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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 User  Effective 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 project setup and user administration menus | |
| REQUIRED: | | | | |
| \*\*Name of primary **HMIS provider** this person will be assigned to:\*\*\* | |  | | |
| \*\*List all other HMIS providers this person needs to enter data in: \*\*\* | |  | | |
| **Modify Program/Site of User Effective Date:** \_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| List provider changes: | |  | | |

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

User Signature Date

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

HMIS Agency Administrator Signature Date

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

HMIS System Administrator Signature Date

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

Fred Hintz

Data And Systems Assistant

[fhintz@unitedway-cny.org](mailto:fhintz@unitedway-cny.org)

Training Request Form

This form must be completed to request training for use of the CNY HMIS. Ethics and information training is mandatory, but not all other modules are mandatory for all HMIS users.

User: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Admin requesting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required for all users:

Ethics Training

Background information on HMIS (Purpose and scope, Definitions of HUD terminology)

Through which interface will the user primarily be entering data?

Clientpoint (RRH, Street Outreach, and Services Only Projects)

Shelterpoint (Emergency Shelter, Permanent Supportive Housing, Transitional Housing)

What data entry tasks will the user be performing on a regular basis?

Create/Edit Client Records

Create and edit Household relationships

Enter and Exit clients from projects in Clientpoint

Add Releases of information

Enter and edit assessment information for clients at entry and exit

Enter and edit assessment information for changes in client information (interim assessments)

Add case managers

Create and update case plans and case notes for clients

Create and update service transactions

Shelterpoint Specific Tasks

Check clients in and out of shelterpoint bedlists

Use “Transmit today’s check-out list” function to exit multiple clients at once

Re-assign shelter beds

Edit shelter stays retroactively

Will the user need administration or reporting training?

Reports Training (APR and CAPER reports, and ART Data Quality Reports)

Administrator Training (Reset User passwords, Manage provider information and unit lists)

This form should be returned to HMIS Staff with the User License Request:

Fred Hintz, fhintz@unitedwaycny.org