

APPLICATION FOR HMIS ACCESS

AGENCY INFORMATION

1. New Agency Name

*What is the name of the agency and department 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

AGENCY CONTACT

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

Your answer

AGENCY WEBSITE

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

Your answer

LOCATION & SERVICES

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

Your answer

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

Your answer

POPULATION SERVED

Community Feedback Responses

11. 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] **

12. On average how many clients do you serve on a yearly basis? *

Your answer

13. Approximately what percentage of the clients you serve are considered homeless (if none, enter 0)? *

Your answer

VICTIM SERVICE PROVIDER

14. 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

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

Select all that apply. *

- Street Outreach
- Homelessness Prevention
- Emergency Shelter

Community Feedback Responses

- Day Shelter
- Transitional Housing
- Rapid Re-Housing
- Permanent Supportive Housing
- Coordinated Entry
- Education
- Employment
- 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] **

16. Do you provide aftercare services? If yes, please describe the aftercare services provided. *

Your answer

BEDS/UNITS AVAILABLE

17. If your Agency provides beds/units what is the total number of beds/units available? *

Your answer

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

Your answer

FUNDING SOURCES

19. 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

Community Feedback Responses

- 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**

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

Licenses to access HMIS carry a cost. The Continuum of Care is able to provide a limited number of licenses to agencies free of charge. Licenses are distributed to applying agencies based upon review of their application. Completion of this application does not guarantee the availability of CoC-sponsored licenses.

Your answer

21. Please provide the funding source of the beds of the Agency (e.g., funder, client)? *

Your answer

22. Are you charging a fee for your services? If yes, please explain who is being charged for the service (e.g., funder, insurance, client) *

Your answer

HMIS/CMIS USAGE

23. 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

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

Your answer

25. Would you be adding programs or services into the system for data collection? If yes, please explain what programs or services will be added. *

Your answer

Community Feedback Responses

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

Community Feedback Responses

Question	Comment	HMIS Steering Committee Decision
7	seems duplicative of question 1.	Added "department" to question 1 and struck question 7
12	missing youth on this section	Added
12	^Maybe it could be good to add an option for Disability/SOAR applicants. ^	Did not add; can be completed in the "other"
13	What does <u>on average</u> mean? This could be subjective and interpreted however.	Provide clarification of served yearly
13	Is this a yearly number or a monthly number	Provide clarification of served yearly
13	needs to specify a timeframe for how many clients are served on average. (at any given point in time, monthly, or annually?)	Provide clarification of served yearly
14	Please clarify for shelter services- is this number before entering shelter or does it not apply for shelter and housing services	Provided clarification are considered "homeless"
16	Consider adding employment services	Added because a common service
16	please add peer support	Did not add; uncommon service can be completed in the "other"
17	are you asking for a yes/no answer or description? If yes/no, then give the options. If description, then reword to say "Describe any aftercare services you offer."	Provided clarification
18	are you looking for information by program for agencies with more than one housing program or for the agency as a whole? Do you count RRH as beds since they are provided in the client's lease? Question could be more clear.	Provided clarification that the beds should be at the agency level
19	I like this question, but what I have seen is that a lot of people don't fully understand what housing-first is. I recommend that you add [Please Explain]	Did not add; explanations would be lengthy, varied, and determined fidelity to model would not factor into HMIS access decision
22	is also unclear how you should answer if the agency has multiple programs.	Provided clarification
23	are you asking for a yes/no answer or description? If yes/no, then give the options. If description, then reword to say "Describe any fees or charges for services or beds."	Reworded the question
26	This question is not clear on what is being asked	Reworded the question
26	is list twice once under usage and once under collaborations	Corrected
26	I don't understand what you're asking. "What would you be adding programs or services into the system for data collection?"	Provided clarification

Community Feedback Responses

Question	Comment	HMIS Steering Committee Decision
26	COLLABORATIONS Should be question #27 and all adjusted below. There are 2 question 26's.	Corrected
Addition	At the end, I would put a realistic clause about how much licensing would cost, what type of licensing they are interested in i.e. View only, read and write, etc.. So we can better understand what the intent of having a license is for indirectly.	Added language to question about license funding
General	This application looks good, easy enough to complete.	
General	After review of the application for HMIS access, we feel like it looks good. Thank you for including us and we appreciate all the hard work you are all doing.	
General	I have reviewed the document and I have no feedback at this time.	
Other non-app	I have noticed a lack of input for sexual orientation which negatively effects when the agency would like to pull data. Not sure if you can add anything about completely filling out as much information as possible. I know certain things may not make sense or seem trivial to some inputting new clients, but all of the data that can be collected really helps for reporting and more.	Will review this feedback with data quality plan