



Ventura County Homeless Management Information System

HMIS Disable User Request Form

(Intended use of this form is to delete a user account)

Date: _____

Intended use of this form is to terminate a user account. Submit this form if you know your employee is leaving and you have "last day" identified. Accounts are normally terminated within 24 hours of the last day; for example, the employee's last day is Friday, January 1, by Saturday, January 2, the account will be terminated as we assume the employee will need access to work in HMIS on their last day.

Please note: If your organization needs to terminate an account in an emergency situation (employee has been fired or walked out of the job), please call the HMIS Support Team at 805/477-5156 right away.

Agency Information

Agency Name: _____ Agency Director: _____

HMIS User Information

User Name: _____ Email: _ _ _____

Phone: _____

Actions you would like done:

Delete account on/or by: _____ (this means you will not be using this license in the future)

Disable account on/or by: _____ (this will keep the license vacant until you replace the HMIS user)

Disable account and audit, possible data security breach. (If this box is selected, please explain below the possible breach).

Please submit this form to HMIS Support at HMIS-support@ventura.org. For questions contact us at (805)477-5156.

HMIS Use Only:

_____ Notified Fiscal of license update

_____ Date notified