HMIS-CES User Account Form

Instructions

Instructions to complete the HMIS-CES User Account Form are provided below.

Scenario 1: I am a CES Only user.

Scenario 2: I am a HMIS Only user.

Scenario 3: I am a Both a HMIS and CES user.

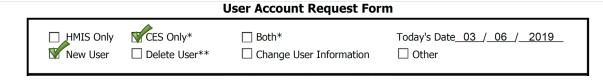
Click on the hyperlinks provided above to quickly navigate to each section and watch for **Notes** text in red throughout this document.

Note: For every HMIS account, one HMIS-CES User Account Form will be required.

Scenario 1: I am a CES Only User

Begin by filling out the top section under **User Account Request Form**.

- 1. Indicate what type of access your agency is making by placing a check mark inside the CES Only checkbox on the top row for CES Only access.
- 2. Enter Today's Date.
- **3.** Next, indicate the type of form request by placing a mark inside either the **New User** checkbox, **Delete User** checkbox, **Change User** checkbox, or **Information** checkbox on the second row.



Move onto the next section under HMIS/CES User Information.

4. Fill out the User First & Last Name, User Organization, User Role/Job Title, User Office Phone, and User E-Mail Address.

The next section is the **Background Check Statement**.

5. Your organization's Executive Director or Agency Manager Authorized Signature, Printed Name and Date is required to certify that a background check has been completed for the user requesting access to HMIS.

Go onto the **Authorization & Confidentiality Statement**.

6. Your organization's Executive Director or Agency Manager **Authorized Signature**, **Printed Name** and **Date** is required for the confidentiality statement and to affirm that a notification will be sent to HMISSupport@Rivco.org within one business day of employment termination of the user.

	HMIS/CES Use	r Information	
User First & Last Name:	CES User		
User Organization:	Organization		
User Role/Job Title:	Outreach	User Office Phone (<u>555</u>) <u>555</u> -	5555 Ext: 555
User E-Mail Address:	CESUser@Organization.org		
Pursuant to 24 CFR 580	Background Cho	eck Statement standards, the user listed above has succ	ressfully passed a
	eck conducted by the user organization		secorum, paesea a
Organiz	ation Manager xecutive Director or Agency Manager)	Organization Manager	03 / 06 / 2019
Authorized Signature (E	xecutive Director or Agency Manager)	Printed Name	Date
only for the legitimate c responsibility of the Age termination from the ag	lient services and administration of the ency's Executive Director, or Agency Ma	dentiality Statement on obtained through HMIS. This informat above name organization. I understand nager, to notify the HMIS Administrator o on, or upon any change in duties not nec	that it is the of the user's
Organiza Authorized Signature (E	etion Manager xecutive Director or Agency Manager)	Organization Manager Printed Name	03 / 06 / 2019 Date

Next is this **Organization Information.**

- 7. For CES Only access, the Covered Homeless Organization responsible for authorization of CES Users is CES Home Connect (RUHS Behavioral Health). You may fill in this section with their information, but it may also be prefilled. Fill in the CHO Main Office Address, City, State, Zip Code, and Office Phone.
- **8.** Send the form to CES Home Connect (RUHS Behavioral Health) to <u>HomeConnect@Ruhealth.org</u> for an **Authorized Signature**, **Printed Name**, and **Date**.
- **9.** An **additional signature** with an **Authorized Signature**, **Printed Name**, and **Date** is also required to authorize CES access.

Note: Each user should maintain a personal copy of their **HMIS-CES User Account Request Form** with all required signatures.

	Organization 1	Information		
Covered Homeless Organization:	CES Home Connect (RUI	HS Behavorial Health)		
CHO Main Office Address:	1405 Spruce Street STE#	[‡] A		
	Riverside	(CA	92507
	(City)	(5	State)	(Zip Code)
Office Phone:	(<u>800</u>) <u>498</u> - <u>8847</u> Ext:			
CCS Agency Authorized Signature (Executive		CES Agency Manage	er	03 / 06 / 2019 Date
*If requesting CES Access, tl	his form requires additional s	ignature from CES Admi	nistrator.	
User has completed necessary (CES training and is authorized to	be a CES-HMIS user.		
CCS Agency Authorized Signature (CES Lead	Manager //Administrator)	CES Agency Manage Printed Name	er	03 / 06 / 2019 Date

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Lastly, the CES Only User must complete Page 2.

- **10. Initial Only** all statements under the **User's Responsibility Statement**.
- **11.** Fill out **User Signature**, **Printed Name**, and **Date**.
- **12.** Submit the completed form to HMISSupport@Rivco.org and save a copy for your records.

