

HMIS User License Request Form

*This form must be completed by the program manager/HMIS Site Administrator and then signed by both the user and Site Administrator 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 or program name		
Default Program Type:	<input type="checkbox"/> Emergency <input type="checkbox"/> TH <input type="checkbox"/> RRH <input type="checkbox"/> PSH <input type="checkbox"/> Street Outreach <input type="checkbox"/> RHY <input type="checkbox"/> SSVF <input type="checkbox"/> VA <input type="checkbox"/> HP		
Name of HMIS User:			
Position/Title:			
User's Phone #			
Email Address:			
User Access Level:			
<input type="checkbox"/> New User <input type="checkbox"/> Change User <input type="checkbox"/> Remove User	<input type="checkbox"/> Case Manager - has access to all Client functions, including the assessments and service records. There is access to most reports in Community Services. Or <input type="checkbox"/> Agency Administrator - has access to all Client 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 Community Services.		
Effective Date: _____			
Does your Agency have multiple Programs/Sites that the user will need access to: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of PRIMARY SITE/PROGRAM this person is assigned to:			
Default Provider:	The Name of the Shelter/Program the user will be entering Clients into the most - Their primary program)		
List all other programs/sites this person can "Enter Data As" : like Coordinated Entry for EH or other programs			
1: _____	List any other Shelters/Programs the user will need to enter clients into like Coordinated Entry or another program within your agency		
4: _____			
<input type="checkbox"/> Modify Program/Site of User	Effective Date: _____	If modifying the user's access: effective date and what changes are needed as directed here.	
List Program/Site changes above in the Default Provider and "Enter Data As" above.			
HMIS Modules for Training:			
CHECK ONLY THE FUNCTIONS THE USER WILL BE PERFORMING			
<input type="checkbox"/> Prioritization List (enter on list, upload HAT)	<input type="checkbox"/> Entry Referral Notes (RRH PSH Only)		
<input type="checkbox"/> Entry/Exit	<input type="checkbox"/> Relocation Move in Dates (USED BY RRH PSH Only)		
<input type="checkbox"/> Notes/Case Manager/Goals	<input type="checkbox"/> Annual Assessments		
	<input type="checkbox"/> Street Outreach		

The Name of the User you want added to HMIS and their information.

List any other Shelters/Programs the user will need to enter clients into like Coordinated Entry or another program within your agency

If modifying the user's access: effective date and what changes are needed as directed here.

List ONLY THE FUNCTIONS the user will need to perform their job duties.

The Site Administrator MUST sign this paperwork along with the user

User Signature

Date

HMIS Site Administrator Signature

Submit all completed documentation for user license setup and modification to:
Carolyn Keyser
 HMIS System Administrator
 (585) 405-5035
ckeyser@letsendhomelessness.org

Janice Steimer
 HMIS Coordinator
 (585) 405-5039
jsteimer@letsendhomeless.org

HMIS User License Request Form

***This form must be completed by the program manager/HMIS Site Administrator and then signed by both the user and Site Administrator** 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:	
Default Program Type:	<input type="checkbox"/> Emergency <input type="checkbox"/> TH <input type="checkbox"/> RRH <input type="checkbox"/> PSH <input type="checkbox"/> Street Outreach <input type="checkbox"/> RHY <input type="checkbox"/> SSVF <input type="checkbox"/> VA <input type="checkbox"/> HP
Name of HMIS User:	
Position/Title:	
User’s Phone #:	
Email Address:	

User Access Level:	
<input type="checkbox"/> New User <input type="checkbox"/> Change User <input type="checkbox"/> Remove User Effective Date: _____	<input type="checkbox"/> Case Manager - has access to all Client functions, including the assessments and service records. There is access to most reports in Community Services. <p style="text-align: center;">Or</p> <input type="checkbox"/> Agency Administrator - has access to all Client 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 Community Services.

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: _____ (Their primary program)

List **all** other programs/sites this person can *“Enter Data As”*: e.g. Coordinated Entry for EH or other programs.

1: _____ 2: _____ 3: _____
 4: _____ 5: _____ 6: _____

Modify Program/Site of User **Effective Date:** _____

List Program/Site changes above in the Default Provider and “Enter Data As” Sections.

HMIS Modules for Training: CHECK ONLY THE FUNCTIONS THE USER WILL BE PERFORMING	
<input type="checkbox"/> Prioritization List (add to list, upload HAT) <input type="checkbox"/> Entry/Exit <input type="checkbox"/> Notes/Case Manager/Goals	<input type="checkbox"/> Coordinated Entry Referral Notes (RRH PSH Only) <input type="checkbox"/> Housing Move in Dates (USED BY RRH PSH Only) <input type="checkbox"/> Annual Assessments <input type="checkbox"/> Street Outreach

 User Signature

 Date

* _____

 HMIS Site Administrator Signature

 Date

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

Carolyn Kesyer
 HMIS System Administrator
 (585) 405-5035
ckesyer@letsendhomelessness.org

Janice Steimer
 HMIS Coordinator
 (585) 405-5039
jsteimer@letsendhomelessness.org