



New User Setup Instructions

In order for a new user to gain access to 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://hmisaz.org> & 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://hmisaz.org> & 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

Agency	
User Name	
Job Title	
Email Address	
Phone Number	

HMIS Access Information

User Responsibilities	<input type="checkbox"/> Data Entry <input type="checkbox"/> Generate Reports	<input type="checkbox"/> View Entire Agency Data <input type="checkbox"/> Reset Other User Passwords
Default Provider	<i>(Will be determined by HMIS Staff – based on info below)</i>	
Which project will the user most often enter data into?		
List the project ID number for every project that the user will enter data into. If you do not use the project ID number, give the full name of the project, as it appears in HMIS.	<ul style="list-style-type: none"> • _____ • _____ • _____ • _____ • _____ 	

HMIS Training Scheduled or Completed

- This user has already completed the required online training
 This user has signed up for in-person training scheduled on: _____
 (If selecting in-person training, user will receive login credentials when they attend training)
 Code of Ethics 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.

Supervisor (or HMIS Primary Contact) Name

Supervisor (or HMIS Primary Contact) Signature

Date



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Code of Ethics for Persons Using HMIS

User Name: _____

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

- _____ I understand that my User ID and Password give me access to 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 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 HMIS and close the Internet browser before leaving the work area
- _____ A computer that has HMIS open and running shall never be left unattended by the person with the authorization to use that computer.
- _____ Failure to log off 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 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 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.

User Name Agency Name

User Signature Date

Supervisor (or HMIS Primary Contact) Signature Date