

HMIS User Account Request Form

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: _____

Note: This form must be completed and filed with SHSSC for new users and users needing to be deleted. If you have any questions, please contact HMIS (209) 577-5211. Email or Fax completed forms to: (209) 577-5461 or fuller@modestogov.com