



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 Email Address: \_\_\_\_\_  
*(A valid business email from a partner agency is required for access)*

**Training Info:**

Date of Training: \_\_\_\_\_

Trained by DHHS

Trained by Agency Admin. **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

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## 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

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**I understand and agree to the above statements.**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**User ID (Assigned by MCDHHS):** \_\_\_\_\_

**HMIS Admin Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## SERVICEPOINT EDA ACCESS FORM

The programs are listed under each agency. Select all programs under each agency that the user will need EDA access. Use CTRL+Select to choose multiple programs within an agency. If programs are not visible, use the scroll bar.

Bethesda Cares (BC)(69)

Dwelling Place, Inc. (DP)(9)

Catholic Charities Services, Inc. AGENCY (CC)(3)

EveryMind AGENCY (EM)(12)

City of Gaithersburg AGENCY (COG)(4)

Family Services, Inc. AGENCY (FS)(176)

Community Clinic, Inc. AGENCY (CCA)(168)

House of Divine Guidance – Agency (HDG)(229)

Community Reach of Montgomery County AGENCY (CRM)(5)

Housing Opportunities Commission AGENCY (HOC)(10)

Cornerstone Montgomery AGENCY (CMA)(255)

Department of Health Human Services (DHHS)(8)

Interfaith Works AGENCY (IW)(6)

Montgomery County Coordinated Entry System (CES) AGENCY(286)

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The programs are listed under each agency. Select all programs under each agency that the user will need EDA access. Use CTRL+Select to choose multiple programs within an agency. If programs are not visible, use the scroll bar.

Montgomery County Coalition for the Homeless  
AGENCY (MCCH)(14)

Quest, Inc. Agency (Quest)(153)

Rainbow Place AGENCY (RPA)(18)

Shepherd's Table Agency (STA)(19)

Montgomery County Hospital Network (DHHS) –  
AGENCY (320)

Stepping Stones AGENCY (SSA)(21)

The Coordinating Center AGENCY (CCA)(151)

Mount Calvary Baptist Church (MCBC) Agency(16)

Veterans Affairs Medical Center (VA)(226)

National Center for Children and Families AGENCY  
(NCCF)(17)

*Other Program Not Listed*

Pathways to Housing DC AGENCY (PTH)(279)

To complete the form, download and use  
fillable PDF.

People Encouraging People (PEP) Agency(183)