

## 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](mailto:hmis@homelesshouston.org). Scan and/or email the completed application to [hmis@homelesshouston.org](mailto:hmis@homelesshouston.org).

Organization Name:			
Organization Mailing Address:			
Hours of Operation:		Office Hours:	
Is this a 501c3 agency?	Yes	No	Number of Staff:
Jurisdiction: (check all that apply)	Houston Fort Bend County Baytown	Harris County Pasadena Galveston	Montgomery County
Executive Director Name:			
Executive Director Number:		Executive Director Email:	
Do you currently receive any type of funding?		Yes	No
If yes, provide the name of the funder(s):			
If no, do you plan to apply for funding?		<input type="checkbox"/> Yes	No
If yes, then what type of funding?			
What population do you serve? (check all that apply)  <b>Literally Homeless</b> – 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 <b>Imminently Homeless</b> – 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 <b>Unaccompanied Youth</b> <b>Fleeing/Attempting to Flee Domestic Violence</b> <b>No Homeless</b>			
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:		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	<input type="checkbox"/> Gender	Project Exit Date	
Social Security Number	<input type="checkbox"/> Veteran Status	Destination	
Date of Birth	<input type="checkbox"/> Disabling Condition	Relationship to Head of Household	
Race	<input type="checkbox"/> Residence Prior to Project Entry	Client Location	
Ethnicity	<input type="checkbox"/> Project Entry Date	Living Situation	

Staff completing form: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_