

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.

User Account Request Form			
<input type="checkbox"/> HMIS Only	<input checked="" type="checkbox"/> CES Only*	<input type="checkbox"/> Both*	Today's Date <u>03</u> / <u>06</u> / <u>2019</u>
<input checked="" type="checkbox"/> New User	<input type="checkbox"/> Delete User**	<input type="checkbox"/> Change User Information	<input type="checkbox"/> 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**.


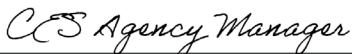
6. Your organization's Executive Director or Agency Manager **Authorized Signature**, **Printed Name** and **Date** is required for the confidentiality statement and to affirm that a notification will be sent to HMISSupport@Rivco.org within one business day of employment termination of the user.

HMIS/CES User Information		
User First & Last Name:	CES User	
User Organization:	Organization	
User Role/Job Title:	Outreach	User Office Phone (555) 555 - 5555 Ext: 555
User E-Mail Address:	CESUser@Organization.org	
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.		
<i>Organization Manager</i>	Organization Manager	03 / 06 / 2019
Authorized Signature (Executive Director or Agency Manager)	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.		
<i>Organization Manager</i>	Organization Manager	03 / 06 / 2019
Authorized Signature (Executive Director or Agency Manager)	Printed Name	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 HomeConnect@Ruhealth.org 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 Information		
Covered Homeless Organization:	CES Home Connect (RUHS Behavioral Health)	
CHO Main Office Address:	1405 Spruce Street STE#A	
	Riverside	CA 92507
	(City)	(State) (Zip Code)
Office Phone:	(800) 498 - 8847 Ext: _____	
	CES Agency Manager	03 / 06 / 2019
Authorized Signature (Executive Director or Agency Manager)	Printed Name	Date
*If requesting CES Access, this form requires additional signature from CES Administrator.		
User has completed necessary CES training and is authorized to be a CES-HMIS user.		
	CES Agency Manager	03 / 06 / 2019
Authorized Signature (CES Lead/Administrator)	Printed Name	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			
<input checked="" type="checkbox"/> HMIS Only	<input type="checkbox"/> CES Only*	<input type="checkbox"/> Both*	Today's Date <u>03</u> / <u>06</u> / <u>2019</u>
<input checked="" type="checkbox"/> New User	<input type="checkbox"/> Delete User**	<input type="checkbox"/> Change User Information	<input type="checkbox"/> 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**.

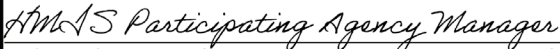

6. Your organization's Executive Director or Agency Manager **Authorized Signature**, **Printed Name** and **Date** is required for the confidentiality statement and to affirm that a notification will be sent to HMISSupport@Rivco.org within one business day of employment termination of the user.

HMIS/CES User Information	
User First & Last Name:	HMIS User
User Organization:	HMIS Participating Agency
User Role/Job Title:	Case Manager
User Office Phone (555)	555 - 5555 Ext: 555
User E-Mail Address:	HMISUser@HMISParticipatingAgency.org
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.	
<i>HMIS Participating Agency Manager</i>	HMIS Participating Agency Manager
Authorized Signature (Executive Director or Agency Manager)	03/06/2019
	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.	
<i>HMIS Participating Agency Manager</i>	HMIS Participating Agency Manager
Authorized Signature (Executive Director or Agency Manager)	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.

Organization Information			
Covered Homeless Organization:	HMIS Participating Agency		
CHO Main Office Address:	HMIS Participating Agency Address		
	City	State	ZipCode
	(City)	(State)	(Zip Code)
Office Phone:	(555) 555 - 5555 Ext: 555		
 Authorized Signature (Executive Director or Agency Manager)		HMIS Participating Agency Manager	03/06/2019
		Printed Name	Date
 *If requesting CES Access, this form requires additional signature from CES Administrator.			
User has completed necessary CES training and is authorized to be a CES-HMIS user.			
Authorized Signature (CES Lead/Administrator)		Printed Name	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 Form			
<input type="checkbox"/> HMIS Only	<input type="checkbox"/> CES Only*	<input checked="" type="checkbox"/> Both*	Today's Date 03 / 06 / 2019
<input checked="" type="checkbox"/> New User	<input type="checkbox"/> Delete User**	<input type="checkbox"/> Change User Information	<input type="checkbox"/> 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.

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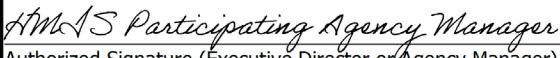

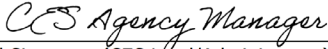
6. Your organization's Executive Director or Agency Manager **Authorized Signature**, **Printed Name** and **Date** is required for the confidentiality statement and to affirm that a notification will be sent to HMISsupport@Rivco.org within one business day of employment termination of the user.

HMIS/CES User Information	
User First & Last Name:	HMIS User
User Organization:	HMIS Participating Agency
User Role/Job Title:	Case Manager
User Office Phone (555) 555 - 5555 Ext: 555
User E-Mail Address:	HMISUser@HMISParticipatingAgency.org
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.	
<i>HMIS Participating Agency Manager</i>	HMIS Participating Agency Manager
Authorized Signature (Executive Director or Agency Manager)	03/06/2019
	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.	
<i>HMIS Participating Agency Manager</i>	HMIS Participating Agency Manager
Authorized Signature (Executive Director or Agency Manager)	03/06/2019
	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 HomeConnect@Ruhealth.org 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 Information			
Covered Homeless Organization:	HMIS Participating Agency		
CHO Main Office Address:	HMIS Participating Agency Address		
	City	State	ZipCode
	(City)	(State)	(Zip Code)
Office Phone:	(555) 555 - 5555 Ext: 555		
 Authorized Signature (Executive Director or Agency Manager)		HMIS Participating Agency Manager 03/06/2019 Printed Name Date	
 *If requesting CES Access, this form requires additional signature from CES Administrator.			
User has completed necessary CES training and is authorized to be a CES-HMIS user.			
 Authorized Signature (CES Lead/Administrator)		CES Agency Manger 03 / 06 / 2019 Printed Name Date	

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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!