Montgomery County Maryland Continuum of Care
Department of Health and Human Services (DHHS)
Services to Prevent and End Homelessness (SEPH)

Homeless Management Information System (HMIS)
HMIS User Agreement/Request for HMIS Access

User Info *(Please print clearly and answer all questions.)***:**

Agency Name: _____

User's Name: _____

User's Title: _____
(User Title is a mandatory field. If you do not provide one, your Access Level will be used.)

Business Phone: _____

Business Email Address: _____
(A valid business email from a partner agency is required for access)

Training Info:

Date of Training: _____

    Trained by DHHS (LIVE)

    Trained by DHHS (Recorded)

Access Level and Primary Project Designation:

System Admin II:	Primary is the Continuum of Care Project – NO EDA Needed
Agency Admin:	Primary is the Agency
Case Manager II:	Primary Project: _____
Read Only:	Primary Project: _____
Executive Director:	Primary is the Agency

STATEMENT OF CONFIDENTIALITY

I AGREE TO MAINTAIN THE STRICT CONFIDENTIALITY OF INFORMATION OBTAINED THROUGH the Montgomery County Department of Health and Human Services Continuum of Care, Homeless Management Information System. This information will be used only for legitimate client services and administration of the above-named agency. Any breach of confidentiality will result in immediate termination of participation in the MCDHHS HMIS.

Employee Signature:_____ **Date:** _____

Supervisor's Signature:_____ **Date:** _____

REQUEST FOR ACCOUNT

Gcej "wugt'tgswktgu'c'wpkswg'wugtpco g'cpf "r cuuy qtf ."y j kej "ku'vq'dg'mgr v'r tkxcvg0'Wug'qh'cpqvj gt" wugtøu'wugtpco g'*ceeqwpv+'ku'i tqwpfu'hqt'ko o gfkcvg'vgto kpcvkqp'htqo "vj g'O qpvi qo gt{øu'Eqwpv{" Eqpvkpwo "qh'Ectg'J qo gnguu'O cpci go gpv'Kphqto cvkqp'U{uvgo 0'

USER'S RESPONSIBILITY STATEMENT

Your username and password give you access to the Department of Health and Human Services homeless management information system. Initial each item below to indicate your understanding of the proper use of your username and password, and sign where indicated. Any failure to uphold the confidentiality standards set forth below is grounds for immediate termination from the Montgomery County's HMIS.

Initial Only

aaaaaaa "Kwpf gtuvcpf 'vj cv'Ko wuv'cdkfg'd{ 'cm'r tqvqeqn'qwvnkpg'kp'vj g'J O KU'Rqnke{'cpf "Rtqegf wtg'O cpwcn0'

aaaaaaa "Kwpf gtuvcpf "vj cv'Ko wuv'cmg'cm'tgcuqpcdng'o gcpu'vq'r tqvgev'r gtuqpcn'kphqto cvkqp'vj cv'ku'kp'j ctf 'eqr {'hqto cv."kpenwfkpi ." dw'pqv'ko kvgf "vq. 'tgr qtvu."f cvc'gpvt{ 'hqto u.'cpf 'ukipgf 'eqpugpv'hqto u0'

"aaaaaaa "Kwpf gtuvcpf "vj qug'j ctf 'eqr kgu'qh'J O KU'kphqto cvkqp'o wuv'dg'mgr v'kp'c'ugewtg'hkng0'

"aaaaaaa "Kwpf gtuvcpf "vj cv'qpeg'vj g'j ctf 'eqr kgu'qh'J O KU'ctg'pq'nqpi gt'pggf gf ."vj g{'o wuv'dg'r tqr gtn{ 'f guvtq{ gf 'vq'o ckpvckp'Eqphkf gpvkcnkv{0'

"aaaaaaa "Kwpf gtuvcpf "vj cv'Ko wuv'cmg'cm'tgcuqpcdng'o gcpu'vq'r tqvgev'r gtuqpcn'kphqto cvkqp'vj cv'ku'uvqtgf 'y kij kp'vj g'cr r nkecvkqp" kpenwfkpi ."dw'pqv'ko kvgf "vq.'c'pgu'yqtm'fgukmqr ."nr vqr .'cpf 'gzvgtpcn'uvqtci g'f tkxg0'

"aaaaaaa "Kwpf gtuvcpf "vj cv'Ko wuv'cmg'cm'tgcuqpcdng'o gcpu'vq'mggr 'o {'r cuuy qtf 'r j {ukecn{'ugewtg0'

