

**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. 26th St
Erie, PA 16504

To be completed by the HMIS Administrator:

User ID Deactivated: _____

HMIS Administrator Signature: _____

Date: _____