

**MONTGOMERY COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES (MCDHHS)
CONTINUUM OF CARE
HOMELESSNESS MANAGEMENT INFORMATION SYSTEM (HMIS)
USER DEACTIVATION FORM
Revised 08/13/2013**

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 County's Helpdesk at 240-777-2828 or send an email to HelpIT@montgomerycountymd.gov.

After filling out this form, please either scan and email it to the email above or fax it back to HHS IT at 240-777-1575.

To be completed by the HMIS Administrator:

User ID Deactivated: _____

HMIS Administrator Signature: _____

Date: _____