



Nebraska Management Information System License Request Form

This form must be completed and signed to request a Clarity Human Services license. EACH License Request Form must be completed prior to training, and the form must be signed by the Agency designated representative before a username and password will be assigned.

Agency Requesting License:

Name of Authorized Staff:

Authorized Signature:

Authorized Staff Phone:

Email Address:

Today's Date:

User Information

Select One: ☐ New User ☐ Delete User ☐ Transfer from Previous User:

Staff Name (Print First & Last):

User Phone:

User Email:

Please select each funding source that applies to the user:

- | | | |
|------------------------------------|---|--|
| ☐ CSBG | ☐ HHS: RHY | ☐ HUD: CoC |
| ☐ HUD: ESG | ☐ HUD: HOME (ARP) | ☐ HUD: HUD/VASH |
| ☐ HUD: PATH | ☐ HUD: PIH (EHV) | ☐ HUD: Rural Special NOFO |
| ☐ HUD: YHDP | ☐ VA: CRS | ☐ VA: GPD |
| ☐ VA: SSVF | ☐ Other Non-Federal: _____ | |

Please check all workflows for which this user will need training:

- | | | |
|--|---|---|
| ☐ Coaching/Navigation | ☐ Coordinated Entry | ☐ Emergency Shelter |
| ☐ Homeless Prevention | ☐ Permanent Housing | ☐ Permanent Supportive Housing |
| ☐ Prevention/Diversion | ☐ Rapid Re-Housing | ☐ Service Only |
| ☐ Street Outreach | ☐ Transitional Housing | ☐ CSBG |
| ☐ Joint Transitional/Rapid Re-Housing | ☐ Other: _____ | |

Please select your Agency CoC: ☐ NE-500 ☐ NE-501 ☐ NE-502

For System Administrator Use Only

Date LRF Received:

Date Privacy and Security Completed:

Date Training Completed:

Date User Activated:

Activated By: