



## New HMIS User Setup Instructions

In order for a new user to gain access to the HMIS the following steps must be completed:

### 1. User completes training (Online Completed or In-Person Scheduled)

All users must complete a course that teaches them how to navigate the HMIS database and also how to complete programmatic assessments and any programmatic related functionality. To do this all users have the option of attending either an online training session or an in person training session. To register for training please follow the below instructions:

#### Online Training

- Go to <https://community.solari-inc.org/homeless-management-information-system/> & click “Online Training”
- Select desired training course(s)
- To access training videos, use the “Click Here” links to be routed to SurveyMonkey, and follow prompts to complete training
- To download documents related to the training topics, use the “Download Documents” button

#### In Person Training

- Go to <https://community.solari-inc.org/homeless-management-information-system/> & click “In-Person Training”
- Click and register for the Training of your choice

### 2. User initials & signs the HMIS Code of Ethics

All new users must sign the Code of Ethics prior to gaining access to HMIS (pages 4-5 of this Packet).

### 3. Agency Administrator completes the New User Information Form

Agency admin or agency contact must complete New User Information Form for each new user that requires access to HMIS (page 3 of this Packet).

### 4. Agency Administrator submits a “New User Request” ticket on HMISAZ.org

Within the ticket, you must attach the completed New User Packet (pages 3-5 are required). Tickets can be submitted by clicking “Submit a Ticket” on this page: <https://hmisaz.org/submit-a-ticket>

### 5. HMIS staff will review packet and provide login instructions

HMIS staff will only accept complete packets. If incomplete or incorrect information is submitted, HMIS staff will let the requestor know what needs to be completed. HMIS staff then will close the ticket and await a corrected packet to be submitted via a new ticket.



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### Online Training Descriptions

**HMIS Introductory Training (Intro):** The HMIS Introductory Series is the basic course every HMIS user needs to take. This covers the essential items including login, searching for clients, and entering client information.

**COVID-19 (C-19):** This topic is required for Maricopa users and optional for BOS users.

**Case Management Training (CM):** The Case Management Series covers items such as creating case goals, recording case notes, entering services, or sending referrals for clients. This course will teach users how to leverage HMIS for the purpose of case management.

**Coordinated Entry Training (CE):** The Coordinated Entry training covers all data entry requirements for coordinated entry and is relevant to users from Maricopa and the Balance of State. It covers multiple workflows including data entry for coordinated entry and housing providers responding to referrals. The link will guide you through which videos to watch. Simply click "yes" or "no" for the questions as applicable.

**Outreach (OUT) / RHY / HOPWA / SSVF / PATH:** These courses are designed for users that must enter data to satisfy requirements of specific grant types. This course will cover how to enter the client into HMIS, enter client information, and discuss grant specific data elements.

**ShelterPoint Training (SHPT):** The ShelterPoint training covers how to enter and exit clients from the ShelterPoint module which is frequently used by Emergency Shelters. Users will be trained to locate the module, enter clients, exit clients, and perform basic ShelterPoint functions.

### Online Training Recommendations

**X = required**

**O = optional/encouraged**

**M = required only for Maricopa**

	Intro	C-19	CM	CE	OUT	RHY	HOPWA	SSVF	PATH	SHPT
Emergency Shelter	X	M	O	O						O
Transitional Housing	X	M	O	O						O
Rapid Rehousing	X	M	O	X						O
Permanent Housing	X	M	O	X						O
PATH	X	M	X	O	X				X	
Outreach	X	M	X	O	X					
HOPWA	X	M	X		O		X			
SSVF	X	M	X	X	O			X		O
RHY	X	M	X	O	O	X				O



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### New User Information Form

<b>Agency Name</b>		<input type="checkbox"/> BOS <input type="checkbox"/> MAR
<b>User Legal Name</b>		
<b>Job Title</b>		
<b>Email Address</b>		
<b>Phone Number</b>		

