User License Form

**This form must be completed by the program manager and then signed by both user and Admin**.to request End User access to the Rochester/Monroe County HMIS. In addition, the **“User Policy, Responsibility Statement, And Code Of Ethics” form** must be completed and signed by the End User and HMIS Site Administrator before a user ID and Password will be assigned.

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency Name:** | The Name of the Agency not the shelter’s | | |
| **The Default Program/Shelter Type** | **Emergency  TH  RRH  PHS  Street Outreach  RHY  SSVF HP** | | |
| **Name of HMIS User:** |  | | |
| **Position/Title:** | The Name of the User you want added to HMIS and their information | | |
| **User’s Phone #** |  | | |
| **Email Address:** |  | | |
| **User Access Level:** | | | |
| **New User**  **Change User**  **Remove User**  **Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | Case Manager - has access to all screens within Client Point, including the assessments and full access to service records. There is full reporting access in ServicePoint.  Or  Agency Administrator - has access to all ClientPoint features and agency level administrative functions. This level can reset passwords for users of his/her agency & edit their agency and program data. There is full reporting access in ServicePoint. | |
| **Does your Agency have multiple Programs/Sites that the user will need access to: Yes No** | | | |
| Name of PRIMARY SITE/PROGRAM this person is assigned to:  **Default Provider**: =\_  The Name of the Shelter/Provider user will be entering Clients into the most | | | |
| List all other programs/sites this person can **“Enter Data As”:** like coordinated entry for EH or other programs  1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  List any other Shelters/programs the user will need to enter clients into  Like coordinated entry or another program within your agency  4:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Modify Program/Site of User Effective Date:** \_\_\_\_\_\_\_ | | | |
| List Program/Site changes: above in the default and enter data as  If modifying the user’s access: eff. date and what changes needed as directed | | | |
| **HMIS Modules for Training:**  **CHECK ONLY THE FUNCTIONS THE USER WILL BE PERFORMING**  List **ONLY THE FUNCTIONS** the user will need to perform in their job duties at the shelter | | | |
| **Priority List-(to enter on list)**  **Coordinated Entry Referral Notes (RRH PSH Only)**  **Notes/Case Manager/Goals**  **V-SPDATS** | | | **Entry/Exit**  **Move in Dates (USED BY RRH PSH Only)**  **Annual Assessments**  **Street Outreach** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The shelter Administrator MUST sign this paperwork along with the user

User Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HMIS Site Administrator Signature Date

Submit all completed documentation for user license setup and modification to either:

Carolyn Keyser Janice Steimer

HMIS System Administrator HMIS Coordinator

(585) 405-5035 (585) 405-5039

[ckeyser@letsendhomelessness.org](mailto:ckeyser@letsendhomelessness.org) [jsteimer@letsendhomeless.org](mailto:jsteimer@letsendhomeless.org)

**User License Form**

**\*This form must be completed by the program manager/ADMIN and then signed by both user and Admin**.to request End User access to the Rochester/Monroe County HMIS. In addition, the **“User Policy, Responsibility Statement, And Code Of Ethics” form** must be completed and signed by the End User and HMIS Site Administrator before a user ID and Password will be assigned.

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| **Agency Name:** | |  | |
| **The Default Program Type** | | **Emergency  TH  RRH  PHS  Street Outreach  RHY  SSVFHP** | |
| **Name of HMIS User:** | |  | |
| **Position/Title:** | |  | |
| **User’s Phone #** | |  | |
| **Email Address:** | |  | |
| **User Access Level:** | | | |
| **New User**  **Change User**  **Remove User**  **Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Case Manager - has access to all screens within Client Point, including the assessments and full access to service records. There is full reporting access in ServicePoint.  Or  Agency Administrator - has access to all ClientPoint features and agency level administrative functions. This level can reset passwords for users of his/her agency & edit their agency and program data. There is full reporting access in ServicePoint. | | |
| **Does your Agency have multiple Programs/Sites that the user will need access to:** **Yes** **No** | | | |
| Name of PRIMARY SITE/PROGRAM this person is assigned to:  **Default Provider**: =\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **List all other programs/sites** this person can **“Enter Data As”:** like coordinated entry for EH or other programs  1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

User Signature Date

**\*\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HMIS Site Administrator Signature** Date

Submit all completed documentation for user license setup and modification to either:

Carolyn Kesyer Janice Steimer

HMIS System Administrator HMIS Coordinator

(585) 405-5035 (585) 405-5039

[ckeyser@letsendhomelessness.org](mailto:ckeyser@letsendhomelessness.org) [jsteimer@letsendhomeless.org](mailto:jsteimer@letsendhomeless.org)