Solari
CRISIS & HUMAN SERVICES

Custom Training Request

Step 1: Please fill out your contact and agency information.

Requestor Name:	
Email:	
Phone:	
Organization:	
Project(s):	

Step 2: Please let us know more about the users being trained & new project setup.

Total number of users being trained:	
Are these users new or existing?	New_____ Existing_____ Both_____

New projects that must be set up:	

Note: HMIS will need all new user information 3 days prior to the training and all new project setup information 5 days prior to the training (please find applicable forms on our website). If the information is not provided in this time period, the training may be rescheduled.

Step 3: Please select the training topic(s) you are interested in.

☐ Entry/Exit Workflow	☐ Case Management	☐ Coordinated Entry
☐ ShelterPoint	☐ RHY	☐ HOPWA
☐ PATH	☐ SSVF	☐ Outreach
☐ Reporting	☐ Refresher/Q&A	☐ Other

Please describe the reason for this training request and the issue(s) that you are seeking clarification/resolution on:

_____

_____

Step 4: Please select the type of training requested

☐ Custom Online	☐ At my agency	☐ CRN Training Lab (Tempe, Flagstaff, Tucson)

Note: Agency must provide all internet and display capabilities for the "At my agency" trainings.