



HMIS Document

CoC FL-507

# HMIS Pre-Application Form

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## Inclusion/Exclusion Criteria

**Homeless Services Network of Central Florida**

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## About HMIS

A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

**CoC FL-507** - The Central Florida Continuum of Care (CoC FL-507) includes three county jurisdictions – Orange, Osceola and Seminole – and three municipal jurisdictions – City of Orlando, City of Kissimmee, and City of Sanford.

For more info go to <https://centralfloridacoc.org>

## Inclusion Criteria

Our goal is to make sure we capture all homeless information so that we can make data driven decisions. In order to make data driven decisions we highly encourage the following to use the HMIS database:

1. Organization must be CoC FL-507 member
2. Nonprofit organizations and community groups that provide direct homeless services to CoC FL-507 residents.
3. Non-Profit organizations meet IRS criteria for being tax-exemption (i.e, 501(c)(3)).
4. City, county, state, or federal governments that operate homeless services that are available to CoC FL-507 residents (i.e, Dept. of Human Services, Community Planning Dept., Dept. of Children and Families).
5. Faith based agencies that provide direct homeless services / social services to CoC FL-507 residents -at- large and aren't restricted to their members.
6. For-profit agencies or businesses offering needed services that aren't offered by or only in limited ways by current CoC providers.

## Exclusion Criteria

Access to HMIS (clients could participate in the homeless system via other ways - Insert info on participating in CES without HMIS through other partners?

1. Organizations that do not directly serve clients experiencing homelessness or at-risk for homelessness.
2. Organizations that are not a 501(c)(3) or Faith based agencies or a city, county, state, or federal governments that operate homeless services.
3. Agencies that give information or provide public awareness that is only of a political or commercial nature.

4. Organizations that deny service because of race, religion, gender, sexual orientation, ancestry, nationality, or any other basis not permitted by law, or that promote racism or bigotry.
5. Organizations that violate local, state, or federal laws or regulations.
6. Any agency that will potentially use the information in HMIS to in any way harm or lead to judicial penalties against clients.
7. Agency does not serve at least 5% of clients identified for at risk or homeless.

## Terms of Agreement

1. Before gaining access to the HMIS System all applicants must complete a full round of training and complete the required assignments.
  - They will also be required to sign an HMIS Agency Partner Agreement and each user is also required to sign an HMIS User Agreement agreeing to continue ongoing trainings and maintain data quality.
2. Must adhere to HMIS Policy & Procedures.
3. Must adhere to HMIS Privacy & Security Policy.
4. Must agree to adhere to basic standards for the applicable project type.
5. Must agree to meet minimum data quality and project performance thresholds.
6. Must agree to participate in monitoring/continuous improvement.
7. We reserve the right to exclude from the database any organization that we have adequate reason to believe could be hurtful to the well-being of individuals, groups, or the community as a whole (i.e, insight violence against).
8. Potential grounds for exclusion or removal from the database may include—but isn't limited to— service non-delivery, fraud, misrepresentation, discrimination, or criminal activities.
9. Organizations must demonstrate the ability to provide ongoing and reliable services.

Now that you have read about HMIS, if you are still interested continue.

**Please complete the Pre-Application Form below if you are interested in joining HMIS and the HMIS Team will reach out to you with further details.**



## Pre-Application Form (Print, Complete & Return)

### Agency Information

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

### Agency Direct Contact Information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Business Information

How long have you been in business? \_\_\_\_\_

Type of Business Entity:

- For Profit – Please submit Proof of Ownership
- Non-Profit – Please submit 501(c)(3) Determination Letter

Funding Source: \_\_\_\_\_

Mission: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List Projects & Programs with Descriptions:

Funding Source	*Inclusive (I) /Exclusive (E)	Description

**\*Inclusive** (Serving At Risks & Homeless Clients) / **\*Exclusive** (Serving only Homeless Clients)

What is your current Staffing Level? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_