HAND
HOMELESS ACTION NETWORK OF DETROIT

Homeless Management Information System (HMIS)
New Agency Application

The Homeless Action Network of Detroit (HAND) oversees and manages our community's Homeless Management Information System (HMIS), which is a web-based database used by service organizations to collect and record information on the people they serve. This information is collected for people who are experiencing homelessness and at-risk of homelessness.

The HMIS software allows for multi-level client data sharing between organizations, as well as client case coordination and electronic referrals. ****** This sharing capability can prevent service duplications and enable collaboration between various homeless providers. Having access to the HMIS represents a strategic advantage for your agency. Providers can utilize HMIS to evaluate program performance, provide better case management and coordination, and demonstrate program outcomes.

> **** NOTE:** Out of a concern for protecting client privacy, the visibility of existing client data and service transactions is limited to agencies that the client and our continuum have agreed to share data with. New agencies will only see data going forward from the point they join the system.

BASIC INFORMATION

Organization Name:		**Date Completed:**	
Street Address:		**Mailing Address:** *(if different)*	

City:		**State:**		**Zip:**	

Executive Director / Agency Lead:	*Name:*			
	Phone:		*Email:*	
Who on staff will be responsible for overseeing HMIS use?	*Name:*		*Title:*	
	Phone:		*Email:*	

Why is this agency/program seeking HMIS participation?		**How many staff will access the HMIS System?**	

Are you a Victim Service Provider?	☐ Yes	☐ No
Are you willing to share information with other providers?	☐ Yes	☐ No
Is the agency an active member of the Continuum of Care (missed less than 25% of the meetings in the last calendar	☐ Yes	☐ No
Does your agency receive HUD funding?	☐ Yes	☐ No

Rev. 20201214

NEW AGENCY PROGRAM DETAILS

For each program being considered for HMIS access, complete the "PROGRAM DETAILS" as well as all questions under the "SERVICES" and "ELIGIBILITY" sections. Use additional pages if necessary and attach.

Agency Name			
Program Name / Description		**Operating Start Date**	
		Operating End Date	
Hours of operation (please be specific)			

Who is responsible for overseeing this project? (i.e. Agency Lead, Agency Admin, etc.)

Primary Contact:	*Name:*		*Title:*	
	Phone:		*Email:*	
Secondary Contact:	*Name:*		*Title:*	
	Phone:		*Email:*	

Program Physical Address
Note: Address fields should reflect the location of the project's principal site or, for multiple site projects, the location in which the majority of the project's clients are housed. (Victim Service Providers are exempt from providing specific address information)

Street Address:					
City:		**State:**		**Zip:**	

Is your program location handicap accessible?	☐ Yes ☐ No
If yes, please describe specific accommodations (i.e., 2 rooms with modifications, elevator, ramp, etc):	

Program Type: (check one)	☐ Day Shelter ☐ ES - Emergency Shelter ☐ HP - Homeless Prevention ☐ PH – Housing Only ☐ PH – Housing with Services (no disability required) ☐ PSH – Permanent Supportive Housing (disability required) ☐ PH – Rapid Re-Housing ☐ SH - Safe Haven ☐ SSO - Supportive Serv. Only ☐ SO - Street Outreach ☐ TH - Transitional Housing ☐ CE – Coordinated Entry ☐ Other, please explain:
Target Population	☐ Domestic Violence Victims ☐ Veterans ☐ Persons with HIV/AIDS ☐ Other:

Rev. 20201214

Describe your intake/admission process (example: Call in Fridays 9-Noon, No Walk-ins, etc.…):	

Do you have a current intake form?	☐ Yes (if yes, please provide a copy) ☐ No
Describe, in detail, the collected elements if no copy is available.	

Do you currently conduct exit interviews?	☐ Yes ☐ No

How many clients does the agency serve in each of the following categories?

# Homeless		**# At risk of Homelessness**	

Which homeless sub populations (if any) does this specific program serve? (check all that apply)

☐	Single Adult Males	☐	Households w/Children
☐	Single Adult Females	☐	Unaccompanied Male Minors
☐	Households w/o Children	☐	Unaccompanied Female Minors
☐	Single Males w/Children	☐	Victims of Domestic Violence
☐	Single Females w/Children	☐	Persons with HIV/AIDS

Please check the "Housing Type" or configuration in which participants under this program are housed:

(Residential Programs Only)
If you are submitting this form for a Residential Program, HAND will reach out to you for additional information about your program.

☐	Mass Shelter/barracks	☐	Single Room Occupancy (SRO) Units
☐	Dormitory/Hotel/Motel	☐	Single Apartment Single Homes/ Townhouses/Duplexes (Non-SRO Units)
☐	Shared Housing	☐	N/A

Project Funding & Grant Information

Please note ALL funding sources below, including local, state and federal funding. If you have more than two sources for this project, please indicate. Also make sure to provide the details for the person who is able to answer grant specific Questions (e.g. reporting requirements, funding source, contract numbers, grant terms, etc.)

Does this Project Receive Federal Funding? ☐ Yes ☐ No (If yes, what types(s) of funding do you receive for this project?)

