HMIS New Agency Application

Instructions: Fill out this form in its entirety. Once you complete the application, the HMIS Lead Agency is responsible for approving your application. Usually this process is extremely quick, but can take several days depending on the approval process. If you have any questions, please contact HMIS Support at hmis@homelesshouston.org. Scan and/or email the completed application to hmis@homelesshouston.org.

Organization Mailing Address: Hours of Optional Hours: Is this a 501c3 agency? Yes No Number of Staff: Houston Harits County Pasadema Galveston Executive Director Name: Executive Director Number: If yes, provide the name of the Number of Number: If yes, provide the name of the Number of Number: If yes, then what type of funding? What population do you serve? (check all that apply) Literally Homeless — individual or family who lacks a fixed, regular, and adequate rightime residence — i.e. street, shetter, transitional facility, or hole/whotelp paid for by charilable organizations or government programs for low income individuals Imminently Homeless — individuals or families at risk of homelessness, with an annual income below 30% of median area income, no sufficient resources to immediately available to prevent moving into homelessness. Unaccompanied Youth Pleeing Altermyling to Flee Domestic Violence No Homeless Do you document or verify homelessness? Yes No Gornact Figes, provide the name of the system(s): What will not any system other than HMIS? Yes No Estimated number of staff will be responsible for overseeing HMIS search months. Estimated number of staff that will need access to HMIS: Estimated number of clients entered into HMIS each months. Estimated number of staff that will need access to HMIS: Estimated number of clients entered into HMIS each months. Estimated number of clients entered into HMIS each months. Estimated number of clients entered into HMIS each months. Estimated number of clients entered into HMIS each months. Estimated number of clients entered into HMIS each months. Estimat	Organization Name:								
Second	Organization Mailing Address:								
Houston Houston Harris County Pasadena Galveston					Off	Office Hours:			
Pasadena Baytow Pasadena Galiveston Baytow Pasadena Galiveston Gal						Number of Sta	aff:		
Fort Bend Ounty	hands all all and	Housto	ouston			is County		Montgomery County	
Executive Director Name: Executive Director Number:		Fort Bend County			Pasadena				
Executive Director Number: Do you currently receive any type of funding? Yes No	·					veston			
If yes, provide the name of the funder(s): If no, do you plan to apply for funding? What population do you serve? (check all that apply) Literally Homeless — individual or family who lacks a fixed, regular, and adequate nighttime residence — i.e. street, shelter, transitional facility, or hotel/motel paid for by charitable organizations or government programs for low income individuals imminently Homeless — individuals or family who lacks a fixed, regular, and adequate nighttime residence — i.e. street, shelter, transitional facility, or hotel/motel paid for by charitable organizations or government programs for low income individuals imminently Homeless — individuals or families at risk of homelessness, with an annual income below 30% of median area income; no sufficient resources to immediately available to prevent moving into homelessness. Unaccompanied Youth Fleeing/Attempting to Flee Domestic Violence No Homelessness? Yes No If yes, provide the name of the system(s): Who on staff will be responsible for overseeing HMIS use? Contact Name: Contact Name: Contact Name: Contact Immiles and information with other HMIS participating agencies? Yes No Estimated number of staff that will need access to HMIS: Estimated number of clients entered into HMIS each month: Does your agency currently capture the following data elements? (check all that apply) Name Gender Project Exit Date Social Security Number Veteran Status Destination Project Exit Date Social Security Number Project Entry Date Living Situation									
If yes, provide the name of the funder(s): If no, do you plan to apply for funding? What population do you serve? (check all that apply) Literally Homeless – individual or family who lacks a fixed, regular, and adequate nightlime residence – i.e. street, shelter, transitional facility, or hotel/motel paid for by charitable organizations or government programs for low income individuals Imminently Homeless – individuals of families at risk of homelessness, with an annual income below 30% of median area income; no sufficient resources to immediately available to prevent moving into homelessness. With an annual income below 30% of median area income; no sufficient resources to immediately available to prevent moving into homelessness. With an annual income below 30% of median area income; no sufficient resources to immediately available to prevent moving into homelessness. Unaccompanied Youth Fleeing/Attempting to Flee Domestic Violence No Homeless Do you document or verify homelessness? Yes No If yes, provide the name of the system(s): Who on staff will be responsible for overseeing HMIS use? Contact Name: Contact Name: Contact Name: Contact Email: Are you willing to share basic client information with other HMIS participating agencies? Yes No Estimated number of staff that will need access to HMIS: Estimated number of clients entered into HMIS each month: Does your agency currently capture the following data elements? (check all that apply) Name Gender Project Exit Date Social Security Number Veteran Status Destination Date of Birth Disabling Condition Relationship to Head of Household Race Residence Prior to Project Entry Date Living Situation						r Email:			
