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 *(The organizations listed below will be able to access HMIS data entered by this agency)*			
Organization Name *(Name as listed on Business License)*			
Address:			
Phone Number:			
Contact Person:			
Email:			
Agency Represents: *(If this agency is subject to special data entry processes)*	**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	□ Yes □ No		
Program Disclosures Restricted (Program whose disclosure are restricted under Federal Drug and Alcohol Confidentiality Regulations : 42 CFR Part 2)	□ Yes □ 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)	□ Yes □ 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)	□ Yes □ No		
Agency Mandatory Reporting Entity: (Agency receives funding that requires HMIS data entry)	□ Yes □ No		

HMIS Participation Specialized Service Activities: (Please check any additional specialized services you would like HMIS to provide)	**Which Standard Project Component(s) are you requesting?**
□ Assistance with HMIS Back Data Entry □ Data Export □ Data Import □ Federal Report Review □ Advanced Technical Support □ Federal Reporting Upload □ Custom Report Creation □ Consulting as needed	□ Permanent Supportive Housing □ Day Shelter □ Rapid Re-Housing □ Other, pleases specify: □ Supportive Services Only □ Transitional Housing _____ □ Emergency Shelter _____ □ Homeless Prevention _____ □ Rapid Re-Housing □ 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?	□ Yes □ 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:
□ Bylaws and/or document authorizing singer is eligible to sign on behalf of organization □ W9 – if new vendor agreement □ Business License □ Sam.gov Verification (HUD) □ DUNS Number _____ (HUD) □ Street Outreach □ Agency must also designate a Technical Administrator and Security Officer □ 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:	