

# HMIS UTILIZATION SURVEY FORM

**Organization/Agency Name:** \_\_\_\_\_

**User's Name (First and Last):** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

**Supervisor's Telephone Number:** \_\_\_\_\_

Check here if you will be serving as the lead HMIS Administrator for your agency

You should return the completed form to Manny Sarria, Miami-Dade County Homeless Trust,  
[Manuel.Sarria@miamidade.gov](mailto:Manuel.Sarria@miamidade.gov) or Stephen P. Clark Government Center, 111 N.W. 1st Street, 27<sup>th</sup>  
Floor, Suite 310, Miami, Florida 33128.