



**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 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: venturacoc@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.

Anticipated date to begin serving clients in HMIS: _____

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: _____

Main Office Location

Address: _____

Address 2: _____

City: _____ Zip Code: _____ State: _____

Website: _____

Main Office Contact

First Name: _____ Last Name: _____

Work Phone: _____ Cell Phone: _____

Fax: _____ E-mail: _____

Title: _____

Program Information

Desired Project Name in HMIS: _____

Project Type: (Please indicate the type of homeless service[s] you will be offering).

Choose **only one** project type per request:

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

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: _____ E-mail: _____

Title: _____

Project Referral Contact (For Coordinated Entry System Referrals)

First Name: _____ Last Name: _____

Work Phone: _____ Cell Phone: _____

Fax: _____ E-mail: _____

Title: _____

Housing Type (For Housing Projects ONLY- Emergency Shelter, Transitional Housing, Permanent Housing, Permanent Supportive Housing)

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 Year-Round Seasonal

Overflow Other Availability N/A

Data Entry Model Type:

Services Only Model: Services Only Entry/Exit

Tracking Method for 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, please select not applicable.

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 Under 18 | <input type="checkbox"/> YM Unaccompanied Young females under 18 | <input type="checkbox"/> SMF Single Males and Females 18 and Over |
| <input type="checkbox"/> CO Couples Only, No Children | <input type="checkbox"/> YMF Unaccompanied Young Males and Females Under 18 SMF + HC Single | <input type="checkbox"/> SM + HC Single Males and Households with Children |
| <input type="checkbox"/> Males/Females/Household with Children | <input type="checkbox"/> SF + HC Single Females and Households with Children | <input type="checkbox"/> CH Chronically Homeless Individuals and Families |
| <input type="checkbox"/> Not Applicable | | |

Grant/Contract Information

Does your funding grant require participation in HMIS? Yes No

Provider Grant Type: Please select the applicable grant type

- HOPWA PATH RHY SSVF Other

Funding Source: Provide all pertinent information for funding source below. (Funding source information is mandatory)

1. Funding Source Name: _____ Grant ID: _____
 Grant Start Date: _____ Grant End Date _____
2. Funding Source Name: _____ Grant ID: _____
 Grant Start Date: _____ Grant End Date _____
3. Funding Source Name: _____ Grant ID: _____
 Grant Start Date: _____ Grant End Date _____

McKinney Vento Funding? Yes No

Services

Briefly describe the services that will be provided by this project and what will be captured in HMIS:

Bed and Unit Inventory

For applicable project 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 HMIS Support Team