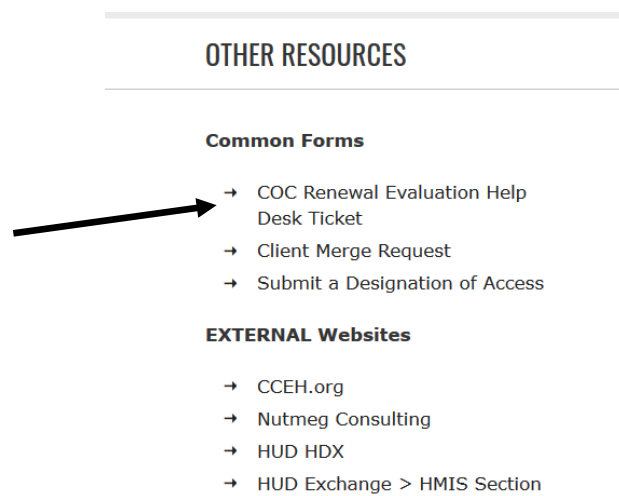


CoC Renewal Evaluation Help Desk Ticket

Last Updated October 2020

Go to the HMIS home page

- <https://www.cthmis.com/>
- Scroll down and the link will be under **Other Resources**



OTHER RESOURCES

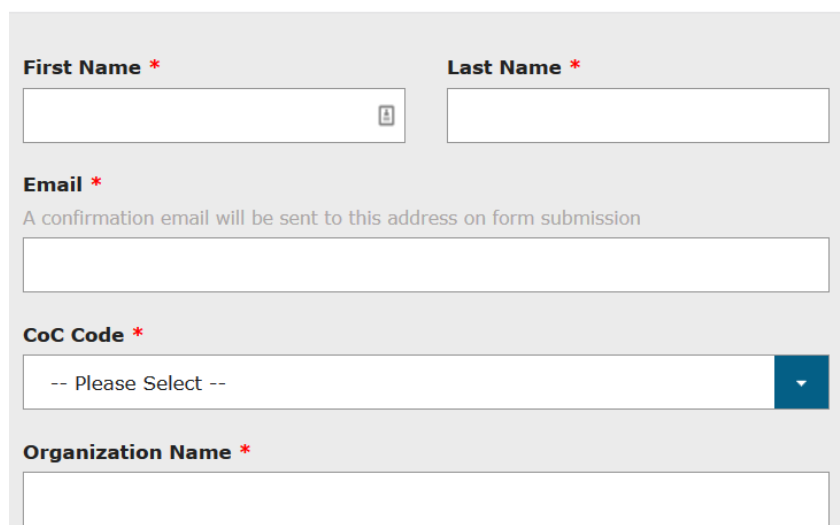
Common Forms

- COC Renewal Evaluation Help Desk Ticket
- Client Merge Request
- Submit a Designation of Access

EXTERNAL Websites

- CCEH.org
- Nutmeg Consulting
- HUD HDX
- HUD Exchange > HMIS Section

- The page will open to a form to complete online that will generate a Help Desk ticket



First Name *

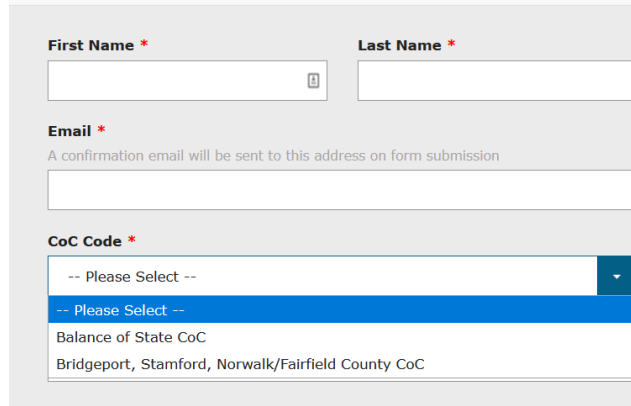
Last Name *

Email *
A confirmation email will be sent to this address on form submission

CoC Code *
-- Please Select --

Organization Name *

- Complete each section of the form
- Drop down menus are offered for some of the responses



