



Social Services Division
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Lambton County Homelessness Prevention System Homeless Individuals and Families Information System (HIFIS) User Request Form

Service Provider: _____

A Service Provider is an organization that is a provider of services related to the Homelessness Prevention System within The County of Lambton.

This User Request Form shall be filled out by all Service Providers requiring staff HIFIS User Accounts. Once complete, email this form to hifis@county-lambton.on.ca. User Accounts will be setup within **2 business days**.

Account Information

Please fill out all portions of this Account Information Section as these are mandatory fields for setting up User Accounts in HIFIS.

First Name	
Last Name	
Email Address	
Gender	Please Select One: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Two-spirit <input type="checkbox"/> Unknown <input type="checkbox"/> Trans man <input type="checkbox"/> Trans woman <input type="checkbox"/> Decline to Answer
Role(s)	Please Select ONE : <input type="checkbox"/> Shelter Worker <input type="checkbox"/> Shelter Manager <input type="checkbox"/> Case Worker <input type="checkbox"/> Case Worker Manager <input type="checkbox"/> Program Manager <input type="checkbox"/> Other: _____

Administration ONLY – to be completed by the HIFIS Coordinator, The County of Lambton.

User Name:	HIFIS Environment: <input type="checkbox"/> Production <input type="checkbox"/> Test
Default Service Provider:	Date Created (Month DD/YYYY):

Should you have any questions regarding this form, please email the HIFIS Support Team at hifis@county-lambton.on.ca.

R. 10-2022