☐ New User ☐ Delete User ☐ Change User Information ☐ Other **Today's Date:** _____

HMIS User Information

User First & Last Name (Print) _____

Job Title _____ User Office Phone (___)_____Ext_____

User E-Mail Address _____

Organization & Program Information

Organization Name _____

Organization Main Office Address _____

(Street)   (City)   (State)   (Zip Code)

User Location _____

(Street)   (City)   (State)   (Zip Code)

Type of Access: ☐ Basic User   ☐ Power User   ☐ System Administrator (Manager)

Name of all Organizations User will be Entering Data For:

_____, _____, _____

Program Type:

☐Emergency Shelter   ☐Homeless Outreach   ☐ Transitional Housing ☐ Service Only

☐Homelessness Prevention ☐ Rapid Rehousing   ☐ Rapid Re-Housing   ☐ PH

Requestor Information

Name of person requesting change or addition _____

Title _____ Phone (___)_____Ext._____

Reason for change or addition _____

Disabled or Active Date: _____

Select User Distribution Lists: HMIS   CES

Note: Please complete this form to add/delete HMIS Users. For all New User Request you **must** submit the completed "User Policy, Responsibility Statement & Code of Ethics" along with this form for the request to be processed.
If you have any questions, please contact HMIS Support or HMIS@stancounty.com