



## 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.

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Printed Name of Agency Executive Director

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Date

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Signature of Agency Executive Director