



## HMIS REPORT REQUEST FORM

Organization Name: \_\_\_\_\_ Date \_\_\_\_\_

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### Contact Information:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Person responsible for Beta testing report \_\_\_\_\_

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Report Title: \_\_\_\_\_

Purpose of the Report: \_\_\_\_\_

Project(s) included in the report (List HMIS Project ID Number):

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Client Universe (active clients, clients entering project, clients exiting project etc)

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Data Elements to be used for data source

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Reporting Categories (counts of clients by gender, race, or other factors etc)

Four horizontal lines for reporting categories.

Time Period:

From \_\_\_\_\_ (MM / DD / YY) to \_\_\_\_\_ (MM / DD / YY)

- One time only
Monthly
Quarterly
Bi-annual
Annual

Requested Completion Date: \_\_\_\_\_

(Specify the date on which the report is needed)

Report Content:

State in detail what you want in your report. (Write Below or Attach)

Multiple horizontal lines for report content.

Send request to the following address: HMISsupport@cir.org