

## 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). Fax completed forms to (713) 739-8038, or scan and email to [hmis@homelesshouston.org](mailto: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"/> Montgomery 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"/> <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		
<input type="checkbox"/> <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		
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"/> Gender	<input type="checkbox"/> Project Exit Date
<input type="checkbox"/> Social Security Number	<input type="checkbox"/> Veteran Status	<input type="checkbox"/> Destination
<input type="checkbox"/> Date of Birth	<input type="checkbox"/> Disabling Condition	<input type="checkbox"/> Relationship to Head of Household
<input type="checkbox"/> Race	<input type="checkbox"/> Residence Prior to Project Entry	<input type="checkbox"/> Client Location
<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Project Entry Date	<input type="checkbox"/> Living Situation

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