**Homeless Resource Council of the Sierras’ HMIS**

**Contributing HMIS Organization (CHO) Profile Form**

Each organization must complete and update a Profile Form annually. All requested information will be used to complete the organizations profiles in HMIS, CES, and track license holders.

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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-

Phone: Phone Number Website: Website

**CHO Director Information**

Name: Director Name Title: Title

Phone: Phone Number Email: Email Address

**CHO HMIS Site Manager Information (Note: this person will be invited to the HMIS/CES Committee)**

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

**HMIS License Information**

Address (Billing): Address

City: City County: County Zip Code: Zip Code

Billing Contact Phone: Phone Number Name: Name

Number of current/active licenses: \_ # \_\_ Number of licenses needed: \_ # \_\_\_

**HMIS License Holder Information**

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| Name | Title | Email | New user? (Y/N) |
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