Agency Profile

Date Completed: _____ By Whom:_____

1. Agency Information

Agency Name:_____

Address (physical): _____

Address (mailing): _____

City:_____ Zip Code:_____

Phone:_____ Fax:_____

Email Address: _____ Website: _____

2. Project Contact

Contact Name:_____ Title/Function:_____

Phone:_____ Best Time to Call:_____

Email Address: _____ Fax: _____

3. Other Locations

Program/Location Name	Street	City

4. Projects

Please enter all projects in your agency, regardless of funding source. Attach separate sheet if needed:

Project Name	Project Type*	Client Types**	Funding Source***	Contract term (MM/YY – MM/YY)

** Project **Types:** Emergency Shelter, Domestic Violence Shelter, Transitional Housing, Permanent Supportive Housing, Supportive Services, Rapid Rehousing, Street Program (Outreach, Foodbank, Medical), Other*

***** Client Types:** Families, Men Only, Women Only, Women/Children, Youth, HIV/AIDS, SMI, Disabled, Veterans, Other*

****** Funding Sources:** COC, ESG, CDBG, FEMA, HOPWA, HTF, HOME, RHY, SSVF, VASH, Other*

5. Client Profiles

Describe your typical clients: _____

_____

_____

Number of clients you serve on an average day: _____

What is the average time for a client to stay at your shelter/facility: _____

Does your clientele vary from night to night or is it consistent for several days/weeks/months?

☐ Vary night to night ☐ Consistent

Describe other services your agency provides:_____

_____

5. Shelter/Facility Profile

Shelter/Facility Capacity (# of beds, units): _____

Describe how you track beds within your agency (i.e. location, unit, floor, room, bed, etc.):

_____

Technology Profile

1. Agency Infrastructure

Will personnel at your main site need to access the ServicePoint HMIS? ☐ Yes ☐ No

Will personnel at other locations need to access the ServicePoint HMIS? ☐ Yes ☐ No

If so, how many and where:_____

_____

Do you have a network in place at your main site? ☐ Yes ☐ No

Are your other locations networked to your main site? ☐ Yes ☐ No

Do you have an IT person or staff? ☐ Yes ☐ No

If yes, provide name and phone number:_____

If no, who maintains & supports your network and computers?
☐ Agency employee with other duties ☐ Contractor/Consultant ☐ Volunteer ☐ Other

Does your agency use agency-wide email (each user has his/her own email address)? ☐ Yes ☐ No

2. Hardware

Does each person who will use the HMIS have a computer? ☐ Yes ☐ No

If not, are there any plans to provide computers for those staff?_____

_____

Does each computer meet or exceed the following minimum configuration? ☐ Yes ☐ No

PC with 2 Gigahertz or higher processor,
40GB hard drive,
512 MB RAM,
Microsoft Windows 2000 or XP

3. Internet Access

Is Internet access currently available for each location with potential HMIS users? ☐ Yes ☐ No

If no, are there any immediate plans to provide Internet access? ☐ Yes ☐ No

What type of Internet connection do you currently have?
☐ Dialup ☐ DSL ☐ Cable ☐ T1/Leased Line ☐ Satellite ☐ Wireless

Are there any issues with obtaining Internet access from your location?_____

_____

Which Internet browser does your agency use (include version)? _____

4. Security

Does your agency use a firewall to prevent unauthorized use? ☐ Yes ☐ No

Do you use any login IDs and passwords for computer access? ☐ Yes ☐ No

Does your agency have virus protection installed for all computers? ☐ Yes ☐ No

5. Existing Software Systems/Databases

Do you currently use any agency-wide software system or database to perform client tracking (intake & exit), services tracking, case management, and/or client reporting? ☐ Yes ☐ No

If yes, what is the name of the system?_____

Describe the system:_____

_____

_____

_____

Was this system a purchased software package or was it internally developed (by a staff member, volunteer or consultant)? ☐ Purchased software package ☐ Internally Developed

Do you plan to continue using this system after HMIS is implemented? ☐ Yes ☐ No

Describe:_____

_____

HMIS Readiness Profile

1. HMIS Users

Indicate the planned number of HMIS Users and their role:

User Name	Email Address	Phone	Role *

**** Roles:*** *Intake Specialist, Volunteer, Case Manager, IT Specialist, Program Manager, Executive Director, Other*

Which user do you wish to assign as your HMIS Agency Administrator (who will be responsible for setting up your programs, setting up your users, resetting passwords, and other ServicePoint administrative functions): _____

Do you want every user to have access to every project? Please give specific information below.

_____

_____

2. Expected HMIS Use

Indicate the functions you will likely use in the HMIS:

Intake & Exit Only (i.e. the bare minimum to meet HUD requirements)	☐ Yes	☐ No
Tracking Services Delivered	☐ Yes	☐ No
Referral to Other Agencies/Service providers	☐ Yes	☐ No
Case Management	☐ Yes	☐ No
Sharing of Data with Other Agencies	☐ Yes	☐ No
Producing Your APR or CAPER	☐ Yes	☐ No
Other Management/Operational Reporting	☐ Yes	☐ No

Do you plan to use any of the above functions for your non-HUD-funded programs?

☐ Yes, immediately ☐ Yes, but later ☐ No

If so, describe the other non-HUD-funded programs you wish to implement (name, location, number of beds, funding sources, implementation timing): _____

_____

_____

3. Other Agencies Initiatives & Issues

Do you have any other activities planned for the next year that could potentially interfere with your agency's ability to implement HMIS? (For example, doing a major system conversion, moving to a new facility, adding new programs, major grant-writing effort, etc.). If so, please describe:

_____

_____

_____

_____

4. HMIS Concerns & Questions

What is the level of interest and excitement regarding the HMIS implementation in your agency (with management and future HMIS users)?

☐ Excited ☐ Ambivalent ☐ Overwhelmed ☐ Negative ☐ Don't Know

Any particular concerns or questions about the HMIS implementation you'd like to discuss?

_____

_____

_____

_____

Return to:

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