Homeless Management Information System (HMIS)

User Account Request Form

AGENCY INFORMATION

Continuum of Care: ☐ Sacramento   ☐ Yolo

Organization Name: _____ Phone #: _____

Organization Address: _____

Executive Director: _____ E-Mail Address: _____

EMPLOYEE (HMIS END-USER) INFORMATION

Employee Name: _____ Job Title: _____

Employee E-Mail Address: _____ Phone #: _____

Immediate Supervisor: _____

Supervisor E-Mail Address: _____ Phone #: _____

List program(s) user will need to access: _____

Please explain what this user will access HMIS for: _____

AUTHORIZATION & CONFIDENTIALITY STATEMENT

My agency agrees to maintain strict confidentiality of information obtained through the Homeless Management Information System. 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 the above employee's immediate supervisor, to notify the HMIS Administrator of the employee's termination from the agency, placement on disciplinary probation, or upon any change in duties not necessitating access to HMIS System information within one business day of the occurrence.

X_____   _____ _____
Executive Director / Supervisor's Signature   **Printed Name**   **Date**

BACKGROUND CHECK STATEMENT

My agency has conducted a background check on the above mentioned staff and has determined that they have not been convicted of any crimes of identity theft, fraud or stalking as listed in the HMIS Privacy and Security Plan.

X_____   _____ _____
Human Resources / Executive Director's Signature   **Printed Name**   **Date**

If you have any questions, please contact HMIS Support at hmis@sacstepsforward.org.

SSF USE ONLY: Date:_____ New Username:_____ Denial Reason: _____

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