

Homeless Management Information System

User Account Request Form

New User Delete User Change User Information Other

Today's Date: ____ / ____ / ____

HMIS User Information

User First & Last Name: _____

User Organization: _____

User Role/Job Title: _____ User Office Phone (____) - Ext: _____

User E-Mail Address: _____

Background Check Statement

Pursuant to 24 CFR 580.35(d)(2) relating to the HMIS security standards, the user listed above has successfully passed a criminal background check conducted by the user organization listed above and are eligible to access the Homeless Management Information System.

Authorized Signature
(Executive Director or Agency Manager)

Printed Name

Date

Authorization & Confidentiality Statement

My agency agrees to maintain strict confidentiality of information obtained through the Homeless Management Information System. This information will be used only for the legitimate client services and administration of the above name organization. I understand that it is the responsibility of the Agency's Executive Director, or the above Agency Manager, to notify the HMIS Administrator of the user's termination from the agency, placement on disciplinary probation, or upon any change in duties not necessitating access to HMIS information within one business day of the occurrence.

Authorized Signature
(Executive Director or Agency Manager)

Printed Name

Date

Organization & Program Information

Covered Homeless Organization: _____

CHO Main Office Address: _____

(City)

(State)

(Zip Code)

Office Phone: (____) - Ext: _____

List program(s) user will need to access: _____

User has completed necessary CES training and is authorized to be a CES-HMIS user.

Covered Homeless Organization Signature
(Executive Director or Agency Manager)

Printed Name

Date

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USER'S RESPONSIBILITY STATEMENT

Your username and password give you access to the the Homeless Management Information System. Initial each item below to indicate your understanding of the proper use of your username and password. Then, sign where indicated. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from HMIS.

Initial Only

_____ I understand that my username and password are for my use only.

_____ I understand that I must take all reasonable means to keep my password physically secure.

_____ I understand that the only individuals who can view HMIS information are authorized users and the clients to whom the information pertains.

_____ I understand that I may only view, obtain, disclose, or use the database information that is necessary in performing my job.

_____ I understand that these rules apply to all users of HMIS, whatever their work role or position.

_____ I understand that hard copies of HMIS information must be kept in a secure file.

_____ I understand that once hard copies of HMIS information are no longer needed, they must be properly destroyed to maintain confidentiality.

_____ I understand that if I notice or suspect a security breach, I must immediately notify HMIS Support at 951-358-6458.

I understand and agree to the above statements.

User Signature

Date

Note: This form must be completed and filed with DPSS for new users and users needing to be deleted. If you have any questions, please contact HMIS Support at 951-358-6458 or hmissupport@rivco.org Fax completed forms to: (951) 358-5662, or scan and email to: hmissupport@rivco.org