

# THE COALITION OF HOMELESS SERVICES PROVIDERS

## HMIS License Request

**Please perform the following:**

1. Complete the Confidentiality Video, Survey and End User Agreement: <https://www.surveymonkey.com/r/79MCZ3K>
2. Register and attend an HMIS New User Training on CHSP website: <http://www.chspmontereycounty.org/hmis-trainings/>
3. 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)* *End User Email Address*

Transfer \_\_\_\_\_  
*From* *To (Please include their e-mail address.)*

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. Payments not received within 60 days of training will require user to be re-trained.
5. **Standard/ART Licenses:** \$400.50/year
6. **Invoice Questions:** Management Analyst: [kmckenzie@chspmontereycounty.org](mailto:kmckenzie@chspmontereycounty.org)
7. **License Activation/Set-Up questions:** HMIS Specialist, Derek Ferree: [dferree@chspmontereycount.org](mailto:dferree@chspmontereycount.org)

### For CHSP use only

Request Received: \_\_\_\_\_ Training Completed: \_\_\_\_\_  
Invoiced: \_\_\_\_\_ Invoice Amount: \_\_\_\_\_  
Payment Received: \_\_\_\_\_ Users Activated: \_\_\_\_\_

**Processed By:** \_\_\_\_\_ Katrina McKenzie

\_\_\_\_\_  
*Management Analyst Signature* *Date*

**Activated by:** \_\_\_\_\_ Derek Ferree

\_\_\_\_\_  
*HMIS/CARS Specialist Signature* *Date*

**Notes:**