

Homeless Resource Council of the Sierras' HMIS AUTHORIZED USER LIST

CHO Agency: _____

Date: _____

Person Submitting Form: _____

User Name: _____

User Name: _____

User Name: _____

User Name: _____

User Name: _____

User Name: _____

User Name: _____

User Name: _____

This form must be completed and submitted to the Homeless Resource Council of the Sierras' HMIS System Administrator when changes to authorized users are made. Make copies of the form if you need additional pages.

Agency HMIS Users not listed will have HMIS access removed by the HMIS Administrator.

I certify that the information listed above is complete and accurate.

CHO Site Manager or Executive Director Signature

Date