



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

Due by the 4th day of the month or the following Monday if the 4th 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 4th of each month.

Agency Representative's Signature

Date (MM/DD/YYYY)