

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):

Organization/Agency Contact for HIFIS 4

Name:

Job Title:

Email:

Work Phone:

Please download, fill, and send this form to the Community Engagement Manager (HIFIS) at <gbrander@shipyxe.ca>. An email will be sent to you upon receipt.