Please complete the following questions and return to the HMIS Data Team at: **data@cceh.org**

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| **Question** | **Response** |
| How did you hear about the CT HMIS? |  |
| How does your agency/organization help end homelessness? Please describe what your agency/organization does. |  |
| Why do you need HMIS access? What do you intend to use it for or get from it? |  |
| How many people are requesting access and what are their roles/responsibilities? |  |
| Define what kind of access is needed (full read/write; read only; reporting only) |  |
| How long do you anticipate needing access to HMIS? |  |
| Is yours a new program that is not currently set up in HMIS? |  |