Kern Family Health Care

HOMELESS MANAGEMENT INFORMATION SYSTEM (Kern County HMIS)

HMIS User Deactivation Form

This HMIS User Deactivation Form is to inform the HMIS Administrator that the following employee is no longer with the organization. Therefore, their access to HMIS should be removed immediately.

Submission Date:_____

Agency/Organization:_____

Name of Employee: _____

Effective Date of Termination: _____

Authorized by: _____

Please send signed form to hmissupport@kernhmis.com for processing.

HMIS Administrator Use Only:

Ticket #_____

Status: Completed ☐ Pending ☐

Date of Completion: _____

Completed by: _____