

HMIS Training Request Form

Requester's Information

Name:

Title/Agency:

Work Email:

Work Phone Number:

User's Information

Check box if this User is a Manager/Supervisor

Name:

Title:

Work Email:

Work Phone Number:

Date of request:

Preferred Training Date:

Program Manager Information (If different than requester)

Name:

Title:

Work Email:

Work Phone Number:

HMIS Access Type

Check box if this is a Refresher Training

Full HMIS

(If Other) Please Describe:

HMIS Viewing Only

Other

Full HMIS & SA Homelink

How will the User be using HMIS?

Name of project(s) the User will be working with:

Describe their duties:

Will this User be using HMIS for a limited duration? If so, how long?

This form must be signed before any further action is taken.

Department Head Signature & Date

Printed Name