

HMIS REPORT REQUEST FORM

Organization Name:	Date
Contact Information:	
Name:	
Phone Number:	
E-mail Address:	
Person responsible for Beta testing r	eport
Report Title:	
Purpose of the Report:	
Project(s) included in the report (List HMIS Pro	,
Client Universe (active clients, clients entering p	project, clients exiting project etc)
Data Elements to be used for data source	



Reporting Categories (counts of clients by gender, race, or other factors etc)								
Time Period: From One Mon Quan Bi-a: Ann	time only othly rterly nnual	[/ DD / YY) t	to	(N	MM / DD	/ YY)		
Requested Com (Specify the dat	pletion Date e on which	e: the report is r	needed)					
Report Conten	t:							
State in detail w	hat you wa	nt in your rep	ort. (Write	Below o	or Attach)			

Attach this request to your ticket submitted to the Help Desk at: https://community.solari-inc.org/submit-a-ticket/