User License Request

This form must be completed and signed to request End User access to the CNY 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:**  |   |
| **User’s Full Name:**  |   |
| **Position/Title:**  |   |
| **Email Address:** |  |
| **User’s Phone #:** |   |
| **\*Login ID:** (will be assigned by HMIS Staff) |  |
| **User Access Level:** (see below for descriptions).  |
| [ ]  New User[ ]  Change User [ ]  Remove UserEffective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\*ART License needed: [ ] Yes [ ]  No(Advanced Reporting Tool = ART)  | [ ] Read Only User – user can only view information, cannot add or modify any information.[ ]  Case Manager II- has access to all screens within Client Point, including the assessments and full access to service records. User can add and/or modify client information. Full reporting access in ServicePoint. [ ] Agency Admin – for program supervisors – has access to ART reports  |
| **Does your Agency have multiple Programs/Sites:** **[ ] Yes** **[ ] No**  |
| Name of primary program/site this person is assigned to: |  |
| List all other programs/sites this person can enter data in:  |  |
| [ ] **Modify Program/Site of User Effective Date:** \_\_\_\_\_\_\_\_\_\_\_\_  |
|  List Program/Site changes: |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

User Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HMIS Agency Administrator Signature Date

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HMIS System Administrator Signature Date

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

Sarah Schutt

421 Montgomery St., 12th Floor

Syracuse, NY 13202

(315)435-2585 ext. 7450

E-mail: sarah.schutt@dfa.state.ny.us