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2-1-1 Orange County

1505 E 17th Street Ste. 108, Santa Ana, CA 92705

(714) 288-4007, OCHMIS.org

**Homeless Management Information System (HMIS)**

**User Revocation of Access Form**

This Client Revocation of Access form is to notify the HMIS System Administrator that all access to the HMIS system to be revoked for the following employee.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  |  |  |
| --- | --- | --- |
| Agency Name: |  | Reason for Revoking Access (mark with ‘X’): |
|  |  |  | Employee no longer works for agency |
| Name of Employee: |  |  | Employee no longer uses HMIS  |
|  |  |  | Other:  |  |

 |

**Authorization**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| Date Access should be Revoked: |  |  |

|  |  |  |
| --- | --- | --- |
| Authorized By (Print Name): |  | Signature: |
|  |  |  |
| Job Title: |  | Date: |
|  |  |  |
| Phone Number: |  | Email: |
|  |  |  |

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Please return this form to 2-1-1 Orange County by email to HMIS-helpdesk@211oc.org
or by fax at (714) 258-7852.