



SN: 702.614.6690 x2
NN/BOS: 775.562.4644 x2
nevada@bitfocus.com

Nevada CMIS/HMIS Program and Service Questionnaire

Complete a separate form for each program.
Return completed form(s) to nevada@bitfocus.com

Instructions: Please complete the following form and email it to nevada@bitfocus.com. Once the questionnaire is received, a member of the Bitfocus Team might contact you to confirm the details of the request. Please allow a minimum of five (5) business days from the date the questionnaire is considered complete (i.e. all information needed to complete the set-up or changes is received) to receive confirmation that the setup is complete. Contact us at nevada@bitfocus.com if you have any questions about how to complete this form. Thank you.

Agency Name: _____

Program Name: _____

Grant # / Identifier: _____

Geocode (please check only one):

- | | | |
|--|---|---|
| <input type="checkbox"/> 329510 Carson City | <input type="checkbox"/> 329013 Humboldt County | <input type="checkbox"/> 329027 Pershing County |
| <input type="checkbox"/> 329001 Churchill County | <input type="checkbox"/> 329015 Lander County | <input type="checkbox"/> 320150 Reno |
| <input type="checkbox"/> 329003 Clark County | <input type="checkbox"/> 320108 Las Vegas | <input type="checkbox"/> 320156 Sparks |
| <input type="checkbox"/> 329005 Douglas County | <input type="checkbox"/> 329017 Lincoln County | <input type="checkbox"/> 329029 Storey County |
| <input type="checkbox"/> 329007 Elko County | <input type="checkbox"/> 329019 Lyon County | <input type="checkbox"/> 329031 Washoe County |
| <input type="checkbox"/> 329009 Esmeralda County | <input type="checkbox"/> 329021 Mineral County | <input type="checkbox"/> 329033 White Pine County |
| <input type="checkbox"/> 329011 Eureka County | <input type="checkbox"/> 329023 Nye County | |
| <input type="checkbox"/> 320096 Henderson | <input type="checkbox"/> 320138 North Las Vegas | |

Program Type (please check only one):

- | | |
|--|--|
| <input type="checkbox"/> Day Shelter | <input type="checkbox"/> PH – Rapid Re-Housing |
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Safe Haven |
| <input type="checkbox"/> Homeless Prevention | <input type="checkbox"/> Services Only |
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Street Outreach |
| <input type="checkbox"/> PH – Housing Only | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> PH – Housing with Services | <input type="checkbox"/> Other |
| <input type="checkbox"/> PH – Permanent Supportive Housing | |

Availability Start Date: ____/____/____ **Availability End Date:** ____/____/____

Program Site/Location (if differs from Agency address):





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Household Type(s) Served (check all that apply):

- Households with children
- Households without children
- Households with only children

Target Population (please check only one):

- Domestic Violence Victims
- Veterans
- Persons with HIV/AIDS
- Not Applicable

Please provide a brief description of your program:

Funding Source (please see the attached list as a reference).

Fund Name: _____ Fund Amount: _____

If applicable, list all sub-grantees:

Sub-Grantee: _____	Sub-Granted Amount: _____
Sub-Grantee: _____	Sub-Granted Amount: _____
Sub-Grantee: _____	Sub-Granted Amount: _____

Housing Service Title: _____ **Availability Start Date:** _____

Housing Type (check one):

- Site based - Single site
- Site based - Clustered/Multiple Sites
- Tenant based - Scattered Site



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Bed Type (applicable to emergency shelters only; check one):

- Facility-based Voucher Other

Availability (applicable to emergency shelters only; check one):

- Year-round Overflow Seasonal

If Seasonal, indicate start and end availability dates:

Availability Start Date: ____/____/____ Availability End Date: ____/____/____

Bed and Unit Inventory Dedication (check box and indicate number of beds and units):

- | | | |
|---|-----------------|------------------|
| <input type="checkbox"/> Chronic Homeless | # of beds _____ | # of units _____ |
| <input type="checkbox"/> Dedicated Youth Veterans | # of beds _____ | # of units _____ |
| <input type="checkbox"/> Dedicated Other Veterans | # of beds _____ | # of units _____ |
| <input type="checkbox"/> Dedicated Other Youth | # of beds _____ | # of units _____ |
| <input type="checkbox"/> Non-dedicated beds | # of beds _____ | # of units _____ |

Household Type(s) Served in the Beds/Units (check box and indicate number of beds and units):

- | | | |
|--|-----------------|------------------|
| <input type="checkbox"/> Households with children | # of beds _____ | # of units _____ |
| <input type="checkbox"/> Households without children | # of beds _____ | # of units _____ |
| <input type="checkbox"/> Households with only children | # of beds _____ | # of units _____ |

Service Categories (enter the appropriate category number as you complete the fields below):

