



**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: _____

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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"/> Services Only |
| <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 <i>(if PH - Rapid Re-housing, identify sub-type)</i> | <input type="checkbox"/> PH - Permanent Supportive Housing <i>(disability required for entry)</i> |
| <input type="checkbox"/> PH- Housing Only | <input type="checkbox"/> RRH: Services Only | <input type="checkbox"/> Street Outreach |
| | <input type="checkbox"/> RRH: Housing with or without services | |

Other/please explain: _____

Housing Type (Emergency Shelter, Transitional Housing, Permanent Housing, Permanent Supportive Housing)

- | | | |
|---|--|--|
| <input type="checkbox"/> Site-based-single-site | <input type="checkbox"/> Tenant Based-scattered site | <input type="checkbox"/> Site-based/ multiple-clustered site |
|---|--|--|

Household Type:

- | | | |
|--|--|--|
| <input type="checkbox"/> HH w/out Children | <input type="checkbox"/> HH w/ adults and Children | <input type="checkbox"/> HH w/ only Children |
|--|--|--|

Bed Type:

- | | | |
|---|----------------------------------|--------------------------------|
| <input type="checkbox"/> Facility Based | <input type="checkbox"/> Voucher | <input type="checkbox"/> Other |
|---|----------------------------------|--------------------------------|

Availability:

- | | | |
|-------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Year-Round | <input type="checkbox"/> Seasonal | <input type="checkbox"/> Overflow |
|-------------------------------------|-----------------------------------|-----------------------------------|

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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: _____

I acknowledge, by checking this box, that all referrals and potential housing match opportunities will go through the CES Pathways to Home (Coordinated Entry System) Project in HMIS.

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: _____

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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)

- SM: Single Males 18 years old and Over
SF: Single Females 18 years old and over
SMF: Single Males and Females 18 years old and over
CO: Couples Only, No Children
SMHC: Single Males 18 Years old and over and Households with Children
SFHC: Single Females 18 years old and over and Households with Children
HC: Households with Children
YM: Youth Males under 25 Years old
YM: Youth Females under 25 years old
YMF: Youth Males and Females Under 25 years old
SMF+HC: Single Males And Females 18 years old And over plus Households With Children

Grant/Contract Information

Does your funding grant require participation in HMIS? Yes No, voluntary participant

Provider Grant Type: Please select the applicable grant type

- HHAP PATH RHY SSVF Other

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

Please submit your grant agreement with your contract number, population serving and grant start and end dates.

- 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

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Services

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

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

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 (*if not services only*), permanent supportive housing, permanent housing, emergency shelter, transitional housing, and Safe Haven.

For Rapid Re-housing, number of families and/or children your grant proposes to serve. Please use your grant agreement as a guide.

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:			
Youth Veteran Bed Inventory:			
Any other Veteran Bed Inventory:			
Chronically Homeless Youth Bed Inventory:			
Any other Youth Bed Inventory:			
Any other Chronically Homeless Bed Inventory:			
Non- Dedicated Inventory:			
Total Number of Units Available:			
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 into an agreement with the Ventura County Homeless Management Information System.

Thank you for your time and interest.

Your HMIS Support Team