



Pinellas HMIS User Permission Request

Today's Date: _____

_____ New User _____ Change User Information/Program Access _____ Remove User

Permission Level: _____ View Only _____ View and Write _____ Create Reports

Justification for Permission Level: _____

Agency Information

Agency Name: _____

Program Manager Contact Information: _____

HMIS User Information

User's First & Last Name: _____

Job Title: _____

Email: _____ Phone Number: _____

Primary Provider (Default program for user): _____

Other programs they enter data for: _____

User Prerequisites

ORI Number: _____

Level 2 Background Screening Clearance Date: _____

Please attach the following documents with new user requests:

DCF HIPAA Information and Action Training Certificate: _____

DCF Security Awareness Training Certificate: _____

End User Agreement: _____

[DCF Training Links](#)

[End User Agreement](#)

Member Agency Administrator Approval

Print: _____ Sign: _____

This form is available online here: <https://hlapinellas.wufoo.com/forms/user-permission-request>