



**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 Physical Address: _____

(Please print complete address including City, State, and Zip Code.)

Business Email Address: _____
(Only Business Email Addresses will be Use for Password Recovery)

Trained By: ☐ DHHS Date: _____

☐ Agency Date: _____ Trainer Name: _____

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

Each user requires a unique username and password, which is to be kept private. Use of another user's username (account) is grounds for immediate termination from the Montgomery's County Continuum of Care Homeless Management Information System.

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

- _____ I understand that I must abide by all protocols outline in the HMIS Policy and Procedure Manual.
- _____ I understand that I must take all reasonable means to protect personal information that is in hard copy format, including, but not limited to, reports, data entry forms, and signed consent forms.
- _____ I understand those hard copies of HMIS information must be kept in a secure file.
- _____ I understand that once the hard copies of HMIS are no longer needed, they must be properly destroyed to maintain Confidentiality.
- _____ I understand that I must take all reasonable means to protect personal information that is stored within the application, including, but not limited to, a network, desktop, laptop, and external storage drive.
- _____ I understand that I must take all reasonable means to keep my password physically secure.
- _____ I understand that my username and password are for my use only and should not be shared with any other user.
- _____ I understand that the only individuals who can view HMIS information are authorized users and the clients to whom the information pertains.
- _____ I understand that I may only view, obtain, disclose, or use the database information that is necessary in performing my job.
- _____ I understand that these rules apply to all users of the DHHS HMIS whatever their work role or position.
- _____ I understand that if I notice or suspect a security breach, I must immediately notify DHHS HMIS Administrator.

I understand and agree to the above statements.

Employee Signature: _____ **Date:** _____

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

To be completed by the HMIS Administrator:

1. Verified user was HIPAA trained. [] Yes [] No
2. Verified user was Agency or DHHS application trained. [] Yes [] No
3. Added user's business email to the HMIS Outlook distribution list. [] Yes [] No
4. Submitted Helpdesk Ticket to create County ID. [] Yes [] No [] N/A-User is an employee or onsite contractor.

User ID (Assigned by MCDHHS): _____

HMIS Admin Signature: _____ **Date:** _____

SERVICEPOINT ENTER DATA AS PROJECT LIST

*If a new Project is not listed, write it in at the bottom and email the HMIS Team to have the form updated.
Pace and "X" in the EDA Access Needed column for all Projects to which the User needs access.*

Agency Name	HMIS Project Name	EDA Access Needed
Montgomery County Coordinated Entry System (CES) AGENCY	Agency Admin ONLY	No EDA
Montgomery County Coordinated Entry System (CES) AGENCY(286)	MC CoC Coordinated Entry Project (CES-All)	X
Montgomery County Coordinated Entry System (CES) AGENCY(286)	MC CoC Diversion Project SSO-Ind	X
Bethesda Cares AGENCY (BC)	Agency Admin ONLY	No EDA
Bethesda Cares AGENCY (BC)(69)	Bethesda Cares (BC) SO-Ind	
Bethesda Cares AGENCY (BC)(69)	Critical Care Intervention (BC) SSO-Ind	
Bethesda Cares AGENCY (BC)(69)	HIP -Individual (Bethesda Cares) PH-Ind	
Bethesda Cares AGENCY (BC)(69)	Veteran's Housing (Bethesda Cares) - PSH-Ind	
Bethesda Cares AGENCY (BC)(69)	Veterans Rapid Re-Housing Program – (BC) RRH-Fam	
Bethesda Cares AGENCY (BC)(69)	Veterans Rapid Re-Housing Program – (BC) RRH-Ind	
Catholic Charities Services, Inc. AGENCY (CC)	Agency Admin ONLY	No EDA
Catholic Charities Services, Inc. AGENCY (CC)(3)	Chase Partnership House (CC) TH-Ind	
Catholic Charities Services, Inc. AGENCY (CC)(3)	Dorothy Day Place Men's (CC) TH-Ind	
Catholic Charities Services, Inc. AGENCY (CC)(3)	Dorothy Day Place Women's (CC) TH-Ind	
Catholic Charities Services, Inc. AGENCY (CC)(3)	HIP Family (Catholic Charities) – PH-Fam	
Catholic Charities Services, Inc. AGENCY (CC)(3)	HIP-Individual (Catholic Charities) – PH-Ind	
Catholic Charities Services, Inc. AGENCY (CC)(3)	Rapid Re-Housing Family HSP (Catholic Charities) RRH-FAM	
Catholic Charities Services, Inc. AGENCY (CC)(3)	Rapid Re-Housing Family HUD (Catholic Charities) RRH-FAM	
Catholic Charities Services, Inc. AGENCY (CC)(3)	Rapid Re-Housing Singles HSP (Catholic Charities) RRH-IND	
Catholic Charities Services, Inc. AGENCY (CC)(3)	Rapid Re-Housing Singles HUD (Catholic Charities) RRH-IND	
City of Gaithersburg AGENCY (COG)	Agency Admin ONLY	No EDA
City of Gaithersburg AGENCY (COG)(4)	City of Gaithersburg Up County COG SO-Ind	
City of Gaithersburg AGENCY (COG)(4)	DeSellum House (COG) TH-Ind	
City of Gaithersburg AGENCY (COG)(4)	HIP -Individual (City of Gaithersburg) PH-Ind	
City of Gaithersburg AGENCY (COG)(4)	Wells Robertson House (COG) TH-Ind	
Community Reach of Montgomery County AGENCY (CRM)	Agency Admin ONLY	No EDA
Community Reach of Montgomery County AGENCY (CRM)(5)	Jefferson House (CRM) PH-Ind	
Community Reach of Montgomery County AGENCY (CRM)(5)	Mansfield Kaseman Health Clinic	
Community Reach of Montgomery County AGENCY (CRM)(5)	Rockland House (CRM) PH-Ind	
Cornerstone Montgomery AGENCY (CMA)	Agency Admin ONLY	No EDA
Cornerstone Montgomery AGENCY (CMA)(255)	Assertive Community Treatment (CMA) SSO-IND	