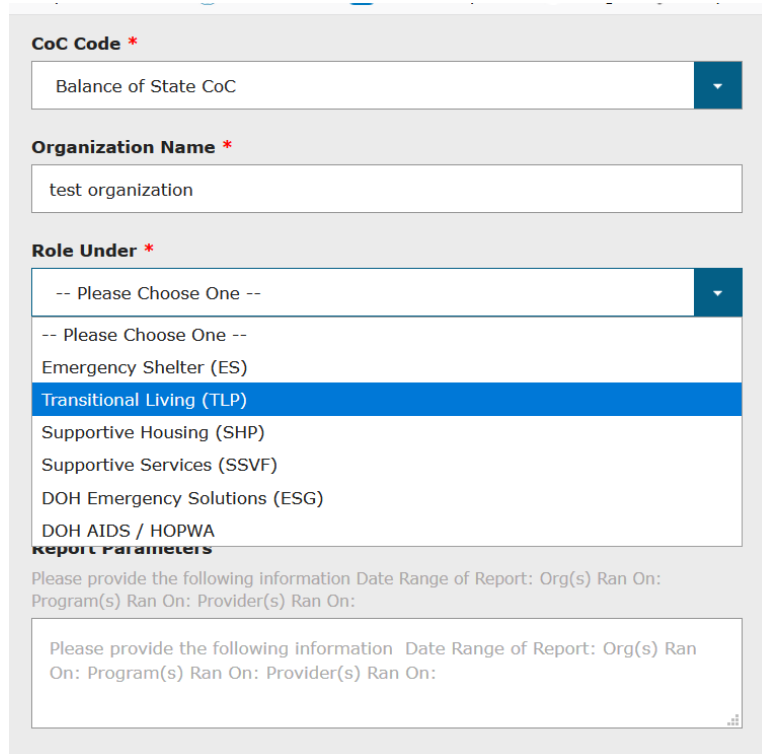
First Name *

Last Name *

Email *
A confirmation email will be sent to this address on form submission

CoC Code *
-- Please Select --
-- Please Select --
Balance of State CoC
Bridgeport, Stamford, Norwalk/Fairfield County CoC

- Organization Name – must be entered
- Role Under – provides a drop down menu



CoC Code *
Balance of State CoC

Organization Name *
test organization

Role Under *
-- Please Choose One --
-- Please Choose One --
Emergency Shelter (ES)
Transitional Living (TLP)
Supportive Housing (SHP)
Supportive Services (SSVF)
DOH Emergency Solutions (ESG)
DOH AIDS / HOPWA

Report Parameters
Please provide the following information Date Range of Report: Org(s) Ran On:
Program(s) Ran On: Provider(s) Ran On:

Please provide the following information Date Range of Report: Org(s) Ran On:
Program(s) Ran On: Provider(s) Ran On:

- Describe the issue you are having
 - Provide specific details

Transitional Living (TLP) ▼

Description of Issue *
Please be brief but detailed.

- Input the report parameters you are using:
 - Date Ranges of Report
 - Org(s) Ran on
 - Program(s) Ran On
 - Provider(s) Ran On
 - You can upload a screen shot of the issue or attach a related document

Report Parameters

Please provide the following information Date Range of Report: Org(s) Ran On: Program(s) Ran On: Provider(s) Ran On:

Please provide the following information Date Range of Report: Org(s) Ran On: Program(s) Ran On: Provider(s) Ran On:

- Use the Submit button to send the request
 - You will receive a confirmation email letting you know that the ticket has been generated
 - The HMIS team will contact you using the email address you provided

Screenshot of Issue
Include a screenshot of the issue. Please do not include any personally identifiable information (PII)

No file selected.

Attach Report
Please attach the main report. EXCLUDE any personally identifiable information including but not limited to NAMES, INITIALS, PHONE NUMBERS, ETC.

No file selected.