



# MSCCoC-MIS New End User Profile Form

Community Alliance for the Homeless | Management Information Systems | Tanyce McCray-Davis | MIS Director/System Admin II  
 Off. 901-527-1302 | Cell 901-652-2678 | Email: tanyce@cafh.org

PLEASE COMPLETE ALL FIELDS BELOW

User Name:	Provider Name:
User Title:	Project Name:
User Email Address:	User Phone Number:

User Role (choose one)



<input type="checkbox"/>	Case Manager I
<input type="checkbox"/>	Case Manager II
<input type="checkbox"/>	Case Manager III
<input type="checkbox"/>	Read Only I
<input type="checkbox"/>	Read Only II
<input type="checkbox"/>	Read Only III
<input type="checkbox"/>	Agency Admin

Primary Project Log in



<input type="checkbox"/>	
--------------------------	--

Enter Data As Projects  
(list all that apply)



<input type="checkbox"/>	Project 1
<input type="checkbox"/>	Project 2
<input type="checkbox"/>	Project 3
<input type="checkbox"/>	Project 4

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date