



2018 CRHMIS USER AGREEMENT

I, _____ ,
(Name/Title – Please Print)

of _____ ,
(Agency – Please Print)

have reviewed the CARES Regional HMIS Policies and Procedures document, and I agree to comply and adhere to the guidelines as defined therein.

(Signature)

(Date)

Email address for HMIS list-serve: _____

PROGRAM INFORMATION

Program Name(s): _____

(Please list all programs you will have access to within the CRHMIS)

Program Address: _____

Program Phone Number: _____

Program Fax Number: _____