

THE COALITION OF HOMELESS SERVICES PROVIDERS

HMIS License Request

Please perform the following:

1. Complete HMIS New User Training Presentation located on CHSP website: <http://www.chspmontereycounty.org/hmis-training-documents/>
2. Complete the Confidentiality Video, Survey and End User Agreement: <https://www.surveymonkey.com/r/79MCZ3K>
3. Register and attend an HMIS New User Training on CHSP website: <http://www.chspmontereycounty.org/hmis-trainings/>
4. Complete and return the below to the Coalition Office for processing. **One form per User.**

Agency Information

NEW Standard Standard: Transfer New ART ART: Transfer

New _____
User (First and Last Name)

Transfer _____
From To

Requested By: _____
Printed Name Signature

Approved By: _____
Printed Name Signature

Agency: _____

Contact: _____

Email: _____

Purchase Details

1. Invoice will be processed upon receipt of completed HMIS License Request form.
2. License Transfers do not require an invoice and will be activated upon receipt of completed License Request form.
3. Licenses will be activated upon receipt of payment.
4. **Standard Licenses:** \$250.00 per year | **ART Licenses:** \$120.00 per year
5. **Invoice Questions:** Administrative Coordinator, Katrina McKenzie: kmckenzie@chspmontereycounty.org
6. **License Activation/Set-Up questions:** HMIS Data Coordinator, Roxanne Wilson: rwilson@chspmontereycount.org

For CHSP use only

Request Received: _____ Training Completed: _____

Invoiced: _____ Invoice Amount: _____

Payment Received: _____ Users Activated: _____

Processed By: _____ Katrina McKenzie

Administrative Coordinator Signature

Date

Activated by: _____ Roxanne Wilson

HMIS Data Coordinator Signature

Date

Notes:

