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HMIS Quarterly Staff Audit

Agency Name: _____

Agency Administrator: _____

Audit was completed for the following quarter:

- October to December
- January to March
- April to June
- July to September

User Name	Date of Audit	Findings:
<i>e.g. Jim Jones</i>	<i>1/1/2020</i>	<i>No findings / 1 client ID#1234 on 12/1/2020</i>

 Administrator Signature

 Date