

Contributory HMIS Organization – Contact Information

Fill out one contact sheet per HMIS project and attach to your Agency’s CHO Agreement

Organization Name _____

Chief Executive _____

Organization Phone # _____

Project Name _____

Project Type (ex. Emergency Shelter) _____

Project Manager _____

Project Manager E-Mail _____

Project Manager Phone # _____

Project Physical Address _____

Is HMIS Required For Your Project? (Ex. HUD, COSA, HOPWA) (YES) (NO)

If yes, what Agency requires your use of HMIS? _____

HMIS Security Officer/Phone Number: _____

This will be the point of contact for your project to ensure confidentiality of the system and address potential violations of HMIS Policies & Procedures or HIPAA standards. Appropriate contacts include HR staff or Manager level staff and above. We also ask that this person conduct an annual security review to ensure people are appropriately protecting the data in HMIS (no displayed passwords, locking computer screens, etc.).

HMIS Reporting Contacts:

Please identify staff members who are responsible for your reporting needs out of HMIS below:

Longitudinal System Analysis (LSA) _____

Housing Inventory Count (HIC) _____

Point-in-Time Count (PIT) _____

Annual Performance Report (APR) _____

Emergency Solutions Grant (ESG) _____

System Performance Measures (SPM) _____

Other Reports (SSVF, HOPWA, etc.) _____

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HMIS Data Quality Point of Contact: _____
HMIS staff will monitor your data periodically. Please identify the person(s) who should receive our feedback and be responsible for sending corrections to the appropriate staff members in your project.

IT Point of Contact: _____

All CHOs must review and be willing to adhere to the following: *(The documents below are located on the HMIS Recourses page.)*

Please *INITIAL* to acknowledge receipt:

- _____ **HMIS Policies and Procedures (2016)**
- _____ **HMIS Data Quality Plan (2016) and Thresholds**
- _____ **HMIS Security Awareness Training Presentation**
- _____ **2018 HUD Data Standards Manual**

Signatory Name (may be the project manager): _____

Title: _____

Signature: _____

Date: _____

Please return this agreement to a member of the HMIS team.

The team may be contacted via a service request at

HMIS.support@havenforhope.org