Note: Save the PDF file with the following filename:

Filename: <User Last Name, User First Name Initial.pdf> - < Covered Homeless Organization Name >

(i.e. Doe, J – CES Home Connect)

Submit the completed form to HMISSupport@Rivco.org with the following subject:

Subject: HMIS-CES User Account Form - < Covered Homeless Organization Name>

(i.e. HMIS-CES User Account Form – CES Home Connect)

Scenario 2: I am a HMIS Only User

Begin by filling out the top section under **User Account Request Form**.

- 1. Indicate what type of access your agency is making by placing a check mark inside the HMIS Only checkbox on the top row for HMIS Only access.
- 2. Enter Today's Date.
- **3.** Next, indicate the type of form request by placing a mark inside either the **New User** checkbox, **Delete User** checkbox, **Change User** checkbox, or **Information** checkbox on the second row.

User	Account	Request	Form
	ACCOUNT		

HMIS Only	Today's Date03_ /_06_ /_2019 Other
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Move onto the next section under HMIS/CES User Information.

4. Fill out the User First & Last Name, User Organization, User Role/Job Title, User Office Phone, and User E-Mail Address.

The next section is the **Background Check Statement**.

5. Your organization's Executive Director or Agency Manager Authorized Signature, Printed Name and Date is required to certify that a background check has been completed for the user requesting access to HMIS.

Go onto the **Authorization & Confidentiality Statement**.

6. Your organization's Executive Director or Agency Manager **Authorized Signature**, **Printed Name** and **Date** is required for the confidentiality statement and to affirm that a notification will be sent to HMISSupport@Rivco.org within one business day of employment termination of the user.

		- 4	
	HMIS/CES Use	er Information	
User First & Last Name:	HMIS User		
User Organization:	HMIS Participating Agency		
User Role/Job Title:	Case Manager	User Office Phone (<u>555</u>) <u>555</u> -	5555 _{Ext:} 555
User E-Mail Address:	HMISUser@HMISParticipatingAge		
criminal background che	eck conducted by the user organization	standards, the user listed above has succeand is eligible to access HMIS.	, .
HMAS Particy Authorized Signature (Ex	pating Agency Manager xecutive Director or Agency Manager)	HMIS Participating Agency Manag Printed Name	je <u>r 03/06/2019</u> Date
only for the legitimate c responsibility of the Age termination from the ag HMIS information within	lient services and administration of the ency's Executive Director, or Agency Ma ency, placement on disciplinary probat one business day of the occurrence.	on obtained through HMIS. This information above name organization. I understand the anager, to notify the HMIS Administrator organ, or upon any change in duties not necession, or upon any change in duties not necession.	hat it is the f the user's essitating access to
AWMS Partice Authorized Signature (E	pating Agency Manager (xecutive Director or Agency Manager)	HMIS Participating Agency Manage Printed Name	er 03/06/2019 Date

Next is this **Organization Information.**

- **7.** For HMIS Only access, the **Covered Homeless Organization** responsible for authorization of HMIS Users is the HMIS Participating Agency with a signed agreement. Fill in the **CHO Main Office Address**, **City**, **State**, **Zip Code**, and **Office Phone**.
- **8.** Your organization's Executive Director or Agency Manager **Authorized Signature**, **Printed Name** and **Date** is required.

Note: Each user should maintain a personal copy of their **HMIS-CES User Account Request Form** with all required signatures.

	Organiz	ation Information		
Covered Homeless Organization:	HMIS Participating	g Agency		
CHO Main Office Address:	HMIS Participating	g Agency Address		
	City		State	ZipCode
	(City)		(State)	(Zip Code)
Office Phone:	(555) 555 - 5555 Ext	t: 555		
AMAS Participation Authorized Signature (Executive	ng Agency Mana e Director or Agency Man	HMIS Participating lager) Printed Name	Agency Man	nage <u>r 03/06/2019</u> Date
Authorized Signature (Executiv	è Director or∕Agency Man	nager) Printed Name		Date
Authorized Signature (Executive *If requesting CES Access, t	e Director or Agency Man his form requires addi	nager) Printed Name	Administrator	Date
Authorized Signature (Executiv	e Director or Agency Man his form requires addi	nager) Printed Name	Administrator	Date

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Note: A CES Administrator signature is not required for HMIS Only access.

Lastly, the HMIS Only User must complete **Page 2**.

- **9. Initial Only** all statements under the **User's Responsibility Statement**.
- 10. Fill out **User Signature**, **Printed Name**, and **Date**.
- 11. Submit the completed form to HMISSupport@Rivco.org and save a copy for your records.

Note: Save the PDF file with the following filename:

Filename: <User Last Name, User First Name Initial.pdf> - <Covered Homeless **Organization Name>**

(i.e. Doe, J – HMIS Participating Agency)

Submit the completed form to HMISSupport@Rivco.org with the following subject:

Subject: HMIS-CES User Account Form - < Covered Homeless Organization Name>

(i.e. HMIS-CES User Account Form – HMIS Participating Agency)

Scenario 3: I am Both a HMIS and CES User

Begin by filling out the top section under **User Account Request Form**.

