



HMIS User License Request Instructions

Narrative description as to why this license is requested. For example: is the license needed to handle an increase in data for an existing program, for data related to a new program, or to replace a user that has left your agency, etc.

Program Name(s) – list all programs for which the staff member will enter data

Job Title – identify the complete job title of the staff member

Address – provide the number, street name, unit/floor of where data entry will occur

City – provide the full city name

State – provide the two letter state identifier

Zip Code – provide the full zip code including the plus-four, if known

Office Phone – provide the ten-digit office phone number for the staff member

Work Cell Phone – provide the ten digit work cell phone number for the staff member (if applicable)

Email Address – provide the complete e-mail address of the staff member

Provider – name of the Division/Group within your organization (if applicable)

Organization(s) – name of organization for which staff member will enter data.

Location – same as organization unless entering data for a specific *facility* (e.g. *Hope House, House of Charity, etc*)

Supervisor – name of staff member supervisor

Supervisor Phone – ten-digit contact phone number for staff member supervisor

Email Address – full e-mail address of staff member supervisor

Case Manager – place an X in this box if staff member is also a Case Manager

Active Date/Disable Date – date you want access to be active or disabled

Printed Name of Signing Authority – only pre-identified staff have contract signing authority. If you need a list of these persons, contact George Dahl at 509-625-6036. **By signing this form, the Signing Authority is indicating that the agency can be billed for license related expenses.**

Signature of Signing Authority – signature (see above for details re: eligible signor)

Date – date the signing authority signed this form