



SN: 702.614.6690 Ex. 2  
 NN/BOS: 775.562.4644 Ex. 2  
 support@bitfocus.com



## HMIS Questionnaire

Return completed from by fax to 1.702.666.9102

Date Completed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_ Southern Nevada  
 \_\_\_ Northern Nevada  
 \_\_\_ Balance of State

Agency Name: \_\_\_\_\_

**Executive Director Contact Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Who on staff will be responsible for overseeing HMIS use?**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Agency Address: \_\_\_\_\_ Office Hours: \_\_\_\_\_

Number Of Staff: \_\_\_\_\_ How many current staff are trained on HMIS? \_\_\_\_\_ How many staff need training? \_\_\_\_\_

Does your agency receive HUD funding? \_\_\_\_\_ Do you enter data into any systems other than HMIS? If so, please specify: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Are you willing to share information with other providers? Yes or No

Internet Access Speed? \_\_\_\_\_ How many computers capable of HMIS Entry? \_\_\_\_\_

Current Program(s): \_\_\_\_\_

**Program Eligibility Requirements:**

Estimated Number of Clients (individuals) entered into HMIS each month: \_\_\_\_\_

**Do you provide any of the following (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> Emergency Shelter - # of beds _____         | <input type="checkbox"/> Transitional Shelter - # of beds _____ |
| <input type="checkbox"/> Domestic Violence Shelter - # of beds _____ | <input type="checkbox"/> Permanent Shelter - # of beds _____    |

**Shelter Requirements:**



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**The following form should be completed for each of your agency's programs/grants.  
Attach additional copies/pages as needed.  
Be sure to include any additional service categories specific to your agency.**

**Name of Program/Grant**

**Services Associated with Program/Grant:**

*Select all of the services your program provides. List all applicable sub-categories.  
Common sub-categories for each service have been noted in parenthesis ( ).*

**Housing:**

(emergency, transitional, - list the number of beds/slots available for each housing service.)

**Food:**

(emergency food programs and food pantries, food vouchers)

**Material Goods**

(clothing and personal hygiene items)

**Financial Aid**

(rent payment or deposit assistance)

**Transportation**

(bus passes and agency transport)

**Identification Assistance**

(acquiring identification/SSN)

**Criminal Justice/Legal Services**

(legal counseling and immigration services)



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**Education**  
(GED instruction, bilingual education, and literacy programs)

**Health Care**  
(disability screening and health education)

**HIV/AIDS-related Services**  
(HIV testing, AIDS treatment, AIDS/HIV prevention and counseling)

**Mental Health Care/Counseling**  
(telephone crisis hotlines and psychiatric programs)

**Substance Abuse Services**  
(detoxification and alcohol/drug abuse counseling)

**Employment**  
(job development and job finding assistance)

**Case/Care Management**  
(development of plans for the evaluation, treatment, and/or care of persons needing assistance in planning or arranging for services)

**Personal Enrichment**  
(life skills education, social skills training, and stress management)

**Outreach**  
(street outreach)

**Other (please specify)**



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**Intake procedure: (provide examples when possible)**

**Staff completing form:** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Return completed form by fax to Bitfocus, Inc. at 1.702.666.9102**