Total Licenses Allocated: _____

Ohio Balance Of State
Homeless Management Information System (OBOSHMIS)
User License Activation Log

E-mail completed forms to paulajenkins@cohhio.org or Fax: 614-463-1060 each time there is a change in the Users provided Access to the OBOSHMIS. The number of active users must equal the number of licenses assigned to your agency. All Users given access to the OBOSHMIS must have completed both Privacy Training and System Use Training. Please include the attached Training Record updated to reflect completion of the required training.

Organization: _____ Phone #: _____
CoC Name : _____
Date Submitted: _____

Agency Administrator:_____

End User Name	E-mail	Activation Date	Date De-activated

Use as many forms as necessary.