

# Homeless Management Information System

## User Account Request Form

<input type="checkbox"/> New User	<input type="checkbox"/> Delete User	Today's Date: ___/___/___
<input type="checkbox"/> Change User Information	<input type="checkbox"/> Other	Effective Date: ___/___/___

Agency Information			
Agency Name (print or type) _____	Telephone Number (____) _____	Extn: _____	
Agency Address _____	_____	_____	_____
(Street)	(City)	(State)	(ZipCode)
Equip. Location _____	_____	_____	_____
Address (Street)	(City)	(State)	(ZipCode)

Employee (User) Information	
Employee Name (print or type) _____	Employee ID _____
Employee Title _____	Employee Work Number (____) _____ Extn: _____

Authorization & Confidentiality Statement	
I agree to maintain strict confidentiality of information obtained through the Homeless Management Information System (HMIS) Network. This information will be used only for the legitimate client services and administration of the above name organization. Any breach of confidentiality will result in the immediate termination of participation in HMIS.	
Employee Signature _____	Date _____
Executive Director's Signature/Authorization _____	Date _____

DPSS USE ONLY	
Upon receipt of User's login and password, the user must change his/her password at first login to the HMIS system.	
<b>Training</b>	HMIS User Name: _____ HMIS Temporary Password: _____
<b>Production</b>	HMIS User Name: _____ HMIS Temporary Password: _____

**\*Note\*** This form must be completed and filed with DPSS annually for *both* new and existing users. If you have any questions regarding this request, please direct your inquiries to DPSS Homeless Program Office.  
**Mail completed form to: DPSS Homeless Programs, c/o Jean Jones, 4060 County Circle Drive, Riverside, CA. 92503.**

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### USER'S RESPONSIBILITY STATEMENT

Your username and password give you access to the HMIS Network. 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 **DPSS HMIS Project Manager – 951-358-5639 or System Administrator 951-358-3925.**

I understand and agree to the above statements.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**After filling out this** form, mail it to DPSS Homeless Programs, 4060 County Circle Drive, Riverside, CA 92503.