

# Ohio Balance of State HMIS

## HMIS AGENCY PROFILE

(please complete all information)

<b>Agency Name:</b>					
<b>Agency Administrator:</b>					
<b>Administrator's Title:</b>					
<b>Agency Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>County:</b>					

<b>Agency Mail Address:</b> (if different from above)					
<b>Street Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	

<b>Telephone 1:</b>		<b>Description:</b>	
<b>Telephone 2:</b>		<b>Description:</b>	
<b>Telephone 3:</b>		<b>Description:</b>	
<b>Telephone 4:</b>		<b>Description:</b>	
<b>Fax:</b>			
<b>E-mail Address:</b>			
<b>Web site:</b>			

<b>Provider Type:</b> (check only one)		
<input type="checkbox"/> City/County	<input type="checkbox"/> Educational	<input type="checkbox"/> Faith Based, Non Profit
<input type="checkbox"/> Federal	<input type="checkbox"/> Non Profit	<input type="checkbox"/> Private Individual
<input type="checkbox"/> Private, Non Profit	<input type="checkbox"/> Profit	<input type="checkbox"/> Public Service
<input type="checkbox"/> Religious	<input type="checkbox"/> State	<input type="checkbox"/> United Way
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other (please specify):	

<b>Show Agency Profile on Public Site?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Show Agency on Printed Directory?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Provide a description of your Agency:</b>		
<b>Landmarks:</b>		
<b>Handicap Access:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Brochures:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Hours of Operation:</b>		
<b>Zip Codes Served:</b>		
<b>Default City:</b>	<b>Default State:</b>	<b>Default County:</b>
<b>Program Fees:</b>		
<b>Intake Procedure:</b> (provide form examples when possible)		
<b>Eligibility:</b>		
<b>Languages:</b>		
<b>Is this provider a shelter?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Shelter Requirements:</b>		
<b>Shelter Service Code:</b> (based on taxonomy)		

<b>Provider Specific Services:</b> (use separate paper for more room)	
Name:	Status:
Name:	Status:
Name:	Status:
<b>Areas Served:</b>	
<b>Bed Lists:</b> (Indicate specific assignment method: rooms, apartment units, individual beds, etc.). Use a separate sheet if more room is needed.	
Name:	Name:
Name:	Name:
Name:	Name:
<b>Cities Served:</b>	
<b>Services Provided:</b> (based on taxonomy, use a separate sheet of paper if more room is needed)	
Service Code:	Description:
Service Code:	Description:
Service Code:	Description:
Service Code:	Description:
<b>Referral providers:</b> (list providers where you refer clients)	
<b>Child Providers:</b> (sub-agencies/programs within your own agency)	
<b>Please complete this same profile form for each child agency.</b>	

<b>Potential Exceptions:</b> (Agencies you may want to share some client information with at some point in the future. These are agencies where you may already be sharing information.)	
Provider Name:	
Provider Name:	
Provider Name:	
Provider Name:	

<b>Completed by:</b>	
<b>Last updated on:</b>	