH)(CT0297) <i>HDX Name: Pendleton PSH (CT0297)</i>	PSH	↔ 12 ✎ ✓	👤 / 🧑 ✎	
1584	✓	Greater Hartford	Capitol Region Mental Health S+C	Greater Hartford CAN Rental Assistance (PSH)(CT0022g) <i>HDX Name: Greater Hartford Rental Assistance (CT0022g)</i>	PSH	↔ 0 ✎ ⚠	👤 / 🧑 ✎	


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

### Program Info

Program ID: 5528  
HMIS ID: 1592

 Name Chrysalis - Legion Court (PSH)(VET)(HC)


HDX Name Legion Court

Inventory Type Current ▼

### Program Address

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 

Address Line 2

City o 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

If the funding sources appear to be incorrect, they must be changed in HMIS.

Active	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 Youth
	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)	12	
Beds (Adults w/ Children)	36	

#### Year-Round Beds for Adults Only

	Male	Female	Unassigned	Total
Adults	0	0	0	0

#### Year-Round Beds for Children Only

	Male	Female	Unassigned	Total
Unaccompanied Youth (Under 18)	0	0	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	<input type="text" value="0"/>	<input type="text" value="36"/>	<input type="text"/>
Youth Veterans	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Chronic Homeless Veterans	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Minors (Under 18)	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>
Youth (18-24)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Minors or Youth (0-24)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Chronic Homeless Youth)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Chronic Homeless)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Summary	
Total beds:	<input type="text" value="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	<input type="text" value="0"/>
Seasonal Beds	
Seasonal	<input type="text" value="0"/>
Seasonal Start Date	<input type="text" value="mm/dd/yyyy"/>
Seasonal End Date	<input type="text" value="mm/dd/yyyy"/>

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.

## Certification

  These counts are NOT accurate. **NOTE: You will need to contact your CoC representative to resolve this.**

  I hereby affirm that I have verified these counts are accurate.

SAVE CHANGES

CANCEL