



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-admin@bitfocus.com](mailto:nevada-admin@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"/> RRH - Housing with or without Services |
| <input type="checkbox"/> Emergency Shelter – Entry/Exit     | <input type="checkbox"/> RRH - Services Only                    |
| <input type="checkbox"/> Emergency Shelter – Night by Night | <input type="checkbox"/> Safe Haven                             |
| <input type="checkbox"/> Homeless Prevention                | <input type="checkbox"/> Services Only                          |
| <input type="checkbox"/> PH – Housing Only                  | <input type="checkbox"/> Street Outreach                        |
| <input type="checkbox"/> PH – Housing with Services         | <input type="checkbox"/> Transitional Housing                   |
| <input type="checkbox"/> PH – Permanent Supportive Housing  | <input type="checkbox"/> Other                                  |

**For RRH - Services Only and Services Only programs, are they affiliated with a residential project?**

- Yes  No

Availability Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Availability End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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**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:** \_\_\_\_\_



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**Housing Type (check one):**

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

**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):**

- Chronic Homeless # of beds \_\_\_\_\_ # of units \_\_\_\_\_
- Dedicated Youth Veterans # of beds \_\_\_\_\_ # of units \_\_\_\_\_
- Dedicated Other Veterans # of beds \_\_\_\_\_ # of units \_\_\_\_\_
- Dedicated Other Youth # of beds \_\_\_\_\_ # of units \_\_\_\_\_
- Non-dedicated beds # of beds \_\_\_\_\_ # of units \_\_\_\_\_

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

- Households with children # of beds \_\_\_\_\_ # of units \_\_\_\_\_
- Households without children # of beds \_\_\_\_\_ # of units \_\_\_\_\_
- Households with only children # of beds \_\_\_\_\_ # of units \_\_\_\_\_

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

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



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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

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](mailto:nevada@bitfocus.com)



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## 2.06 Funding Sources

Header	Instruction
Element Name	Funding Sources
Field 1 & Responses	Federal Partner Program and Components
1	HUD: CoC – Homelessness Prevention ( <a href="#">High Performing Comm. Only</a> )
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 Re-Housing
11	HUD: ESG – Street Outreach
47	HUD: ESG-CV
53	HUD: ESG-RUSH
54	HUD: Unsheltered Special NOFO
55	HUD: Rural Special NOFO
35	HUD: Pay for Success
13	HUD: HOPWA – Hotel/Motel Vouchers
14	HUD: HOPWA – Housing Information



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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)
48	HUD: HOPWA-CV
36	HUD: Public and Indian Housing (PIH) Programs
20	HUD: HUD/VASH
52	HUD: PIH (Emergency Housing Voucher)
50	HUD: HOME
51	HUD: HOME (ARP)
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
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 2024 HMIS Data Standards August 2023, Version 1.3, retrieved from <https://www.hudexchange.info/resource/3824/hmis-data-dictionary/>