

Partners In Care Duplicate Client ID Removal Request Form

Please use this form to request the removal of Duplicate Client ID numbers from the HMIS database.

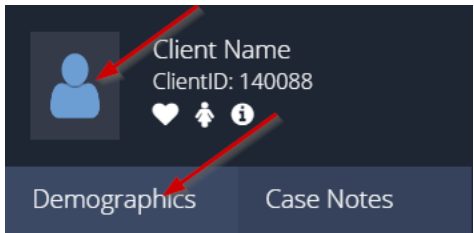
Organization: _____

Contact: _____ Contact Phone #: _____

Contact Email Address: _____ Date: _____

Client ID Number (this number will be kept): _____

Keep the client ID number with the most accurate client demographic information. This can be found by finding the client > Clicking on the image to the left of the client name > Clicking on Demographics.



Duplicate Client ID Numbers to be Removed: Demographic information from these client ID numbers will be replaced by the information in the client ID noted above.

1. _____

8. _____

2. _____

9. _____

3. _____

10. _____

4. _____

11. _____

5. _____

12. _____

6. _____

13. _____

7. _____

14. _____

Program enrollment information from all client ID numbers will be consolidated under the remaining client ID number.

Please submit completed forms to the PIC HMIS Help Desk: HMIS@auw.org. Due to high volume of requests, you will not receive a confirmation email when your request is processed.