



## Colorado HMIS New Agency Questionnaire

Date Completed:     /     /

CoC:    Balance of State  
         Metro Denver  
         Pike's Peak

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

Agency Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_

*City* *State* *ZIP Code*

Executive Director  
Contact Information: \_\_\_\_\_  
*First* *Last*

ED Phone: \_\_\_\_\_ ED Email: \_\_\_\_\_

Who on staff will be  
responsible for  
overseeing HMIS  
use? \_\_\_\_\_  
*First* *Last* *Job Title*

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

How many staff will access the HMIS System: \_\_\_\_\_

Are you willing to share information with other providers: ☐ Yes ☐ No

Does your agency receive HUD funding? ☐ Yes ☐ No

- ☐ If yes, do you participate in your CoC Coordinated Entry process: ☐ Yes ☐ No