



SN: 702.614.6690 Ex. 2  
 NN/BOS: 800.783.0210 Ex. 3  
 support@bitfocus.com



## HMIS Questionnaire

Return completed from by fax to 1.800.783.0210

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 must be completed for each of your agencies programs/grants.  
Make additional pages/copies as needed.  
Be sure to include any additional service types or 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 service)

**Food:**

(Emergency food programs and food pantries, food vouchers)

**Material Goods:**

(clothing and personal hygiene items)

**Financial Aid:**

(Rent payment or deposit assistance, utilities)

**Transportation**

(Bus passes and agency transport)

**Identification Assistance**

(Acquiring Identification, SSN, Birth Certificates, Work Cards)

**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, MD Visits, Prescriptions, 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 Services for this Program/Grant:

**\* Please be sure that you have completed a separate service list for each program/grant that applies to your agency.**



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**Intake procedure: (attach examples of intake forms when possible)**

**Are there any recommendations, concerns or questions that your organization would like to share or to have addressed at this time?**

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

**Return completed form by fax to Bitfocus, Inc. at 1.800.783.0210**