

THE COALITION OF HOMELESS SERVICES PROVIDERS

HMIS License Request

Please perform the following:

1. Register and complete the HMIS New User Training on CHSP website: <https://chsp.talentlms.com/>.
2. 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 and payment.
2. License Activation/Set-Up questions: HMIS System Administrator, Oliver Elbert: oelbert@chsp.org
3. 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: _____

Signature *Date*

Activated by: _____

HMIS System Administrator Signature *Date*