HMIS Program Implementation Request Form

Agency Name: _____

Address: _____

Contact Name: _____

Contact Phone: _____ Contact email: _____

Please check one:

☐ This program *is* funded through CSB and/ or CoC HUD or HOPWA.

☐ This program is *not* funded through CSB or CoC HUD or HOPWA.

We intend to participate in HMIS with the targeted implementation
date of _____

Proposed HMIS name of new program: _____

Designated Site Administrator: _____

Type of Program:_____

Program Description: _____
_____
_____

Data to be tracked: ☐ CSB Required Data Elements   ☐ HUD Required Data Elements

Other, explain:_____
_____
_____
_____

Will HMIS be utilized to track service items and/or referrals for this program?   ☐ Yes   ☐ No

If yes, please describe services to be tracked and/or with whom referrals will be exchanged:
_____
_____

What kind of tracking/ reporting will the data be utilized for? _____
_____
_____

Will this data be shared with any other organization/ program?   ☐ Yes   ☐ No

If yes, list the organizations/programs and describe in what manner and for what purpose the data is
being shared: _____
_____
_____

Please give the number of personnel on-staff that currently have HMIS access authorization:_____

Please give the number of staff that will require access authorization to HMIS for this program (not including personnel that already have access authorization to HMIS): _____

How many units are:

_____Single Adult RL Units   _____Family Units   _____Non-homeless Units

If the Program Type is Emergency Shelter please indicate shelter capacity:

Capacity: _____   Regular Capacity   _____   Winter Overflow Capacity

Please add any other important information below:

I certify that the preceding information is true and accurate.

_____

Agency Executive Director or Program Director   Date

—–INFORMATION BELOW THIS LINE TO BE COMPLETED BY CSB DATABASE ADMINISTRATOR ONLY–

If this program is funded through CSB or HUD, please give starting contract period: _____

Is this a HUD Continuum of Care funded project?   ☐ Yes   ☐ No

If yes, give Project Type:_____ CoC Code: _OH-503_____

Will this program be reviewed for quality assurance by CSB?   ☐ Yes   ☐ No