If no, do you plan to apply for funding? If yes, then what type of funding? What population do you serve? (check all that apply) Literally Homeless – individual or family who lacks a fixed, regular, and adequate nighttime residence – i.e. street, shelter, transitional facility, or hotel/motel paid for by charitable organizations or government programs for low income individuals Imminently Homeless – individuals or families at risk of homelessness, with an annual income below 30% of median area income; no sufficient resources to immediately available to prevent moving into homelessness. With an annual income below 30% of median area income; no sufficient resources to immediately available to prevent moving into homelessness. Do you document or verify homelessness? Yes No If yes, provide the name of the system(s): Who on staff will be responsible for overseeing HMIS use? Contact Name: Contact Name: Estimated number of staff that will need access to HMIS: Does your agency currently capture the following data elements? (check all that apply) Name Gender Project Exit Date Social Security Number Gender Project Entry Date Date of Birth Date of Household Race Residence Prior to Project Entry Client Location Living Situation									
What population do you serve? (check all that apply) Literally Homeless - individual or family who lacks a fixed, regular, and adequate nighttime residence - i.e. street, shelter, transitional facility, or hotel/model paid for by charitable organizations or government programs for low income individuals imminently Homeless - individuals or families at risk of homelessness, with an annual income below 30% of median area income; no sufficient resources to immediately available to prevent moving into homelessness. Do you document or verify homelessness? Yes No Do you enter data into any system other than HMIS? Yes No If yes, provide the name of the system(s): Who on staff will be responsible for overseeing HMIS use? Contact Name: Contact Number: Are you willing to share basic client information with other HMIS participating agencies? Yes No Estimated number of staff that will need access to HMIS: Estimated number of clients entered into HMIS each month: Does your agency currently capture the following data elements? (check all that apply) Name Gender Project Exit Date Social Security Number Gender Race Residence Prior to Project Entry Client Location Ethnicity Project Entry Date Living Situation									
What population do you serve? (check all that apply) Literally Homeless – individual or family who lacks a fixed, regular, and adequate nighttime residence – i.e. street, shelter, transitional facility, or hotel/motel paid for by charitable organizations or government programs for low income individuals Imminently Homeless – individuals or families at risk of homelessness, with an annual income below 30% of median area income; no sufficient resources to immediately available to prevent moving into homelessness Unaccompanied Youth FleeinglAttempting to Flee Domestic Violence No Homeless Do you document or verify homelessness? Yes No If yes, provide the name of the system(s): Who on staff will be responsible for overseeing HMIS use? Contact Name: Contact Name: Contact Number: Email: Are you willing to share basic client information with other HMIS participating agencies? Yes No Estimated number of staff that will need access to HMIS: Does your agency currently capture the following data elements? (check all that apply) Name Gender Gender Project Exit Date Social Security Number Veteran Status Destination Date of Birth Disabling Condition Relationship to Head of Household Race Residence Prior to Project Entry Client Location Living Situation	If no, do you plan to apply for funding?				No				
Literally Homeless – individual or family who lacks a fixed, regular, and adequate nighttime residence – i.e. street, shelter, transitional facility, or hotel/motel paid for by charitable organizations or government programs for low income individuals Imminently Homeless – individuals or families at risk of homelessness, with an annual income below 30% of median area income; no sufficient resources to immediately available to prevent moving into homelessness. Unaccompanied Youth Fleeing/Attempting to Flee Domestic Violence No Homeless Do you document or verify homelessness? Yes No If yes, provide the name of the system(s): Who on staff will be responsible for overseeing HMIS use? Contact Name: Contact Name: Contact Name: Are you willing to share basic client information with other HMIS participating agencies? Femall: Are you willing to share basic client information with other HMIS participating agencies? No Estimated number of staff that will need access to HMIS: Estimated number of clients entered into HMIS each month: Does your agency currently capture the following data elements? (check all that apply) Name Gender Project Exit Date Social Security Number Veteran Status Destination Date of Birth Disabling Condition Relationship to Head of Household Race Residence Prior to Project Entry Client Location Ethnicity Project Entry Date Living Situation	If yes, then what type of funding?								
