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 programs1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_List any other Shelters/programs the user will need to enter clients intoLike coordinated entry or another program within your agency4:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **[ ]  Modify Program/Site of User Effective Date:** \_\_\_\_\_\_\_  |
|  List Program/Site changes: above in the default and enter data asIf 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** |

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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 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 [ ]  SSVF[ ] HP**  |
| **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. |
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

User Signature Date

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

**HMIS Site Administrator Signature** Date

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Carolyn Kesyer Janice Steimer

HMIS System Administrator HMIS Coordinator

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