



Form for Closing Out HMIS Agencies/Programs

1. Name of agency: _____
2. Name of Agency executive director: _____
3. Email of Agency executive director: _____
4. Phone # of Agency executive director: _____
5. Effective Date of closure: _____
6. Is this an agency closure (all programs at the agency will be closed) or a program closure? _____
7. For program closures, please list all programs to be closed below:

8. For program closures, please list all HMIS staff that will continue to use the system:

NOTE: All other HMIS accounts will be deactivated.

Name	Title	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Why is this agency/program(s) no longer using HMIS? (choose all that apply)

- Funding for the agency/program has finished
- Agency is not happy with HMIS
- Agency is shutting down
- Agency is merging with another agency
- Other (please specify)

Agency Closures: On the Effective Date, all programs at the agency will be locked, and users at the agency will no longer have access to HMIS (including running reports).

Program Closures: On the Effective Date, all programs listed above will be locked, and any users not listed on this document will no longer have access to HMIS (including running reports).

I certify that the above information is correct.

Printed Name of Agency Executive Director

Date

Signature of Agency Executive Director