



Rural Arizona HMIS Project

To: Rural Arizona CoC HMIS Participants
From: Vicki VanDreel, Special Needs Manager
Arizona Department of Housing
Subject: HMIS Profiles

Attached are three profiles for the HMIS Project:

1. Agency Profile (2 pages)
2. Technology Profile (2 pages)
3. HMIS Readiness Profile (2 pages)

In order to plan the rollout of the HMIS implementation and to better meet your needs and timing, we need you to complete these three profiles.

Please complete and return all three profiles by:

Please email, mail, or fax the completed profiles to:

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Thank you for your time and participation.



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Agency Profile

Date Completed: _____ By Whom: _____

1. Agency Information

Agency Name: _____

Address (physical): _____

Address (mailing): _____

City: _____ Zip Code: _____

Phone: _____ Fax: _____

General 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
_____	_____	_____
_____	_____	_____
_____	_____	_____



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4. Programs

Program Name	Program Type	Client Types	Funding Sources
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Legend

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

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

Funding Sources: SHP, ESG, CDBG, S+C, FEMA, HOPWA, HFT, HLI, HOME, Other

What are the contract (fiscal) dates (MM/YY – MM/YY) for each program? _____

5. Client Profiles

Describe your typical clients: _____

Number of clients you service 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.)



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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

Describe the other locations requiring access: _____

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 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

Processor: Pentium I or greater (Pentium I, II, III, or IV) or AMD

Memory: 16MB or greater

Operating System: Windows 98 or greater (Windows 98, ME, NT, 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



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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? _____

Does each computer have Internet Explorer version 5.5 or above installed? Yes No

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: _____



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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): _____

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) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tracking Services Delivered | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Referral to Other Agencies/Service providers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Case Management | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sharing of Data with Other Agencies | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Producing Your APR | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other Management/Operational Reporting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Do you plan to use of 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): _____



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3. Other Agencies Initiatives & Issues

Do you have any other activities planned for the next year that could potentially interfere with your agencies 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?