"aaaaaaa "Kwpf gtuvcpf "vj cv'o {'wugtpco g'cpf 'r cuuy qtf 'ctg'hqt 'o {'wug'qpn{ 'cpf 'uj qwf 'pqv'dg'uj ctgf 'y kij 'cp{ qvj gt'wugt0'

"aaaaaaa "Kwpf gtuvcpf "vj cv'vj g'qpn{ 'kpfkxkfwcni'y j q'ecp'xkgy "J O KU'kphqto cvkqp'ctg'cwj qtk|gf 'wugtu'cpf 'vj g'enkgpvu'vq'y j qo "vj g'kphqto cvkqp" r gtvckpu0'

"aaaaaaa "Kwpf gtuvcpf "vj cv'Ko c{'qpn{ 'xkgy ."qdvckp.'f kuenqug. 'qt 'wug'vj g'f cvcdcug'kphqto cvkqp'vj cv'ku'pgeguuct{ 'kp'r gthqto kpi 'o {'lqd0'

"aaaaaaa "Kwpf gtuvcpf "vj cv'vj ug'uwgu'cr r n{ 'vq'cm'wugtu'qh'vj g'F J J U'J O KU'y j cvgxgt 'vj gkr 'y qtm'tqng'qt 'r qukvkqp0'

"aaaaaaa "Kwpf gtuvcpf "vj cv'kh'Kpqvkeg'qt 'uwur gev'c'ugewtkv{ 'dtgcej ."Ko wuv'ko o gfkcvgn{ 'pqvkh{ 'F J J U'J O KU'Cf o kpkuvtcvqt0'

I understand and agree to the above statements.

Employee Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____

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Vq "dg"eqo r ngvgf "d{ "vj g"J O KU'Cf o kpkuvtcvqt<

30   Xgtkhkgf "wugt'y cu'J KRCC "vtckpgf 0'_'[gu']"'_'Pq

40   Xgtkhkgf "wugt'y cu'Ci gpe{ 'qr 'F J J U'cr r nkecvkqp'vtckpgf 0'_'[gu']"'_'Pq

50   Cf f gf "wugtøu'dwukpguu'go ckn'vq 'vj g'J O KU'Qwwqqm'f kuvtkdwkqp'nkuv0'_'[gu']"_'Pq

60   Uwdo kvgf "J gn f gum'Vkemgv'vq 'etgcvg'Eqwpv{ "KF 0']"_'[gu']"_'Pq'"]"_'PI C/Wugt'ku'cp'go rq{gg'qt 'qpukg eqpvtcevqt0

User ID (Assigned by MCDHHS): _____

HMIS Admin Signature: _____ Date: _____

SERVICEPOINT EDA ACCESS FORM
The programs are listed under each agency. Select all programs under each agency that the user will need EDA access. Use CTRL+Select to choose multiple programs within an agency. If programs are not visible, use the scroll bar.

Bethesda Cares (BC)(69)

Dwelling Place, Inc. (DP)(9)

EveryMind AGENCY (EM)(12)

Catholic Charities Services, Inc. AGENCY (CC)(3)

Family Services, Inc. AGENCY (FS)(176)

City of Gaithersburg AGENCY (COG)(4)

House of Divine Guidance – Agency (HDG)(229)

Community Clinic, Inc. AGENCY (CCA)(168)

Housing Opportunities Commission AGENCY (HOC)(10)

Community Reach of Montgomery County AGENCY (CRM)(5)

Cornerstone Montgomery AGENCY (CMA)(255)

Department of Health Human Services (DHHS)(8)

Interfaith Works AGENCY (IW)(6)

SERVICEPOINT EDA ACCESS FORM

The programs are listed under each agency. Select all programs under each agency that the user will need EDA access. Use CTRL+Select to choose multiple programs within an agency. If programs are not visible, use the scroll bar.

Montgomery County Coordinated Entry System (CES) AGENCY(286)

National Center for Children and Families AGENCY (NCCF)(17)

Montgomery County Coalition for the Homeless AGENCY (MCCH)(14)

Pathways to Housing DC AGENCY (PTH)(279)

Rainbow Place AGENCY (RPA)(18)

Shepherd's Table Agency (STA)(19)

Stepping Stones AGENCY (SSA)(21)

Montgomery County Collaboration Council (382)

The Coordinating Center AGENCY (CCA)(151)

Montgomery County Hospital Network (DHHS) – AGENCY (320)

Veterans Affairs Medical Center (VA)(226)

Mount Calvary Baptist Church (MCBC) Agency(16)

Other Program Not Listed

To complete the form, download and use fillable PDF.