

HIFIS 4 Agency Engagement Form

About Your Organization/Agency

Organization/Agency Name

Designated Community

Number of Locations/Sites

Information Storage Method(s)

Excel	HIFIS 3.8 (or earlier)
Paper	MS Access
MS Words	Another HMIS (describe):

About Your Services

Types of Services/Programs

Emergency Shelter

Domestic Violence Shelter

Transitional Housing (designated site, on-site support, non-permanent stays)

Transitional Housing (scattered site, portable support, permanent stays)

Permanent Supportive/Supported Housing

Rapid-Rehousing (communal housing)

Rapid Re-housing (scattered site)

Other Housing Support (describe):

Eviction Prevention

Shelter Diversion

Street Outreach

Drop-in/Resource Centre

Other Provision (describe): -

Agency Contact for HIFIS 4

Name:

Job Title:

Email:

Work Phone: