

## HMIS Report/Data Request Form

Prior to submitting a request, please think carefully about the data elements of the request and their relationship with the HUD HMIS Data Standards, if you are unsure of which data elements are available, see link below.

<https://files.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>

Provide specific details of your reporting requirements by completing this HMIS Report/Data Request Form

<b>Contact Name:</b>	<b>Institution/Agency/Facility:</b>
<b>Contact Telephone:</b>	<b>Date of Request:</b>
<b>Contact E-Mail Address:</b>	<b>Report Type:</b>

### Type of Data (Please check all that apply)

- Demographics (Race, Ethnicity, Gender, Age)
- Outcomes (Examples: Increased income, increased employment, increased non-cash benefits)
- Exit Destinations
- Track length of stay in programs
- Client level, program level, program type, system wide, and aggregate reporting
- Veterans, youth, special populations (HIV/AIDS, substance abuse, mental health issues, physical disability, domestic violence, etc.)
- Point-in-Time Data
- Other (please describe in box below)

<b>Other:</b>
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### Report Date Range

<b>Start Date:</b>	<b>End Date:</b>
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### Preferred Completion Date (Time requirements vary based on report complexity)

<b>Date</b>
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**Report Audience:** Who is this report being prepared for? Please specify if this report is for Staff, any Agency, Board, Funder, Government, Media, Research, General Public, or any other user?

**Description:** Enter a short description of exactly what information you want the report to capture.

**Report Frequency:**

- One-Time
- Quarterly
- Other \_\_\_\_\_

**For Custom Reports:**

<b>Report Name</b> – What would you like the report called
<b>Report Format</b> – Excel, etc.
<b>Column Headings</b> – Enter details of data columns and field names requested

For requests that may involve client level data from partner agencies, do you have current Agency Agreements or MOU's between all parties? **Yes** or **No** [Circle]

Please email your requests to [HMIS@stancounty.com](mailto:HMIS@stancounty.com)

For questions please contact your HMIS Staff:

Lynnell Fuller, HMIS Administrator, 209-558-3676