**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.

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| 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

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| 1. **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:

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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: #

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**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