

## New HMIS End User Request

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Agency Name

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End User Name (Agency Employee) and Job Title

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End User's Email

Does the user need Coordinated Entry Access? \_\_\_\_\_

Programs user will be using:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

User understands they will need the following to participate in HMIS training:

-Computer with working Web Cam. \_\_\_\_\_

-Ability to use Zoom and share their screen. \_\_\_\_\_

Did you attach the following:

-HMIS End User Agreement. \_\_\_\_\_

-Background Check Template. \_\_\_\_\_

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CHO Administrator's Signature

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Date

Email to HMIShelp@buttecounty.net when completed.