

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 For End User			
Agency Name (print or type) _____	Telephone Number (____) _____	Ext: _____	
Agency Address _____	_____	_____	_____
(Street)	(City)	(State)	(Zip Code)
Program Location _____	_____	_____	_____
Address (Street)	(City)	(State)	(Zip Code)
<small>(what program will you be doing HMIS input/intake for?)</small>			

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

Authorization & Confidentiality Statement	
<p>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.</p>	
Employee Signature _____	Date _____
Executive Director's Signature/Authorization _____	Date _____

DPSS USE ONLY	
<p>Upon receipt of User's login and password, the user must change his/her password at first login to the HMIS system.</p>	
Training HMIS User Name: _____	HMIS Temporary Password: _____
Production 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 the HMIS System Administrator.
Fax completed forms to: (951) 358-7755 or scan and email to: hmissupport@riversidedpss.org

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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 Contracts Administration Unit at 951-358-3293.

I understand and agree to the above statements.

Employee Signature: _____ Date: _____

**After filling out this Fax completed forms to: (951) 358-7755 or
scan and email to: hmissupport@riversidedpss.org**