



## User Agreement

I, \_\_\_\_\_,  
(Name/Title – Please Print)

of \_\_\_\_\_  
(Agency – Please Print)

*have reviewed the CARES Regional HMIS Policies and Procedures document. 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: \_\_\_\_\_