

APPENDICES

Appendix A: Agency Profile Form

Agency Profile

1. Agency Name and Information

Date Filled Out:

By Whom:

Agency Name: _____

Address (physical) _____

Address (mailing) _____

City: _____

State: _____

Zip code: _____

Telephone: _____

Extension: _____

Fax: _____

General E-mail Address: _____

Web Site Address: _____

2. Project Contact

Who should Symmetric Solutions contact in regard to implementing ServicePoint in your agency?

Name: _____

Telephone: _____

E-mail Address: _____

Best time to call: _____

Extension: _____

3. Project Plan

a. Agency Staff

1. Please list the names of all Directors, Managers and Coordinators who will be using ServicePoint.

Name

Job Title

1

2

3

4

5

6

7

8

9

10

b. Program

1. We will be sending you a Program Profile to complete detailing information on all program and funding sources of the agency.

Pam Hughes mbshughes@gorge.net

800.509.2477

4. Technology

A. Hardware

- 1. Does your agency budget yearly for additional hardware upgrades or new computers?
Yes No
- 2. Does your agency use agency-wide e-mail?
Yes No

B. Software

- 1. Does your agency budget time and money for staff technical training?
Yes No
- 2. Does your agency budget for new software and/or software upgrades?
Yes No
- 3. Does your agency have an agency-wide client database?
Yes No If yes, please answer questions a through g.

a. What information does your agency currently track?

b. What information does your agency not track but should?

STAFF USE:

Does this need to be addressed? Yes No

c. What reports does your agency produce or desire to produce?

- d. How does information flow through your agency?
For example, who collects, inputs, updates and accesses the data?

- e. How does your agency envision adding ServicePoint to this flow?

- f. Does your agency have multiple databases?

Yes No

- g. Should these databases be integrated? Please expound if necessary?

- h. Please use the following space to address any concerns or questions.

STAFF USE:

Comments on any Action Items identified above:

Appendix B: Client Acknowledgement of Data Entry into the Maricopa Homeless Management Information System

**COMMUNITY INFORMATION AND REFERRAL, INC.
MARICOPA HMIS**

**CLIENT ACKNOWLEDGEMENT OF DATA ENTRY
INTO THE MARICOPA HOMELESS MANAGEMENT INFORMATION SYSTEM**

The Maricopa Homeless Management Information System (HMIS) is used by homeless provider agencies to record information about clients that they serve. This information helps the agencies to plan for and provide services to clients. This information also can be shared among agencies, if you, the client, agree in order to improve the coordination and delivery of your services.

By signing this document you are:

- Acknowledging that demographic information about you and your family will be entered into the Maricopa Homeless Management Information System (HMIS) database
- Allowing basic demographic information about you / your family to be viewed by other homeless provider agencies. This includes name, age and social security number. Sharing of this information will allow you to be served by other agencies without repeating basic information about yourself / your family. IF THERE IS A REASON THAT PROVIDING YOUR NAME / NAME OF OTHER MEMBERS OF YOUR FAMILY WOULD PLACE YOU / YOUR FAMILY MEMBER AT RISK, PLEASE CHECK HERE TO REQUEST THAT THIS INFORMATION NOT BE SHARED WITH OTHER AGENCIES (A list of the agencies who may be provided is information can be provided by the person reviewing this form with you or can be viewed on the Maricopa HMIS Project Website, Contacts page at www.cirs.org/hmis/contacts.html.)

- No confidential information such as health, medical needs, mental health, domestic violence will be shared about me without my specific written approval.

Client's Signature

Other Party
(if client is minor or otherwise requires guardian)

Date Signed

Relationship to Client

Effective Date

Appendix D: Computer Security Incident Report

Computer Security Incident Report*

Date: _____

A computer security incident was detected / observed / discovered on _____
(circle one) (enter date, time)
at _____.
(physical location)

Type of Security Incident: The nature of the security incident was (Check all that apply.):

- Unauthorized access to HMIS database.
- Unauthorized disclosure or use of a password
- Alteration of data or computer resources
- Other: (Explain)

Confidentiality of Data:

- Client Information
- HMIS Information
- Other: (Explain)

Impact of Security Incident: The effect of the security violation included the following: (Check all that apply.)

