



Ventura County Homeless Management Information System
Interest Application/ New Project Request

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 complete the information below. We will contact you for additional follow-up questions, *if necessary*, and to begin the VCHMIS 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 Administrator: _____ **Email:** _____

Main Office Location

Address: _____

Address 2: _____

City: _____ **Zip Code:** _____ **State:** _____

Website: _____

Main Office Contact:

First Name: _____ **Last Name:** _____

Work Phone: _____ **Cell Phone:** _____

Fax: _____ **Email:** _____

Contact Type: Director Director’s Secretary Manager Manager’s Assistant Case Worker Lead Worker
 Supervisor Other: _____

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Program Information

Project Type (Please indicate the type of homeless service(s) you will be offering). Please choose **only one** project type per request.

Desired Project Name in HMIS: _____

Project Type: Please choose only one

<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> PH- Housing Only (no disability required for entry)
<input type="checkbox"/> Homeless Prevention	<input type="checkbox"/> Street Outreach
<input type="checkbox"/> PH-Permanent Supportive Housing (disability required for entry)	<input type="checkbox"/> PH- Rapid Re-housing
<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Services Only
<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Coordinated Assessment
<input type="checkbox"/> Day Shelter	<input type="checkbox"/> PH- Housing with services

Other/please explain: _____

Project Location

Please report the address associated with the project where most project housing/services 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 (For MOU, Invoicing, New User Requests, Disable User Requests)

First Name: _____ **Last Name:** _____

Work Phone: _____ **Cell Phone:** _____

Fax: _____ **Email:** _____

Contact Type: Director Director's Secretary Manager Manager's Assistant Case Worker Lead Worker

Supervisor Other: _____

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Project Referral Contact (For Coordinated Entry System Referrals)

First Name: _____ Last Name: _____

Work Phone: _____ Cell Phone: _____

Fax: _____ E-mail: _____

Contact Type: Director Director's Secretary Manager Manager's Assistant Case Worker Lead Worker

Supervisor Other: _____

Project Information

<p>Housing Type (For Housing Projects ONLY- Emergency Shelter, Transitional Housing, Permanent Housing, Permanent Supportive Housing)</p> <p><input type="checkbox"/> Site-based-single-site <input type="checkbox"/> Tenant Based-scattered site <input type="checkbox"/> Site-based/ multiple-clustered site</p>	<p>Household Type:</p> <p><input type="checkbox"/> HH w/out Children <input type="checkbox"/> HH w/ adults and Children <input type="checkbox"/> HH w/ only children</p>
<p>Bed Type:</p> <p><input type="checkbox"/> Facility Type <input type="checkbox"/> Voucher <input type="checkbox"/> Other</p>	<p>Availability:</p> <p><input type="checkbox"/> Year-Round <input type="checkbox"/> Seasonal <input type="checkbox"/> Overflow <input type="checkbox"/> N/A</p>

Entry Model Type

Services Only Model: yes no

Method for tracking Emergency Shelter: Entry/Exit Night by Night

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)

<input type="checkbox"/> SM Single Males 18 and Over	<input type="checkbox"/> HC Households with Children
<input type="checkbox"/> SF Single Females 18 and Over	<input type="checkbox"/> YM Unaccompanied Young males
<input type="checkbox"/> SMF Single Males and Females	<input type="checkbox"/> YM Unaccompanied Young females 18 and over
<input type="checkbox"/> CO Couples Only, No children under 18	<input type="checkbox"/> YMF Unaccompanied Young Males and Females under 18
<input type="checkbox"/> SMF + HC Single	<input type="checkbox"/> Males/Females/Household with children

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<input type="checkbox"/> SM + HC Single Males and Households With children under 18	<input type="checkbox"/> SF + HC Single Females and Households with children
<input type="checkbox"/> CH Chronically Homeless individuals and Families	<input type="checkbox"/> Other: _____

Target Population Not applicable DV: Domestic Violence Victims HIV: Persons with HIV AIDS

Grant/ Contract Information

Provider Grant Type: HOPWA PATH RHY SSVF N/A

Funding Source (Funding source information is mandatory for HMIS project configuration)

1. Funding Source Name: _____

Grant Identifier (ID #): _____

Grant Start Date: _____ Grant End Date: _____

2. Funding Source Name: _____

Grant Identifier (ID #): _____

Grant Start Date: _____ Grant End Date: _____

Services

Please list the services that will be provided by this project and will be captured in HMIS:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

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Bed and Unit Inventory

Anticipated Date to begin serving clients in HMIS: _____

McKinney Vento Funding? yes no

For applicable projects types, separately provide bed unit inventory for *Adults Only*, *Adults with Children and Children Only*. Examples of Project Types include: Rapid re-housing, permanent supportive housing, permanent housing, emergency shelter, transitional housing and safe haven

Of the total inventory what number of beds are dedicated to:	<i>Adults Only</i>	<i>Adults with Children</i>	<i>Children Only</i>
Chronically Homeless Veteran Bed Inventory number:			
Youth Veteran Bed Inventory number:			
Any other Veteran Bed Inventory number:			
Chronically Homeless Youth Bed Inventory number:			
Any other Youth Bed Inventory number:			
Any other Chronically Homeless Bed Inventory number:			
Non- Dedicated Inventory number:			
Unit Inventory Total:			
Inventory Start Date:			

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 VCHMIS Team,

VCHMIS Support Specialist – *Rosie Walker*
VCHMIS System Administrator – *Tisha Maeda*
VCHMIS Program Coordinator- *Jeff Wilson*
VCHMIS Program Coordinator – *Alicia Morales*
VCHMIS Program Administrator–*Marcy Snider*