

ACHMIS Questionnaire: Evaluating Agency Requests to Join Alameda County's HMIS (7/7/22)

The Homeless Management Information System (HMIS) is a local information technology system used to collect, support, store and report client-level information about individuals who are seeking services to resolve homelessness or the risk of homelessness. Our community requires programs that use HMIS to enter information about homeless clients served by your program (versus only viewing the HMIS data) or requires that you be a funder of a program meeting eligibility requirements below.

Organizations who apply to access and use HMIS must demonstrate that they provide services to people experiencing homelessness as well as their intent to enter and review data in the system. Each organization must also designate a staff member to be the agency's main point of contact for HMIS-related activities and communication with the HMIS administrators.

In order to begin the process of gaining access to HMIS, please complete the below application:

1. What type of applicant are you?

Agency/Program that operates a program entering data into HMIS (Skip to Question 2)

City/Jurisdiction that monitors programs required to use HMIS (Skip to Requestor Information)

2. Agency Overview

A. Agency Name:

B. Agency Address:

C. Agency Mission Statement:

D. Agencies are required to designate an Agency Liaison who participates in the HMIS community, with responsibilities including regular monthly meeting attendance, utilization of the custom reporting tool, monitoring of data quality, and facilitation of communication between the HMIS Lead and your organization.

E. Who will be your Agency Liaison? i.) Name:

ii.) Title:

iii.) Phone Number:

iv.) E-mail:

3. Project/Program Details

A. Program Name (s)

B. Project Type:

Emergency Shelter

Permanent Housing

Street Outreach

Transitional Housing

Permanent Supportive Housing

Rapid Rehousing

Day Shelter

Coordinated Entry

Services Only

Other:

- C. What is the geographic area in which you serve clients? (list cities/resource zones)

4. HMIS Eligibility Criteria for Programs/Agencies

- A. Is homelessness an eligibility requirement for the program? yes no
- B. Is HMIS participation a funding requirement for your program? yes no
- C. Will the program fill vacancies through Coordinated Entry? (yes/no/don't know)
- D. Is your program specific to serving those that are fleeing domestic or other violence? yes no
- E. Please describe your project/program, including eligibility requirements, and how HMIS access supports services dedicated to those that are experiencing homelessness.

Additional Information

1. How many active HMIS user licenses will your agency require?
2. Briefly describe your agency's current policies and approach to managing the privacy and security of client information.

3. Are there any funders and/or third parties not reflected in your answers above requesting that you join the HMIS system? If so, could you share your point of contact from that funder and/or third party?

4. Are you willing and able to comply with the data quality standards outlined in the County Data Quality Action Plan? [Click here for Plan](#) yes no

Requestor Information

1. Email of Requestor:
2. Name of Requestor:
3. Date of form:

Please allow for up to 3 months for an initial review of your application. Thank you for your interest in gaining access to the Alameda County HMIS Data System.