



## Request for HMIS license

### Agency Information

Agency name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Suite #*

\_\_\_\_\_ \_\_\_\_\_  
*City* *State* *ZIP Code*

Office Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

Contact person: \_\_\_\_\_

How many HMIS licenses needed: \_\_\_\_\_

The person using HMIS: \_\_\_\_\_

### Agency Information

Please list the services that your agency provides:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

An average of how many clients served each month: \_\_\_\_\_

### Funding Resources

Please circle the funding sources that best describe your agency

- **Category 1 - ESG, HUD, PATH, SSVF ( Federal Funds)**
- **Category 2 - Shelters not funded thru Federal Funds Private Funding**
- **Category 3 - Other Agencies (rental assistance, food pantry, etc. from private funding)**

## Additional Information

Please share any additional information regarding your agency that you think is important:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date