

Homeless Alliance HMIS Assistance Request

Organization Information

Organization Name: _____

Organization Address: _____

Organization Phone: _____

Type of Assistance Requested: (Circle Types)

Computer Internet Fees Printer Barcode Reader Other Hardware (see notes)

Other Software (see notes) Technical Assistance

Reason for Request:

I understand that if approved, this assistance is for the sole purpose of allowing my agency to utilize the HMIS system. I further understand that if my agency does not utilize the HMIS system in accordance with the HMIS partnership agreement, this assistance may be revoked.

Authorized Representative: _____

Representative Signature: _____

Organization Contact Name: _____

Request Granted: (circle one) **Yes** **No**

HMIS Agent Signature: _____