Agency Name
National Center for Children and Families AGENCY (NCCF)(17)
National Center for Children and Families AGENCY (NCCF)(17)
National Center for Children and Families AGENCY (NCCF)(17)
National Center for Children and Families AGENCY (NCCF)(17)
National Center for Children and Families AGENCY (NCCF)(17)
National Center for Children and Families AGENCY (NCCF)(17)
Pathways to Housing DC AGENCY (PTH)
Pathways to Housing DC AGENCY (PTH)(279)
Pathways to Housing DC AGENCY (PTH)(279)
Pathways to Housing DC AGENCY (PTH)(279)
People Encouraging People (PEP) Agency
People Encouraging People (PEP) Agency(183)
People Encouraging People (PEP) Agency(183)
Quest, Inc. Agency (Quest)
Quest, Inc. Agency (Quest)(153)
Quest, Inc. Agency (Quest)(153)
Rainbow Place AGENCY (RPA)
Rainbow Place AGENCY (RPA)(18)
Shepherd's Table Agency (STA)
Shepherd's Table Agency (STA)(19)
Stepping Stones AGENCY (SSA)
Stepping Stones AGENCY (SSA)(21)
Stepping Stones AGENCY (SSA)(21)
The Coordinating Center AGENCY (CCA)
The Coordinating Center AGENCY (CCA)(151)
The Coordinating Center AGENCY (CCA)(151)
Veterans Affairs Medical Center (VA)
Veterans Affairs Medical Center (VA)(226)
Agency Name (New Project - Not Listed)

HMIS Project Name
Future Bound (Youth) (NCCF) TH-IND
Greentree Shelter NCCF ES-Fam
Rapid Re-Housing II (RRH) NCCF RRH-Fam
Rapid Re-Housing I (RRH) NCCF RRH-Fam
Supportive Housing Program (NCCF) TH-Fam
Young Adult Rapid Re-Housing NCCF RRH-Fam
Agency Admin ONLY
Housing Case Management (PTH) SSO-Ind
Pathways Street Outreach (PTH) SO-Ind
Project Home (HUD) (PTH) PSH-Ind
Agency Admin ONLY
Assertive Community Treatment (PEP) SSO-Ind
Forensic Assertive Community Treatment (PEP) SSO-Ind
Agency Admin ONLY
HIP -Family (Quest) PH-Fam
HIP - Individual (Quest) PH-Ind
Agency Admin ONLY
Rainbow Place (RPA) ES-Ind
Agency Admin ONLY
Shepherd's Table STA SSO-All
Agency Admin ONLY
HIP - Family (Stepping Stones) PH-Fam
Stepping Stones Shelter SSA ES-Fam
Agency Admin ONLY
HIP -Individual (Coordinating Center) PH-Ind
HIP - Medical (Coordinating Center) PH-Ind
Agency Admin ONLY
VA Community Resource and Referral Center VA SSO-All
Project Name (New Project - Not Listed)

EDA Access Needed
No EDA
No EDA
No EDA
No EDA
No EDA
No EDA
N/A

Agency Name	HMIS Project Name	EDA Access Needed