

Nevada CMIS/HMIS Access Application

Applicant Information

CoC: Southern Nevada Northern Nevada Rural Nevada (Balance of State)

Full Name: _____ Date: _____
Last *First* *M.I.*

Name of Agency: _____

Address: _____
Work Street Address *Unit #*

City *State* *ZIP Code*

Phone: _____ Email: _____

Agency web site: _____

Program Information

Agency Type:

- Criminal Justice
- For-profit Business
- Funder
- Government Entity
- Healthcare Provider
- Non-profit Organization
- Other:

Program Type:

- Emergency Shelter
- Day Shelter
- Homeless Prevention
- Permanent Housing
- Perm Supportive Housing
- Rapid Re-Housing
- Safe Haven
- Services Only Program
- Street Outreach
- Transitional Housing
- Other:

Return completed application to the designated HMIS Lead for your CoC.
If you are unsure, please contact the system administrator at nevada@bitfocus.com.

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If a housing program:

Total Beds for Households WITH Children:
Total Units for Households WITH Children:
Total Beds for Households WITHOUT Children:
Total Beds for Households with ONLY Children:
Total Number of Units for Households with ONLY Children:

Target Population (check only one):

- Domestic Violence Victims
- Veterans
- Persons with HIV/AIDS
- Not Applicable
- Other:

Household Type(s) Served (check all that apply):

- Households with Children
- Single Males/Females AND Households with Children
- Single Females – 18 yrs and older
- Single Males – 18 yrs and older
- Unaccompanied Young Females – under 18yrs
- Unaccompanied Young Males – under 18 yrs
- Single Females AND Households with Children
- Single Males AND Households with Children
- Unaccompanied Young Males/Females – under 18 yrs
- Single Males and Females – 18 yrs and older
- Households with ONLY Children
- Couples Only, No Children

Service Type (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Addiction Services | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Life Skills |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Credit Repair | <input type="checkbox"/> Motel/Hotel Voucher |
| <input type="checkbox"/> Education | <input type="checkbox"/> Moving Cost Assistance |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Outreach & Engagement |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Rental Assistance |
| <input type="checkbox"/> Food | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Utility Deposit |
| <input type="checkbox"/> HIV/AIDS Related | <input type="checkbox"/> Utility Payments |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Housing Search & Placement | |
| <input type="checkbox"/> Security Deposit | |

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Desired Use

Required by funding to participate in the CMIS/HMIS:

Yes

Please list your funding source.

No

Intended use for CMIS/HMIS:

Track services provided to clients

Track housing provided to clients

Review clients' histories to determine what resources they already have & what they need

Extracting Data

Type:

Purpose:

Other

Please Explain:

Total number of staff at the agency:

1 to 5

6 to 19

20 to 49

50-99

100+

Proposed number of staff to utilize the CMIS/HMIS System:

1 to 5

6 to 10

11 to 15

16 to 20

21+ (please indicate number) _____

Describe staff level of proposed CMIS/HMIS System users (i.e., administrative assistant, supervisor, manager, etc.):

Describe how will you pay for the CMIS/HMIS licensure and/or setup/configuration, if needed:

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Other

If the above questions do not capture your purpose or you wish to add additional information for consideration, please specify below.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application or interview may result in denial and/or revocation from CMIS/HMIS use.

Signature: _____

Date: _____

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