

# Homeless Management Information System

## User Account Request Form

<input type="checkbox"/> HMIS Only	<input type="checkbox"/> CES Only*	<input type="checkbox"/> Both*	Today's Date _____/_____/_____
<input type="checkbox"/> New User	<input type="checkbox"/> Delete User**	<input type="checkbox"/> Change User Information	<input type="checkbox"/> Other

### HMIS/CES 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 and is eligible to access HMIS.

Authorized Signature (CEO/Executive Director)	Printed Name	Date
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### Authorization & Confidentiality Statement

My agency agrees to maintain strict confidentiality of information obtained through HMIS. 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 HMIS Administrator, or Alternate Representative, 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 (HMIS Administrator or Alternate)	Printed Name	Date
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### Organization Information

Covered Homeless Organization: \_\_\_\_\_

CHO Main Office Address: \_\_\_\_\_

(City) (State) (Zip Code)

Office Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Ext: \_\_\_\_\_

Authorized Signature (HMIS Administrator or Alternate)	Printed Name	Date
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***\*If requesting CES Access, this form requires additional signature from HMIS Administrator or Alternate.***

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

Authorized Signature (HMIS Administrator or Alternate)	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 [HMISsupport@rivco.org](mailto:HMISsupport@rivco.org).

\_\_\_\_\_ User Signature

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Date

**Note:** This form must be completed and filed with Housing & Workforce Solutions for new users and users needing to be deleted.

\*\*If deleting a user's access, only complete the HMIS/CES User Information and Organization Information. If you have any questions, please contact HMIS Support [HMISsupport@rivco.org](mailto:HMISsupport@rivco.org). Email completed form to [HMISsupport@rivco.org](mailto:HMISsupport@rivco.org)