# Form 1: Homeless Management Information System (HMIS) Certification

**ONLY to be completed by those applicants who have not participated in Detroit’s HMIS. To be completed by applicable HMIS administrator.**

ESG Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Collaborative Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In signing this form, I certify that my answers below are accurate.

1. This ESG Applicant Organization is an active user of an HMIS system for at least 1 year and complies with the HMIS data quality requirements as set forth in the HMIS Policies and Procedures. Circle one: Yes or No.

**If Yes to #1, please attach data quality report for most recent reporting year.**

1. During the past year, did the ESG Applicant participate in alternative data system for Domestic Violence providers? Circle one: Yes or No.
2. During the past year, did the ESG Applicant organization meet all relevant requirements, including prompt and accurate data entry for homeless services delivery? Circle one: Yes or No.

If no, please provide explanation:

1. Did the ESG Applicant organization adequately address any data entry concerns raised by the HMIS Administrator in the past 2 years? Circle one: Yes or No.

If no, please provide explanation:

Printed Name of HMIS Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of HMIS Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_