

HMIS

OF SUMMIT COUNTY

A Program of Info Line, Inc.



HMIS AGENCY PROFILE

Please complete all information.

Agency Name:							
Agency Contact:							
Contact Title:							
Agency Address:							
City:		State:		Zip:			
County:							
Agency Mailing Address (if different from above)							
Mailing Street :							
City:		State:		Zip:			
Telephone 1:		Description:					
Telephone 2:		Description:					
Telephone 3:		Description:					
Telephone 4:		Description:					
Fax:							
Email Address:							
Website:							
Provider Type: (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):					
Show Agency Profile on Public Site?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Show Agency on Printed Directory?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Provide a description of your Agency:							
Landmarks:							
Handicap Access:		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Brochures:		<input type="checkbox"/> Yes <input type="checkbox"/> No					

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Hours of Operation:	
Zips Served:	
Program Fees:	
Intake Procedure: (provide form examples when possible)	
Eligibility:	
Languages:	
Provider Specific Services: (use separate paper for more room) List all services your agency provides to clients.	
Areas Served:	
Cities Served:	
Counties Served:	
Completed by:	
Last updated on:	