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@cfthhouston.org. Scan and/or email the completed application to hmis@cfthhouston.org.

The Way Home

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	Harris County	Montgomery County
	Fort Bend County	Pasadena	
	Baytown	Galveston	

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? ☐ Yes   No
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*

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:	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	☐ Veteran Status	Project Exit Date
Social Security Number	☐ Disabling Condition	Destination
Date of Birth	☐ Residence Prior to Project Entry	Relationship to Head of Household
Race	☐ Project Entry Date	Client Location
Ethnicity		Living Situation

Staff completing form: _____   Signature: _____

Date: _____