

# THE COALITION OF HOMELESS SERVICES PROVIDERS

## HMIS License Request

**Please perform the following:**

1. Complete the Confidentiality Video, Survey and End User Agreement:
2. Register and attend an HMIS New User Training on CHSP website: <https://chsp.talentlms.com/>.
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: \_\_\_\_\_

## Details

1. Licenses will be activated upon completion of training.
2. License Activation/Set-Up questions: HMIS Program Coordinator, Oliver Elbert : [uelbert@chsp.org](mailto:uelbert@chsp.org)
3. License expenses are currently covered by the Continuum of Care, however, in extenuating circumstances, CHSP may request an agency to purchase licenses. In this case, the cost of a license is **\$445.00**.

## For CHSP use only

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

Processed By: \_\_\_\_\_

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

Activated by: \_\_\_\_\_

\_\_\_\_\_  
*HMIS Program Coordinator Signature* *Date*