

HMIS User License Request Form (Instructions)

***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. **Please note: The Certificate of Completion for the mandatory (Housing Assessment Tool) HAT Training must be included before the user will be added to HMIS. This applies to all users.**

Agency Name:	The Name of the Agency -- not the shelter or program name
Name of HMIS User:	The Name of the User you want added to HMIS and their information.
Position/Title:	
User's Phone #	
Email Address:	

User Access Level:	
<input type="checkbox"/> New User <input type="checkbox"/> Change 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. 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.

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/Program the user will be entering Clients into the most - Their primary program)

Default Program Type: Emergency TH RRH PSH Street Outreach RHY SSVF VA HP

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: _____

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”

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/Exit <input type="checkbox"/> Notes/Case Manager/Goals	<input type="checkbox"/> Entry Referral Notes (RRH, PSH, OPH* Only) <input type="checkbox"/> Annual Move in Dates (USED BY RRH, PSH, OPH* Only) <input type="checkbox"/> Annual Assessments <input type="checkbox"/> Street Outreach *OPH = Other Permanent Housing Types
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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@letsendhomelessness.org

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Agency Name:	
Name of HMIS User:	
Position/Title:	
User’s Phone #:	
Email Address:	

User Access Level:	
<input type="checkbox"/> New User <input type="checkbox"/> Change 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)

Default Provider Type: Emergency TH RRH PSH Street Outreach RHY SSVF VA HP

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, OPH* Only) <input type="checkbox"/> Housing Move in Dates (USED BY RRH, PSH, OPH* Only) <input type="checkbox"/> Annual Assessments <input type="checkbox"/> Street Outreach *OPH = Other Permanent Housing Types
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 User Signature

 Date

*

 HMIS Site Administrator Signature

 Date

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