



Community Alliance, Management Information Systems Department  
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## MIS Agency/Program Census Form

**Due by the 4<sup>th</sup> day of the month or the following Monday if the 4<sup>th</sup> is on the weekend.**

This form is used to report your agency/program monthly census to Community Alliance, MIS Department. The information is used to compare with data in HMIS and to identify users/system errors for information collected and/or entered.

Agency/Program Name: \_\_\_\_\_

Person Submitting Report: \_\_\_\_\_

Contact Information:                      Phone: \_\_\_\_\_                      Email: \_\_\_\_\_

Month of Service/Sheltering/Housing: \_\_\_\_\_

Persons served during the month	Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a. Number on the first day of the month.				
b. Number entering program during the month.				
c. Number who left the program during the month.				
d. Number in the program on the last day of the month. (a + b - c = d)				

Please note any known discrepancies between numbers that are being reported and those in HMIS. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please email an electronic copy to **tanyce@cafth.org**, or fax to (901) 527-1308 by the 4<sup>th</sup> of each month.

\_\_\_\_\_  
**Agency Representative's Signature**

\_\_\_\_\_  
**Date (MM/DD/YYYY)**