



Ventura County Homeless Management Information System

Interest Application

Thank you for your interest in joining the Ventura County Homeless Management Information System (VCHMIS). For our VCHMIS team to fully understand your agency's data entry and reporting needs, please take the time to complete the questions below. We will contact you for additional follow-up questions, *if necessary*, and to begin the HMIS Onboarding process.

Please email the completed Interest Application to: hmis-support@ventura.org, with *Interest Application* in the subject line.

For questions on how to complete the form please feel free to contact our HMIS Support at (805) 477-5156

Agency Information

Agency/Organization Name: _____

Each agency is required to have a HMIS Agency Administrator and a back-up. They must be HMIS licensed users, and they are responsible for communicating any HMIS changes to other HMIS users at their agency. They are also responsible for notifying HMIS Administration of changes in personnel, and monitoring compliance with the HMIS Policies and Procedures. They must also make sure that all users accessing HMIS have attended training and do not share log in information. Please identify the HMIS Agency Administrator and back-up below.

HMIS Agency Administrator: _____ Email: _____

Back up HMIS Agency Administrator: _____ Email: _____

County use section only:

Date received: _____ Received By: _____

COUNTY OF VENTURA- HUMAN SERVICES AGENCY



Project Location

Please report the address associated with the project where most project housing is located. Scattered-site housing projects, Street Outreach, and Services Only projects should record the address of their administrative office.

If project location is the same as Main Office location, please check here.

Address: _____

Address 2: _____

City: _____ Zip Code: _____ State: _____

Project Contact

First Name: _____ Last Name: _____

Work Phone: _____ Cell Phone: _____

Fax: _____ E-mail: _____

Contact Type: Director Manager's Secretary Case Worker/Social Worker Security Officer Manager Director's Secretary Title: Mr. Ms. Mrs. Dr. Miss

Project Information

Housing Type

Site-based-single-site Tenant Based-scattered site
 Site-based/ multiple-clustered site

Household Type: HH w/out Children HH w/ adults and Children HH w/ only children

Bed Type: Facility Type Voucher Other Availability: Year-Round Seasonal
 Overflow N/A



Entry Model Type

Services only model: yes no

Method for tracking Emergency Shelter:

- Entry/Exit
- Night-by-Night
- N/A

Population Serving

A target population should be selected if the project is designed to serve that population and at least three-fourths (75 %) of the clients served by the provider. If none of the target populations apply to the project, this question can be left blank.

Target Population:
(Please Choose only one)

- SM Single Males 18 and Over
- SF Single Females 18 and Over
- SMF Single Males and Females 18 and over
- CO Couples Only, No children
- SM + HC Single Males and Households With Children
- SF + HC Single Females and Households With children
- HC Households with Children
- YM Unaccompanied Young males under 18
- YM Unaccompanied Young females under 18
- YMF Unaccompanied Young Males And Females under 18 SMF + HC Single
- Males/Females/Household with children
- CH Chronically Homeless individuals and Families

Target Population:

- Not applicable
- DV: Domestic Violence Victims
- HIV: Persons with HIV AIDS

Victim Services Provider: yes no

Grant/ Contract Information

Continuum of Care (CoC) Project: yes no

Provider Grant Type: HOPWA PATH RHY SSVF N/A

Funding Source

1. Funding Source: _____

Grant Identifier: _____

Grant Start Date: _____ Grant End Date: _____



2. Funding Source: _____

Grant Identifier: _____

Grant Start Date: _____ Grant End Date: _____

Bed and Unit Inventory

Bed Inventory Total (#):	
Of the total inventory what number of beds are dedicated to:	
Chronic Homeless Bed Inventory (#):	
Veteran Bed Inventory (#):	
Youth Bed Inventory (#):	

Unit Inventory Total:	
Inventory Start Date:	
HMIS Participation Start Date:	
HMIS Participation End Date:	
McKinney Vento Funding:	<input type="checkbox"/> yes <input type="checkbox"/> no

Upon review of this application, our VCHMIS team along with the Ventura County Continuum of Care will make a determination regarding your agency entering an agreement with the Ventura County Homeless Management Information System.

Thank you for your time and interest.

Your HMIS Support Team,

VCHMIS Support Specialist – *Rosie Walker*
 VCHMIS System Administrator – *Tisha Maeda*
 VCHMIS Program Coordinator – *Alicia Morales*
 VCHMIS Program Administrator– *Marissa Mach/ Marcy Snider*