

APPLICATION FOR HMIS ACCESS

AGENCY INFORMATION

1. New Agency Name

*What is the name of the agency requesting HMIS/CMIS access?**

Your answer

2. Continuum of Care

*Which Continuum of Care will this agency operate in?**

- Southern Nevada (NV-500)
- Northern Nevada (NV-501)
- Rural Nevada (NV-502)

3. Date Application Completed*

Your answer

4. Office Address*

Your answer

5. Phone*

Your answer

6. Email*

Your answer

7. What is the name of the agency and department/unit requesting HMIS/CMIS access? *

Your answer

AGENCY CONTACT

8. Please provide the name, email, and role of the contact person(s) at your agency/organization. *

Your answer

AGENCY WEBSITE

9. What is your agency/organization's website address? (If none, leave blank.) *

Your answer

LOCATION & SERVICES

10. Do you serve clients in Clark County? If yes, please provide the local address from which services will be provided. *

Your answer

11. Describe your agency/organization's primary mission.*

Your answer

POPULATION SERVED

12. What population(s) and sub-population(s) does your agency/organization serve? Select all that apply. *

- Experiencing homelessness
- At risk of homelessness
- Formerly unhoused
- Domestic Violence Victims
- Veterans
- Persons with HIV/AIDS
- Serious mental illness
- Substance use disorder
- Undocumented individuals
- Human trafficking
- Not Applicable
- Other: [Your answer]**

13. How many clients do you serve on average? *

Your answer

14. Approximately what percentage of the clients you serve are unhoused (if none, enter 0)? *

Your answer

VICTIM SERVICE PROVIDER

15. Is your agency/organization a Victim Service Provider (VSP)? *

*HUD defines a victim service provider to mean a private nonprofit organization whose primary mission is to provide direct services to survivors of domestic violence. This term includes permanent housing providers—including rapid re-housing, domestic violence programs (shelters and non-residential), domestic violence transitional housing programs, dual domestic violence and sexual assault programs, and related advocacy and supportive services programs.**

- Yes
- No

PROGRAMS AND SERVICES

16. What programs and/or services program(s) does your agency/organization operate/provide?

Select all that apply. *

- Street Outreach
- Homelessness Prevention
- Emergency Shelter

- Day Shelter
- Transitional Housing
- Rapid Re-Housing
- Permanent Supportive Housing
- Coordinated Entry
- Education
- Medical
- Behavioral Health
- Social Services
- Crisis stabilization
- Case management
- Referral services
- Transportation assistance
- Non-congregate shelter
- Basic needs services (e.g., clothing, food, hygiene)
- Drop in center services
- Other: [Your answer]**

17. Do you provide aftercare services? *

Your answer

HOUSING/BEDS AVAILABLE

18. If your program provides housing or bed nights, what is the total number of beds available? *

Your answer

19. Are you following a housing-first model? *

Your answer

FUNDING SOURCES

20. Which of the following funding sources will your agency's programs utilize? Select all that apply. *

- HHS: PATH
- HHS: RHY
- HUD – ESG Rush
- HUD: CoC
- HUD: ESG
- HUD: ECG-CV
- HUD: HOME
- HUD: HOPWA

- HUD: HUD/VASH
- HUD: Pay for Success
- HUD: PIH (Emergency Housing Vouchers)
- HUD: Public and Indian Housing
- HUD: Rural Special NOFO
- HUD: Unsheltered Special NOFO
- Local or Other Funding Source
- Multiple Funding Sources**

21. Have you been awarded or have other funds for HMIS licenses? *

Your answer

22. Who is funding the beds of the program (e.g., funder, client)? *

Your answer

23. Are you charging for your beds, or do you charge a fee for your services? *

Your answer

HMIS/CMIS USAGE

24. *How does your agency/organization plan to utilize HMIS/CMIS? Please select all applicable uses and provide a detailed description. *

- Track client services
- Track client housing
- Review client history
- Data extraction
- Other: [Your answer]

Describe in as much detail as possible how your agency/organization plans to use the HMIS.

Your answer

25. How do you plan to keep up with your data quality or address outliers in data input? *

Your answer

26. What would you be adding programs or services into the system for data collection? *

Your answer

COLLABORATIONS

26. In your work serving people experiencing homelessness, what other agencies or government entities do you work with? Please include specific programs if possible. *

Your answer

STAFF INFORMATION

27. Please provide the total number of staff at your agency/organization, and how many will need access to HMIS/CMIS. *

Your answer

APPLICATION HISTORY

28. Have you applied in the past? If so, what has changed? *

Your answer

ADDITIONAL INFORMATION

29. Please provide any additional information or notes you'd like us to know when considering your application. *

Your answer

DRAFT