

HMIS Report/Data Request Form

Prior to submitting a request, please think carefully about the data elements of the request and their relationship with the HUD HMIS Data Standards, if you are unsure of which data elements are available, see link below.

[HMIS Data Standards Manual 2024.](#)

Provide specific details of your reporting requirements by completing this HMIS Report/Data Request Form

Contact Name:	Institution/Agency/Facility:
Contact Telephone:	Date of Request:
Contact E-Mail Address:	Report Type:

Type of Data (Please check all that apply)

- Demographics (Race, Ethnicity, Gender, Age)
- Outcomes (Examples: Increased income, increased employment, increased non-cash benefits)
- Exit Destinations
- Track length of stay in programs
- Client level, program level, program type, system wide, and aggregate reporting
- Veterans, youth, special populations (HIV/AIDS, substance abuse, mental health issues, physical disability, domestic violence, etc.)
- Point-in-Time Data
- Other (please describe in box below)

Other:

Report Date Range

Start Date:	End Date:
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Preferred Completion Date (Time requirements vary based on report complexity)

Date

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Report Audience: Who is this report being prepared for? Please specify if this report is for Staff, any Agency, Board, Funder, Government, Media, Research, General Public, or any other user?

Description: Enter a short description of exactly what information you want the report to capture.

Report Frequency:

- One-Time
 Quarterly
 Other _____

For Custom Reports:

Report Name – What would you like the report called
Report Format – Excel, etc.
Column Headings – Enter details of data columns and field names requested

Thank you for taking the time to complete this request.

Please email your requests to HMIS@stancounty.com

For questions please contact your HMIS Staff:

Lynnell Fuller, HMIS Administrator, 209-558-3676