

**ERIE COUNTY  
CONTINUUM OF CARE  
HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)  
MANAGED BY: THE ERIE UNITED METHODIST ALLIANCE  
USER DEACTIVATION FORM**

**Please complete the following for the account deactivation:**

**Employee Name:** \_\_\_\_\_  
(Please print clearly.)

**ServicePoint Login ID:** \_\_\_\_\_  
(Please print clearly.)

**Agency Name:** \_\_\_\_\_  
(Please print clearly.)

**Supervisor's/Executive Director's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Important**

Per the Agency Participation Agreement, please note this form must be completed within 1 business day after a user is no longer affiliated with your Agency.

If you have any questions regarding the completion of this request, please contact the HMIS Administrator at 814-456-8073.

After filling out this form, fax it back to EUMA at 814-456-4513 or mail it to:

HMIS Administrator  
EUMA  
1033 E. 26<sup>th</sup> St  
Erie, PA 16504

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To be completed by the HMIS Administrator:

**User ID Deactivated:** \_\_\_\_\_

**HMIS Administrator Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_