Homeless Management Information System (HMIS)
New Agency Application

Date Completed: Agency Name:

Street Address: Mailing Address:

City: State: Zip:

Telephone (Main):

Is your agency a recognized 501c3? Y N

If so, provide your EIN and (Attach proof of 501c3 status):

Provide your agency's website address:

Applicant's Name:

Applicant's Email:

Applicant's Phone:

Describe in detail your agency's services and how they relate to persons at-risk or experiencing homelessness:

How long has your agency been providing services to this population? (Years)

Describe in detail how your agency becoming an HMIS sharing partner would benefit the persons experiencing homelessness and our community.

Explain how your agency has the ability/capacity to conduct prescreening assessments and refer clients to the Coordinated Entry System (CES):

List all sources of funding and what it is used for: (e.g. HUD funding, MSHDA, County, City, Local Other(specify)):

Has your agency been represented in at least 2 General Membership Meetings? (Alliance will confirm the dates) Y ☐ N ☐

Are you a full dues-paying member of the Alliance (Alliance will confirm status) Y ☐ N ☐

Membership is a prerequisite for HMIS access, but it is not guaranteed

Why is your agency requesting access to the HIMS system?

If your agency is new, an HMIS Agency Administrator must be designated. Are you the person who will be the HMIS Agency Admin? Y ☐ N ☐

If not, list the name of that person:

Phone number:

Email:

1. Are you willing to complete 3-4 hours of HMIS training podcasts required to obtain and maintain an HMIS license?
   Y ☐ N ☐

2. Are you willing to complete 5-10 hours of additional virtual training?
   Y ☐ N ☐

3. Are you willing to complete additional hours of data-entry practice in the training site to demonstrate mastery of the HMIS workflow process necessary to obtain an HMIS license?
   Y ☐ N ☐

4. Are you willing to answer simple test questions to demonstrate understanding of HMIS policies, procedures and concepts?
   Y ☐ N ☐

5. Are you willing to participate in yearly monitoring for HUD-funded projects?
   Y ☐ N ☐

6. Are you willing to adhere to strict privacy and security policies and guidelines established to protect the privacy and security rights of clients?
   Y ☐ N ☐

7. With appropriate training, are you willing to explain the HMIS Release of Information (ROI) and Coordinated Services Agreement and other security documents to both staff and clients when necessary?
   Y ☐ N ☐

8. Are you willing to complete mandatory annual privacy and security recertification training?
   Y ☐ N ☐

9. Are you committed to maintaining a high standard of data quality through at least monthly report runs and data cleanup?
   Y ☐ N ☐

10. Are you willing to attend the monthly housing prioritization meetings, with 1 being a face-to face meeting?
    Y ☐ N ☐

11. Are you willing to fulfill all of the roles of the HMIS Agency Administrator as outlined in the HMIS New Agency Policy, including, but not limited to attending a mandatory monthly Agency Admin meeting, agreeing to a data quality plan with requirements to run and submit several monthly reports, having an established workflow for training new hires, providing technical support and troubleshooting to end users, monitoring and maintaining HMIS compliance and adherence to HUD's data standards?
    Y ☐ N ☐

Signature: ☐ Date: ☐

Submit this application to: hmishelp-alliance@oaklandhomeless.org