

HMIS Agency Access Application

For new Agencies requesting HMIS access

Instructions: For all new agencies requesting access to the Stanislaus County Homeless Management Information Systems, HMIS. All sections must be completed and returned with any accompanied HMIS requested forms. If you have any questions, please contact HMIS Support or email HMIS@stancounty.com		
Agency Information <i>(The organizations listed below will be able to access HMIS data entered by this agency)</i>		
Organization Name <i>(Name as listed on Business License)</i>		
Address:		
Phone Number:		
Contact Person:		
Email:		
Agency Represents: <i>(If this agency is subject to special data entry processes)</i>		Date of Request: ___/___/___
Covered Entity (disclosures are restricted under HIPPA (45 CFR 160 and 164) More information about covered entities can be found here: https://www.hhs.gov/hipaa/for-professionals/covered-entities/index.html		<input type="checkbox"/> Yes <input type="checkbox"/> No
Program Disclosures Restricted (Program whose disclosure are restricted under Federal Drug and Alcohol Confidentiality Regulations : 42 CFR Part 2)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Restrictions to Data Sharing: (Is the agency subject to any laws or requirements which restrict Agency's ability to either enter data into HMIS or authorize sharing of information)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Victim Service Provider: (Agency funded by the Act of 2005 VAWA 42, USC 13925 or agency primary mission is to serve those experiencing domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions related to violence) dating violence or stalking)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Mandatory Reporting Entity: (Agency receives funding that requires HMIS data entry)		<input type="checkbox"/> Yes <input type="checkbox"/> No
HMIS Participation Specialized Service Activities: <i>(Please check any additional specialized services you would like HMIS to provide)</i>		Which Standard Project Component(s) are you requesting?
<input type="checkbox"/> Assistance with HMIS Back Data Entry <input type="checkbox"/> Data Export <input type="checkbox"/> Data Import <input type="checkbox"/> Federal Report Review <input type="checkbox"/> Advanced Technical Support <input type="checkbox"/> Federal Reporting Upload <input type="checkbox"/> Custom Report Creation <input type="checkbox"/> Consulting as needed		<input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Day Shelter <input type="checkbox"/> Rapid Re-Housing <input type="checkbox"/> Other, please specify: <input type="checkbox"/> Supportive Services Only _____ <input type="checkbox"/> Transitional Housing _____ <input type="checkbox"/> Emergency Shelter _____ <input type="checkbox"/> Homeless Prevention _____ <input type="checkbox"/> Rapid Re-Housing <input type="checkbox"/> Street Outreach
HMIS Participation Costs Overview: All agencies not required to enter data into HMIS as a condition of funding are considered voluntary reporting entities and are given (1) FREE HMIS User License. See HMIS Fee Schedule.		
Agency is aware of additional HMIS user license policy and agrees to additional user license fees?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of User Licenses: How many additional HMIS user licenses are requested?		# _____
The following documents will be required prior to granting agency access in HMIS:		
<input type="checkbox"/> Bylaws and/or document authorizing singer is eligible to sign on behalf of organization <input type="checkbox"/> W9 – if new vendor agreement <input type="checkbox"/> Business License <input type="checkbox"/> Sam.gov Verification (HUD) <input type="checkbox"/> DUNS Number _____ (HUD) <input type="checkbox"/> Street Outreach <input type="checkbox"/> Agency must also designate a Technical Administrator and Security Officer <input type="checkbox"/> Perform Workstation Security Assessment (details provided in HMIS Policies & Procedures)		
Agency Comments:		
For HMIS Administration Use Only:		
Received Date:		
HMIS Staff Name Completing Set up:		
Request Completed in HMIS Date:		

