



Request for Removal of an HMIS User's License/Access

***A program manager/HMIS Agency Administrator must complete and sign this form** to request removal of a user's access to Partner's Ending Homelessness/Rochester/Monroe County CoC's HMIS.

Please submit this form **within 7 days** of a user leaving your organization or no longer needing HMIS access.

Agency Name:	
Name of HMIS User:	
Position/Title:	
Email Address:	
User Access Level:	
<input type="checkbox"/> Remove User Effective Date: _____	<input type="checkbox"/> Case Manager - has access to all Client functions, including the assessments and service records. There is access to most reports in Community Services. Or <input type="checkbox"/> Agency Administrator - has access to all Client features and agency level administrative functions. This level can reset passwords for users of his/her agency & edit their agency and program data. There is full reporting access in Community Services.
Name of PRIMARY SITE/PROGRAM this person is assigned to:	
Default Provider: _____ (Their primary program)	
Default Provider Type:	<input type="checkbox"/> Emergency <input type="checkbox"/> TH <input type="checkbox"/> RRH <input type="checkbox"/> PSH <input type="checkbox"/> Street Outreach <input type="checkbox"/> RHY <input type="checkbox"/> SSVF <input type="checkbox"/> VA <input type="checkbox"/> HP

* _____
HMIS Site Administrator Signature

Date

Please submit completed document to:

Carolyn Kesyer
HMIS System Administrator
 (585) 405-5035
ckesyer@letsendhomelessness.org

Janice Steimer
HMIS Coordinator
 (585) 405-5039
jsteimer@letsendhomeless.org