

## **HIFIS Onboarding Application Form**

*This form is to be completed by agencies that have expressed interest in participating in Durham Region's Shared Homelessness Individuals and Families Information System (HIFIS). This form must also be completed by agencies that the HIFIS Community Coordinator has invited to be onboarded onto HIFIS. HIFIS is a secure web based system that is used to collect and share information to help provide wrap around services for people experiencing homelessness or housing instability.*

*This form outlines expectations of HIFIS using agencies. It is also used to obtain any relevant and/or additional information regarding you (the new partner). Prior to being onboarded onto HIFIS, it is crucial to ensure that current HIFIS using agencies and the new partner agency is in agreement that the partnership will be a good fit.*

*All HIFIS using agencies are required to meet the criteria outlined below. By signing this form, you are in agreement that your agency will adhere to the following criteria during its existence on HIFIS:*

- Be housing focused/have a main goal of housing people.
- Be an active participant in Durham Region's Coordinated Access System.
- Have an understanding of the HIFIS Consent Form as well as what information can be shared among partner agencies (shared data is limited to information on HIFIS).
- Be committed to accurate and timely data entry (all required modules are being filled out, required modules are being updated)
- Sign the Data Sharing Agreement with the Region of Durham.
- Complete HIFIS Training (review HIFIS Training Package, complete 1 virtual HIFIS training session with HIFIS Community Coordinator)
- Complete SPDAT Training (or commit to completing training within a reasonable timeframe)

### **Agency Information**

#### **Contact info**

**Agency name:**

**Sector:**

**Main contact (name):**

**Main contact (email):**

**Main contact (number):**

### **Agency Overview**

**Please provide a brief description of what your agency does:**

### **Programming**

**Please highlight any housing-focused/housing related programs your agency offers. Include a brief description for each.**

**1.**

**2.**

**Please highlight some of the main programs your agency offers. Include a brief description for each.**

**1.**

**2.**

**3.**

**4.**

**5.**

**How will your agency's involvement in HIFIS benefit shared clients?**

**How can HIFIS benefit your agency?**

**Is there anything else we should know, or that you want to specify, about your agency?**

**By signing below, I acknowledge that all of the information entered above is true and correct. I have reviewed the expectations and agree with its contents.**

**Signature:**

**Date:**