

# Homeless Resource Council of the Sierras' HMIS Contributing HMIS Organization (CHO) Profile Form

Each organization will need to complete and update a Profile Form at least annually. All requested information will be used to complete the organizations/projects profiles in HMIS.

## 1. CHO Information

Name: Organization Legal Name

Common Name: Organization Known As

Address (Physical): Physical Address

Address (Mailing): Mailing Address

City: City County: County Zip Code: Zip Code CoC: CA-515

Phone: Phone Number Fax: Fax Number Website: Website

### CHO Director Information

Name: Director Name Title: Title

Phone: Phone Number Email: Email Address

### CHO HMIS Site Manager Information

Name: Name Title: Name

Phone: Name Email: Name

### CHO HMIS Security Officer Information Same as CHO HMIS Site Manager

Name: Name Title: Name

Phone: Name Email: Name

## 2. Project Information (Complete 1 for EACH Project)

Project Name: Project Name Project Type: Select One

Address (Physical): Physical Address Principal Site: Select One

Address (Mailing): Mailing Address Geocode: Geocode

City: City County: County Zip Code: Zip Code

Phone: Phone Number Fax: Fax Number

### Federal Partner Funding Sources

1. Grant Type: Select One

Grant Identifier: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

2. Grant Type: Select One

Grant Identifier: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### Bed/Unit Inventory

1. Household Type: Select One Total Beds: # \_\_\_\_\_

Of the total beds how many are dedicated to: CH (PSH Only): # \_\_\_\_\_ Veteran: # \_\_\_\_\_ Youth: # \_\_\_\_\_

2. Household Type: Select One Total Beds: # \_\_\_\_\_

Of the total beds how many are dedicated to: CH (PSH Only): # \_\_\_\_\_ Veteran: # \_\_\_\_\_ Youth: # \_\_\_\_\_

### Target Population

Target Population A: Select One

Target Population B: Select One

### Services Provided:

List all services provided by this project

### Project Contact Person

Name: Name Title: Name

Phone: Name Email: Name