

□ New User □ Delete User □ Change User Information □ Other Today's Date:	
HMIS User Information	
User First & Last Name (Print)	
Job TitleUser Office Phone ()	
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 (Manage	r)
Name of all Organizations User will be Entering Data For:	
	<u>—</u>
Program Type:	
□ Emergency Shelter □ Homeless Outreach □ Transitional Housing □ Service Only	
☐ Homelessness Prevention ☐ Rapid Rehousing ☐ CES ☐ PH	
Requestor Information	
Name of person requesting change or addition	
TitlePhone () 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