



COMMUNITY ACTION PARTNERSHIP SOLANO  
JOINT POWERS AUTHORITY

HMIS REFUND REQUEST FORM

The Solano County Homeless Management Information System (HMIS) is a shared database and software application which confidentially collects, uses, and shares client-level information related to homelessness in Solano County. If an agency licensed to participate in HMIS has closed, is in the process of closing, or is experiencing a financial hardship, that agency may submit this form to [solanoHMIS@homebaseccc.org](mailto:solanoHMIS@homebaseccc.org) for the purpose of requesting a refund for HMIS fees paid. Only requests for refund of fees paid for future HMIS use (*i.e.* between the date of the request and the end of the licensing period) will be considered.

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Agency

\_\_\_\_\_

Date

\_\_\_\_\_

Number of allocated HMIS licenses

\_\_\_\_\_

HMIS budget

\_\_\_\_\_

Amount of refund

Why does your agency wish to be considered for a refund?

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