

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. Fax completed forms to (713) 739-8038, or scan and email to hmis@homelesshouston.org.

Application Date:

Organization Name:	
Organization Mailing Address:	
Hours of Operation:	Office Hours:
Is this a 501c3 agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Staff:
Jurisdiction: (check all that apply)	<input type="checkbox"/> Houston <input type="checkbox"/> Harris County <input type="checkbox"/> Fort Bend County <input type="checkbox"/> Pasadena <input type="checkbox"/> Baytown <input type="checkbox"/> Galveston
Executive Director Name:	
Executive Director Number:	Executive Director Email:
Do you currently receive any type of funding? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the name of the funder(s):	
If no, do you plan to apply for funding? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, then what type of funding?	
What population do you serve? (check all that apply)	
<input type="checkbox"/> 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 <input type="checkbox"/> Homeless Prevention – 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 <input type="checkbox"/> Rapid Rehousing – individuals and families who are experiencing homelessness – residing in emergency shelter or transitional shelters or on the street – and need temporary assistance in order to obtain and retain housing	
Do you document or verify homelessness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you enter data into any system other than HMIS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the name of the system(s):	
Do you have the minimum hardware and software requirements, including: Windows XP or better, Internet Explorer 8+, Firefox 3.0+ or Google Chrome, Anti-virus software, and reliable high-speed internet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)	
<input type="checkbox"/> Name <input type="checkbox"/> Social Security Number <input type="checkbox"/> Date of Birth <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity <input type="checkbox"/> Gender <input type="checkbox"/> Veteran Status <input type="checkbox"/> Disabling Condition	<input type="checkbox"/> Residence Prior to Project Entry <input type="checkbox"/> Project Entry Date <input type="checkbox"/> Project Exit Date <input type="checkbox"/> Destination <input type="checkbox"/> Relationship to Head of Household <input type="checkbox"/> Client Location <input type="checkbox"/> Length of time on Street, in an Emergency Shelter or Safe Haven

Are you willing to share basic client information with other HMIS participating agencies? Yes No

Current program(s) to be entered into HMIS: _____

Program Eligibility Requirements: _____

What are your reporting needs? _____

- Does your agency provide any of the following housing options? (check all that apply)
- Emergency Shelter (ES)** # of beds _____
Emergency Shelter – facility with overnight sleeping accommodations, the primary purpose is to provide a temporary shelter for the homeless in general or specific populations of the homeless
 - Transitional Housing (TH)** # of beds _____
Transitional Housing – facilitates the movement of homeless individuals and families to permanent housing. Homeless persons may live in transitional housing for up to 24 months and receive supportive services such as childcare, job training, and home furnishings that help them live more independently
 - Permanent Supportive Housing (PSH)** # of units _____
Provides long-term housing with supportive services for homeless persons with disabilities. This type of supportive housing enables special needs populations to live as independently as possible in a permanent setting.
 - Permanent Housing (PH)** # of units _____
Permanent housing dedicated to serve the homeless that do not otherwise meet the PSH definition.
 - Rapid Rehousing (RRH)** # of beds/units _____
Rapid re-housing projects provide supportive services and/or short-term, up to 3 months, and/or medium-term, 3 to 24 months, rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing.

Shelter Requirements (i.e. special population, women only, families, men only, etc.):

- Select all of the services your organization provides:
- | | |
|--|--|
| <input type="checkbox"/> Food | <input type="checkbox"/> Material Goods |
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Identification Assistance | <input type="checkbox"/> Criminal Justice/Legal Services |
| <input type="checkbox"/> Education | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> HIV/AIDS-related Services | <input type="checkbox"/> Mental Health Care/Counseling |
| <input type="checkbox"/> Substance Abuse Services | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Case/Care Management | <input type="checkbox"/> Personal Enrichment |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Other (please specify): |

Staff completing form: _____ Signature: _____