



New HMIS End User Request

Date of Request:

Agency Name:

Additional Agency Access Needed (List additional agencies below):

Coordinated Entry

User's Name:

User's Job Title:

User's Email:

Additional Access Needed (Check all that apply):

Attendance Only Module

Reports

Outreach module

Referrals

View Only Mode

Receive Referrals

Send Referrals

Agency CHO Administrator's Signature

Date

Email packet to HMIShelp@buttecounty.net when completed.

DESS HMIS Lead Agency Use Only:

Access Role: _____

Training Date: _____

Training Information

Coordinated Entry

Referral;

Receiving

Sending

Emergency Shelter

Reports

Night-by-Night

Transitional Housing

Entry/Exit

Services other than housing (services only)

Outreach Module/outreach program

HIPPA Related programing

Rapid Re-Housing

Permanent Supportive Housing