SMIS User Access Request

This form is an editable PDF File and can be filled in using Adobe Reader or Adobe Acrobat. When completed, please save this form and E-mail all paperwork to **smishelp@toronto.ca** for processing.
Please fill in all required fields marked with **Asterisk (*)**, as incomplete form will not be processed.

If you have any questions, please contact **SMISHelp** at 416-397-7647 or smishelp@toronto.ca

User Information

First Name (Print) *	Last Name (Print) *
SMIS Login ID (if existing user)	E-mail address (Print) *
Shelter Name *	Job title
Program Name (if not Shelter level)	Location (facility) address *

Reason for Access Request

Please check ONE access type *

☐ New Access ☐ Change of Access ☐ Disable / Remove Access

☐ Other (Give Reason): _____

Access Requirements

SMIS Primary Role * *- Please check ONE only. See SMIS Role Guide for detailed Role Access*

☐ SMIS Admin Worker role (AW) ☐ SMIS Intake Worker role (IW) ☐ SMIS Case Worker role (CW)

☐ SMIS Supervisor role (SUP) ☐ SMIS Manager role (MGR)

SMIS Secondary Role(s) - Please check ALL that apply

☐ Case Management (Read only) ☐ Complaints (Write) ☐ Incidents (Write)

☐ Service Restriction (Write)

*SMIS Financial Roles - Please check either Eligibility **OR** Transactions*

☐ Eligibility (includes Financial Reports) ☐ Transactions (includes Financial Reports)

☐ Advanced: Reverse Transactions and Mark Day

Declaration

Formal SMIS Training has been completed with City SMIS Trainer * ☐ YES Completion Date (mm/yy): _____

User Agreement/Guideline has been signed and a copy attached * ☐ YES

Approval

Title	Name (Print)	Signature	Date
SMIS Access Manager * (or Alternate)			
SMIS Trainer			