### HMIS Access Information

<b>User Responsibilities</b>	<input type="checkbox"/> <b>Standard HMIS User</b> (Data Entry) <b>OR</b> <input type="checkbox"/> <b>Agency Admin</b> (Data Entry, View Entire Agency Data, Password Resets)	<input type="checkbox"/> <b>SAP BO License</b> (Generate Reports)
<b>List the project ID number for all projects that the user will enter data into. (ex. 14514)</b>  <b>Or the project full name of the project, as it appears in HMIS. (ex. HMIS High Risk)</b>	<ul style="list-style-type: none"> <li>• _____</li> <li>• _____</li> <li>• _____</li> <li>• _____</li> <li>• _____</li> </ul>	

### HMIS Training Scheduled or Completed (required)

- This user has already completed the required online training**
- This user has signed up for live training scheduled on:** \_\_\_\_\_  
 (If selecting live training, user will receive login credentials when they attend training)
- Code of Ethics is signed and included with packet**

I authorize this user to access the HMIS system. I have reviewed their code of ethics and have confirmed that they have completed the training necessary to complete their work in HMIS.

\_\_\_\_\_  
 Agency Administrator (or HMIS Primary Contact) Name

\_\_\_\_\_  
 Agency Administrator (or HMIS Primary Contact) Signature

\_\_\_\_\_  
 Date



## **New HMIS User Setup Instructions**

### **Code of Ethics for Persons Using the HMIS**

User Name: \_\_\_\_\_

As a user (agency staff or agency volunteer) of the HMIS who enters information into the HMIS or views electronic information in the HMIS, I agree to the following: (Please initial)

- \_\_\_\_\_ I understand that my User ID and Password give me access to the HMIS.
- \_\_\_\_\_ My User ID and Password are for my use only and I will not share, or allow them to be shared, with any person for any reason.
- \_\_\_\_\_ I will take all reasonable means to keep my User ID and Password physically secure to prevent its use by any other person.
- \_\_\_\_\_ I understand that the only individuals who can view information in the HMIS are authorized users and the clients to whom the information pertains.
- \_\_\_\_\_ I understand that not all users can view all information.
- \_\_\_\_\_ I will only view, obtain, disclose, or use the database information that is necessary to perform my job.
- \_\_\_\_\_ If I am logged into HMIS and must leave my work area for any length of time; I must log-off the HMIS and close the Internet browser before leaving the work area
- \_\_\_\_\_ A computer that has the HMIS open and running shall never be left unattended by the person with the authorization to use that computer.
- \_\_\_\_\_ Failure to log off the HMIS appropriately may result in a breach in client confidentiality and system security.
- \_\_\_\_\_ I will obtain and file a hard copy of such client consent forms as are required by my agency, state and/or federal law and the HMIS.
- \_\_\_\_\_ I understand that I must save data at regular intervals because the system will log off at 30-minute intervals without automatically saving the information that I have entered.
- \_\_\_\_\_ I agree to enter data into the HMIS in accordance to the policies of my agency and the standards of HMIS.



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\_\_\_\_\_ I agree that I will not enter in the HMIS discriminatory comments made by or about an employee, volunteer, or other person based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual orientation. I understand that offensive language and profanity are not permitted in the HMIS. This does not apply to the input of direct quotes by a client IF the Agency believes that it is essential to enter these comments for assessment, service and treatment purposes.

\_\_\_\_\_ I agree to use the HMIS ONLY for business purposes related to serving the clients of my agency.

\_\_\_\_\_ If I notice or suspect a security breach, I shall immediately notify the designated HMIS Contact person in my agency or the HMIS System Administrator.

\_\_\_\_\_ As an HMIS user, I will treat other Member Agencies and their staff with respect, fairness, and good faith.

\_\_\_\_\_ As an HMIS user, I will treat clients and potential clients of my agency and other agencies with respect, fairness, and good faith in obtaining and entering their data.

\_\_\_\_\_ As an HMIS user, I will maintain high standards of professional conduct.

\_\_\_\_\_ As an HMIS user, I recognize that my primary responsibility is to my client.

\_\_\_\_\_ I understand that I may be subject to personnel action, including but not limited to termination from employment or volunteer status, from my employer for failure to comply with this Code of Ethics.

**I have read, understand, and agree to comply with all of the statements above.**

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User Name

Agency Name

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User Signature

Date

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Supervisor (or HMIS Primary Contact) Signature

Date

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