- | | | |
|-----------------------------|-------------------------------|----------------------------------|
| • 02 – AIDS Related | • 12 – Housing | • 22 – Transportation |
| • 03 – Alcohol & Drug Abuse | • 13 – Hsg Search & Plcemt | • 23 – Utility Deposit |
| • 04 – Case Management | • 14 – Legal Services | • 24 – Utility Payments |
| • 05 – Child Care | • 15 – Life Skills | • 25 – Other |
| • 06 – Credit Repair | • 16 – Mental Health | • 26 – HOPWA Service |
| • 07 – Education | • 17 – Motel/Hotel Voucher | • 27 – PATH Funded Service |
| • 08 – Employment | • 18 – Moving Cost Assistance | • 28 – RHY Service |
| • 09 – Financial | • 19 – Rental Assistance | • 29 – VA SSVF Service |
| • 10 – Food | • 20 – Safety Net Services | • 30 – HUD-VASH Voucher Tracking |
| • 11 – Healthcare | • 21 – Security Deposit | • 31 – No Category |

List and detail all services provided to your program participants that you will be tracking in CMIS/HMIS, including other, non-residential services, attach additional pages if needed. (Please check appropriate boxes)

Service Title: _____ Category #: _____ Start Date: _____

Funding Source: _____

Cost associated with this service: Yes No

Cost is: Fixed Adjustable Fixed Amount (if applicable): \$ _____

Applied to: Individual Each Household Member



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Service Title: _____ Category #: _____ Start Date: _____
Funding Source: _____

Cost associated with this service: Yes No
Cost is: Fixed Adjustable Fixed Amount (if applicable): \$ _____
Applied to: Individual Each Household Member

Service Title: _____ Category #: _____ Start Date: _____
Funding Source: _____

Cost associated with this service: Yes No
Cost is: Fixed Adjustable Fixed Amount (if applicable): \$ _____
Applied to: Individual Each Household Member

Service Title: _____ Category #: _____ Start Date: _____
Funding Source: _____

Cost associated with this service: Yes No
Cost is: Fixed Adjustable Fixed Amount (if applicable): \$ _____
Applied to: Individual Each Household Member

Staff completing form: _____ **Signature** _____

Return completed form to Bitfocus, Inc. at nevada@bitfocus.com

2.06 Funding Sources

Header	Instruction
Element Name	Funding Sources
Field 1 & Responses	Federal Partner Program and Components
	1 HUD: CoC – Homelessness Prevention (High Performing Comm. Only)
	2 HUD: CoC – Permanent Supportive Housing
	3 HUD: CoC – Rapid Re-Housing
	4 HUD: CoC – Supportive Services Only
	5 HUD: CoC – Transitional Housing
	6 HUD: CoC – Safe Haven
	7 HUD: CoC – Single Room Occupancy (SRO)
	43 HUD: CoC – Youth Homeless Demonstration Program (YHDP)
	44 HUD: CoC – Joint Component TH/RRH
	8 HUD: ESG – Emergency Shelter (operating and/or essential services)
	9 HUD: ESG – Homelessness Prevention
	10 HUD: ESG – Rapid Rehousing
	11 HUD: ESG – Street Outreach
	35 HUD: Pay for Success
	36 HUD: Public and Indian Housing (PIH) Programs
	12 HUD: Rural Housing Stability Assistance Program
	13 HUD: HOPWA – Hotel/Motel Vouchers
	14 HUD: HOPWA – Housing Information
	15 HUD: HOPWA – Permanent Housing (facility based or TBRA)
	16 HUD: HOPWA – Permanent Housing Placement
	17 HUD: HOPWA – Short-Term Rent, Mortgage, Utility assistance
	18 HUD: HOPWA – Short-Term Supportive Facility
	19 HUD: HOPWA – Transitional Housing (facility based or TBRA)
	20 HUD: HUD/VASH
	21 HHS: PATH – Street Outreach & Supportive Services Only
	22 HHS: RHY – Basic Center Program (prevention and shelter)
	23 HHS: RHY – Maternity Group Home for Pregnant and Parenting Youth
	24 HHS: RHY – Transitional Living Program
	25 HHS: RHY – Street Outreach Project
	26 HHS: RHY – Demonstration Project

2.06 Funding Sources

Header	Instruction
Element Name	Funding Sources
Field 1 & Responses	Federal Partner Program and Components
	27 VA: CRS Contract Residential Services
	37 VA: Grant Per Diem – Bridge Housing
	38 VA: Grant Per Diem – Low Demand
	39 VA: Grant Per Diem – Hospital to Housing
	40 VA: Grant Per Diem – Clinical Treatment
	41 VA: Grant Per Diem – Service Intensive Transitional Housing
	42 VA: Grant Per Diem – Transition in Place
	45 VA: Grant per Diem – Case Management/Housing Retention
	30 VA: Community Contract Safe Haven Program
	33 VA: Supportive Services for Veteran Families
	34 N/A
	46 Local or Other Funding Source (Please Specify)

Please Note: 2.06 Funding Sources was published by the U. S. Department of Housing and Urban Development, FY 2020 HMIS Data Standards December 2019, Version 1.6, retrieved from hudexchange.info/resources/3824/hmis-data-dictionary/