☐ HUD:CoC – Homeless Prevention (High Performing Comm. Only)	☐ HUD: HOPWA – Permanent Housing (facility based or TBRA)
☐ HUD:CoC – Permanent Supportive Housing	☐ HUD: HOPWA – Short-Term Rent, Mortgage, Utility assistance
☐ HUD:CoC – Rapid Re-Housing	☐ HUD: HOPWA – Short-Term Supportive Facility
☐ HUD:CoC – Supportive Services Only	☐ HUD: HOPWA – Transitional Housing (facility based or TBRA)
☐ HUD:CoC – Transitional Housing	☐ HUD: HOPWA - CV
☐ HUD:CoC – Safe Haven	☐ HUD: HUD/VASH
☐ HUD:CoC – Single Room Occupancy (SRO)	☐ HHS: PATH – Street Outreach & Supportive Services Only
☐ HUD:CoC – Youth Homeless Demonstration Project (YHDP)	☐ HHS – RHY – Basic Center Program (prevention and shelter)
☐ HUD:CoC – Joint Component (TH/RRH)	☐ HHS – RHY – Maternity Group Home for Pregnant & Parenting Youth
☐ HUD:ESG - Emergency Shelter (operating and/or essential services)	☐ HHS – RHY – Transitional Living Program
☐ HUD:ESG– Homeless Prevention	☐ HHS – RHY – Street Outreach Project
☐ HUD:ESG – Rapid Re-Housing	☐ HHS – RHY – Demonstration Project
☐ HUD:ESG – Street Outreach	☐ VA: CRS Contract Residential Services
☐ HUD:ESG - CV	☐ VA: Grant Per Diem – Bridge Housing
☐ HUD: Pay for Success	☐ VA: Grant Per Diem – Low Demand
☐ HUD: Public and Indian Housing (PIH) Programs	☐ VA: Grant Per Diem – Hospital to Housing
☐ HUD: Rural Housing Stability Assistance Program	☐ VA: Grant Per Diem – Clinical Treatment
☐ HUD: HOPWA – Hotel/Motel Vouchers	☐ VA: Grant Per Diem – Service Intensive Transitional Housing
☐ HUD: HOPWA – Housing Information	☐ VA: Grant Per Diem – Transition in Place
☐ HUD: HOPWA – Permanent Housing (facility based or TBRA)	☐ VA: Grant Per Diem – Case Management / Housing Retention
☐ HUD: HOPWA – Short-Term Rent, Mortgage, Utility assistance	☐ VA: Community Contract Safe Haven Program
☐ HUD: HOPWA – Short-Term Supportive Facility	☐ VA: Supportive Services for Veteran Families
☐ HUD: HOPWA – Transitional Housing (facility based or TBRA)	
☐ HUD: HOPWA - CV	☐ Other (please specify):

Project Funding Source #1 *(i.e. MSHDA, City, HUD, Local Other), etc.)*			
Current Grant ID# *(required for all Federal funding sources. If this project does not receive grant funding, enter N/A)*		**Current Grant Start Date**	
		Current Grant End Date	
Grant Manager Contact	*Name:*		
	Phone:	*Email:*	

Project Funding Source #2 *(i.e. MSHDA, City, HUD, Local Other), etc.)*			
Current Grant ID# *(required for all Federal funding sources. If this project does not receive grant funding, enter N/A)*		**Current Grant Start Date**	
		Current Grant End Date	
Grant Manager Contact	*Name:*		
	Phone:	*Email:*	

Project Funding Source #3 *(i.e. MSHDA, City, HUD, Local Other), etc.)*			
Current Grant ID# *(required for all Federal funding sources. If this project does not receive grant funding, enter N/A)*		**Current Grant Start Date**	
		Current Grant End Date	
Grant Manager Contact	*Name:*		
	Phone:	*Email:*	

Services

Please answer all questions below related to the services you are rendering in relationship to the specific program from page two.

What PRIMARY SERVICES does this program provide (check all that apply).

Note: Primary Services are direct services you provide and NOT services you refer clients to.

☐ Utility Bill Payment Assistance	☐ Identification Card(s)
☐ Rent Payment Assistance	☐ Sack Lunches
☐ Legal Services	☐ Alcohol & Drug Abuse Treatment
☐ Emergency Shelter	☐ Child Care
☐ Street Outreach Programs	☐ Counseling/Advocacy
☐ Transitional Housing/Shelter	☐ Education
☐ Supportive Housing Placement	☐ Employment
☐ Housing Search Assistance	☐ Health Care
☐ Transportation	☐ HIV/AIDS Assistance
☐ Information and Referral	☐ Mental Health
☐ Temporary Mailing Address	☐ Not Applicable (N/A)
☐ Clothing	☐ Other: **Please Describe**

Eligibility

Please describe eligibility requirements for this program.

Do you document program eligibility?	☐	Yes	☐	No	
If not, would you be willing to do so going forward?	☐	Yes	☐	No	

Is this program dedicated to serving the homeless population or can it serve both the homeless and non-homeless?	☐	Yes	☐	No	☐	Both

How is homelessness defined for the program?

Must a person be at or below a certain income level to be eligible for this program?	☐	Yes	☐	No
If yes, what is the criteria?				

Must a person have a source of income to be eligible for this program?	☐	Yes	☐	No
If yes, will your program waive the requirement on a case by case basis if a person has no income, but is otherwise eligible for the program?	☐	Yes	☐	No

Does this program charge program fees?	☐	Yes	☐	No
If yes, describe the fees including if your program will waive fees if a person is unable to pay.				

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