

**MAINE HMIS / SERVICEPOINT**

**Agency Information Form**

Agency Name: \_\_\_\_\_ Date \_\_\_\_\_

Provider / Program Name \_\_\_\_\_

**Primary HMIS Contact:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Provider / Program Street Address (N/A for Domestic Violence Shelters):

City: \_\_\_\_\_ State: Maine Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

**This provider / program provides services / housing in:**

Balance of State (ME-500)		Greater Penobscot (ME-501)		City of Portland (ME-502)	
Region 1		Region 2		Region 3	

**Telephone Information:**

Phone 1 Description: Primary Line Number: \_\_\_\_\_

Phone 2 Description: HMIS Contact Number: \_\_\_\_\_

Phone 3 Description: \_\_\_\_\_ Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Primary HMIS Contact Email Address: \_\_\_\_\_

Description of this provider's Service(s): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Program Type(s): (check all that apply)**

Emergency Shelter		Transitional Housing		Permanent Supportive Housing	
Street Outreach		Homeless Prevention		Services Only	
Other: _____					

**What is your target population(s)? (check all that apply)**

Individuals		Families			
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General / No Target		Youth (Under 18)		Domestic Violence	
Substance Abuse		Young Adult (18 - 24) Males		Young Adult (18 - 24) Females	
Single Male		Single Female		Families	
Veteran		HIV / AIDS		Individuals	