Imminently Homeless – individuals or families at risk of homelessness, with an annual income individuals Imminently Homeless – individuals or families at risk of homelessness, with an annual income below 30% of median area income; no sufficient resources to immediately available to prevent moving into homelessness Unaccompanied Youth Fleeing/Attempting to Flee Domestic Violence No Homeless Do you document or verify homelessness? Yes No Do you enter data into any system other than HMIS? Yes No If yes, provide the name of the system(s): Who on staff will be responsible for overseeing HMIS use? Contact Name: Contact Number: Are you willing to share basic client information with other HMIS participating agencies? Yes No Estimated number of staff that will need access to HMIS: Does your agency currently capture the following data elements? (check all that apply) Name Gender Project Exit Date Social Security Number Gender Project Entry Date Living Situation	What population do you serve? (check all that apply)								
Do you enter data into any system other than HMIS? Yes No If yes, provide the name of the system(s): Who on staff will be responsible for overseeing HMIS use? Contact Name: Contact Number: Are you willing to share basic client information with other HMIS participating agencies? Yes No Estimated number of staff that will need access to HMIS: Does your agency currently capture the following data elements? (check all that apply) Name Gender Project Exit Date Social Security Number Gender Project Entry Date of Birth Disabling Condition Relationship to Head of Household Race Residence Prior to Project Entry Ethincity Project Entry Date Living Situation	facility, or hotel/motel paid for by charitable organizations or government programs for low income individuals Imminently Homeless – individuals or families at risk of homelessness, with an annual income below 30% of median area income; no sufficient resources to immediately available to prevent moving into homelessness Unaccompanied Youth Fleeing/Attempting to Flee Domestic Violence								
If yes, provide the name of the system(s): Who on staff will be responsible for overseeing HMIS use? Contact Name: Contact Number: Are you willing to share basic client information with other HMIS participating agencies? Yes No Estimated number of staff that will need access to HMIS: Does your agency currently capture the following data elements? (check all that apply) Name Gender Project Exit Date Social Security Number Gender Project Entry Date of Birth Disabling Condition Relationship to Head of Household Race Residence Prior to Project Entry Ethnicity Project Entry Date Living Situation	Do you document or verify homelessness?		Yes	١	No				
Who on staff will be responsible for overseeing HMIS use? Contact Name: Contact Number: Are you willing to share basic client information with other HMIS participating agencies? Estimated number of staff that will need access to HMIS: Does your agency currently capture the following data elements? (check all that apply) Name Gender Gender Project Exit Date Social Security Number Disabling Condition Race Residence Prior to Project Entry Ethnicity Client Location Living Situation	Do you enter data into any system other than HMIS? Yes No								
Contact Number: Contact Number: Are you willing to share basic client information with other HMIS participating agencies? Estimated number of staff that will need access to HMIS: Does your agency currently capture the following data elements? (check all that apply) Name Gender Social Security Number Date of Birth Date of Birth Reace Residence Prior to Project Entry Ethnicity Project Entry Date Contact Email: Estimated number of clients entered into HMIS each month: Estimated number of clients entered into HMIS each month: Project Exit Date Project Exit Date Destination Relationship to Head of Household Ethnicity Project Entry Date Living Situation	If yes, provide the name of the system(s):								
Contact Number: Are you willing to share basic client information with other HMIS participating agencies? Estimated number of staff that will need access to HMIS: Does your agency currently capture the following data elements? (check all that apply) Name Gender Froject Exit Date Social Security Number Disabling Condition Pate of Birth Disabling Condition Race Residence Prior to Project Entry Client Location Living Situation	Who on staff will be responsible for overseeing HMIS use?								
Number: Are you willing to share basic client information with other HMIS participating agencies? Estimated number of staff that will need access to HMIS: Does your agency currently capture the following data elements? (check all that apply) Name Gender Project Exit Date Social Security Number Disabling Condition Date of Birth Disabling Condition Race Residence Prior to Project Entry Estimated number of clients entered into HMIS each month: Project Exit Date Project Exit Date Destination Relationship to Head of Household Client Location Living Situation	Contact Name:								
Are you willing to share basic client information with other HMIS participating agencies? Yes No Estimated number of staff that will need access to HMIS: Does your agency currently capture the following data elements? (check all that apply) Name									
Does your agency currently capture the following data elements? (check all that apply) Name									
Name Gender Project Exit Date Social Security Number Veteran Status Destination Date of Birth Disabling Condition Relationship to Head of Household Race Residence Prior to Project Entry Client Location Ethnicity Project Entry Date Living Situation	Estimated number of staff that will need access to HMIS:								
Social Security Number	Does your agency currently capture the follo	wing dat	a elements	? (check al	ll that app	y)			
Date of Birth Disabling Condition Relationship to Head of Household Race Residence Prior to Project Entry Client Location Ethnicity Project Entry Date Living Situation	Name		Gender					Project Exit Date	
Race	Social Security Number		Veteran S	tatus				Destination	
Ethnicity	Date of Birth		Disabling	Condition				Relationship to Head of Household	
	Race		Residenc	e Prior to P	roject Ent	ry		Client Location	
Staff completing form: Signature:	Ethnicity		Project Er	ntry Date				Living Situation	
Date:	Staff completing form:				-				