

# HMIS

**OF SUMMIT COUNTY**

*A Program of Info Line, Inc.*



## HMIS AGENCY PROFILE

Please complete all information.

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

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