- 1. Indicate what type of access your agency is making by placing a check mark inside the **Both** checkbox on the top row for both HMIS and CES access.
- 2. Enter Today's Date.
- **3.** Next, indicate the type of form request by placing a mark inside either the **New User** checkbox, **Delete User** checkbox, **Change User** checkbox, or **Information** checkbox on the second row.

		User Account Request For	m
HMIS Only New User	☐ CES Only* ☐ Delete User**	Both* Change User Information	Today's Date 03 / 06 / 2019 Other

Move onto the next section under HMIS/CES User Information.

4. Fill out the User First & Last Name, User Organization, User Role/Job Title, User Office Phone, and User E-Mail Address.

The next section is the **Background Check Statement**.

5. Your organization's Executive Director or Agency Manager Authorized Signature, Printed Name and Date is required to certify that a background check has been completed for the user requesting access to HMIS.

Go onto the Authorization & Confidentiality Statement.

6. Your organization's Executive Director or Agency Manager **Authorized Signature**, **Printed Name** and **Date** is required for the confidentiality statement and to affirm that a notification will be sent to HMISSupport@Rivco.org within one business day of employment termination of the user.

HMIS/CES User Information User First & Last Name: HMIS User **HMIS Participating Agency** User Organization: Case Manager User Office Phone (555) 555 - 5555 Ext: 555 User Role/Job Title: HMISUser@HMISParticipatingAgency.org User E-Mail Address: **Background Check Statement** Pursuant to 24 CFR 580.35(d)(2) relating to the HMIS security standards, the user listed above has successfully passed a criminal background check conducted by the user organization and is eligible to access HMIS. Authorized Signature (Executive Director or Agency Manager) HMIS Participating Agency Manager 03/06/2019 Printed Name Date **Authorization & Confidentiality Statement** My agency agrees to maintain strict confidentiality of information obtained through HMIS. This information will be used only for the legitimate client services and administration of the above name organization. I understand that it is the responsibility of the Agency's Executive Director, or Agency Manager, to notify the HMIS Administrator of the user's termination from the agency, placement on disciplinary probation, or upon any change in duties not necessitating access to HMIS information within one business day of the occurrence. HMMS Participating Agency Manager HMIS Participating Agency Manager 03/06/2019 Authorized Signature (Executive Director or Agency Manager) Printed Name Date

Next is this **Organization Information.**

- **7.** For HMIS access, the **Covered Homeless Organization** responsible for authorization of HMIS Users is the HMIS Participating Agency with a signed agreement with HMIS. Fill in the **CHO Main Office Address**, **City**, **State**, **Zip Code**, and **Office Phone**.
- **8.** Your organization's Executive Director or Agency Manager **Authorized Signature**, **Printed Name** and **Date** is required.
- 9. Send the form to CES Home Connect (RUHS Behavioral Health) to <u>HomeConnect@Ruhealth.org</u> for an additional signature with an Authorized Signature, Printed Name, and Date to authorize CES access.

Note: Each user should maintain a personal copy of their **HMIS-CES User Account Request Form** with all required signatures.

	Organization Inforn	ation	
Covered Homeless Organization:	HMIS Participating Agency		
CHO Main Office Address:	HMIS Participating Agency Add	ress	
	City	State	ZipCode
	(City)	(State)	(Zip Code)
	(555) 555 - 5555 Ext: 555 ng Agency Manager HMIS F e Director or Agency Manager) Printed	articipating Agency Man	age <u>r 03/06/2019</u> Date
AMAS Participatin Authorized Signature (Executiv	ng Agency Manager HMIS F e Director or Agency Manager) Printed		
	,		
AMAS Participation Authorized Signature (Executive *If requesting CES Access, t	ng Agency Manager HMIS F e Director or Agency Manager) Printed	e from CES Administrator.	

Page 1 of 2

Lastly, the HMIS-CES User must complete Page 2.

- **10. Initial Only** all statements under the **User's Responsibility Statement**.
- **11.** Fill out **User Signature**, **Printed Name**, and **Date**.
- **12.** Submit the completed form to HMISSupport@Rivco.org and save a copy for your records.

Note: Save the PDF file with the following filename:

Filename: <User Last Name, User First Name Initial.pdf> - <Full Organization Name>

(i.e. Doe, J – HMIS Participating Agency)

Submit the completed form to HMISSupport@Rivco.org with the following subject:

Subject: HMIS-CES User Account Form - < Organization Name>

(i.e. HMIS-CES User Account Form – HMIS Participating Agency)

Let us know if you need assistance

The form referenced in this document is posted on the **HMIS** website.

Contact us at HMISSupport@Rivco.org, Thanks!