- Disclosure of Data
- Destruction and/or modification of data and/or resource information
- Other: (Explain)

First and Last Name

Signature

Appendix E: Corrective Action Plan Format

Corrective Action Plan

Date of Notification: _____

Name of Provider Agency: _____

End-user (s) (when applicable) _____

Itemized violations

Applicable Document**

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Itemized Corrective Measures

Expected Completion Date

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

HMIS Resources

Contact HMIS Staff Name and Number

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

First and Last Name
Agency Administrator/Executive Director

Signature

** (Code of Ethics, Agency Partnership Agreement, HMIS Policy & Procedures)

Send to the following address:

HMISsupport@cox.net

Or Mail to:

HMIS System Administrator
Community Information & Referral, Inc.
1515 E. Osborn Road
Phoenix, AZ 85014

Appendix F: Custom Report Request Form

MARICOPA HMIS CUSTOM REPORT REQUEST FORM

Provider Agency Name / Requestor's Organization Name: _____

Requestor Contact Information:

Name of Requestor: _____

Phone Number: _____

E-mail Address: _____

General Information:

Report Name: _____

Purpose of the Report: _____

Time Period: From _____ (MM / DD / YY) to _____ (MM / DD / YY)

Due Date): _____
(specify the date on which the report is needed)

Report Distribution:

Internal to the Agency External to the Agency

If external: please identify the intended recipients: _____

If internal: please identify how often report will be used:

Daily Weekly Monthly Semi-Annualy Annually One-Time Use

Report Content:

Data elements to be included: (Examples are Gender, Ethnicity, Race, Age, Disabilities, Employment Status, Income, etc... If possible attach an example of how the report should look)

1.	3.	5.
2.	4.	6.

Which data element above should this report be sorted by? _____

Export format: Please specify the electronic format in which you would like to receive the report (Note: All custom reports are issued in Read Only format)

Signature:

Agency Administrator Signature

Date

Or If not being requested by a Provider Agency, the signature of the Requestor

Requestor

Date

Send request to the following address: HMISsupport@cox.net

Or Mail to:

HMIS System Administrator
Community Information & Referral, Inc.
1515 E. Osborn Road
Phoenix, AZ 85014

System Administrator Use Only:

The request for a Custom HMIS Report has been reviewed and the data being requested can be provided by HMIS:

The request is from an individual who **does** or **does not** (circle one) represent a provider agency or a funder of HMIS.

System Administrator Signature

Date

User Group Response: Approved Not Approved (If not approved, state reasons)

Final Disposition:

Report Issued on: _____ (Date)

Report placed on the HMIS web site on: _____ (Date)

Appendix G: Agency Reports

Basic Entry/Exit – This report is for those programs that are not funded by HUD, yet have a need for the same type of information that is generated for the HUD 40118 APR report. The Basic Entry/Exit report generates a “HUD APR-like” report for the program and date range you have selected. The data for this report is captured in the same method as the HUD APR but pulls instead from the Basic Entry/Exit worksheets of a client’s record. Note that the supportive services reported in the APR will be displayed only if the client’s HUD worksheet has an exit date and the “program providing” is captured in the service provided section of applicable services recorded.

Bedlist – This report allows you to generate a daily bed list report of which clients stayed in what bed on a specific night. Select options for date, program and sort by either bed number or last name. The report will give you a list of information for the program identified including bed number, client name, date of birth, gender, social security number and check out status as of to date identified in the criteria. This criterion includes a date range, which results in several days’ information with previous and next day links to page through each day’s bed stays. The “sort by” option Service Family ID sorts the client list by family groups. There’s also a “# in Family” count displayed when you use this sorting option. Totals have been added for each bedlist for “Beds in use” (the person is still in the bed as of midnight), new Check Ins and Check Outs. These totals are also calculated into a grand total for all the bedlists combined.

Clients Served – The Clients Served Report gives an unduplicated count of clients your agency/program has served within a certain time period. The report checks ALL service related information for data that was either created or provided by your agency/program (this includes service items or shelter stays). This is an unduplicated report with distinct clients only being counted once. This report uses the “unique id” system mentioned above to eliminate counting clients who have been entered into the system more than once. The unique id system works off of the client’s first name, last name, sex and date of birth. (Note: The unique id for Anonymous clients is handled a little differently, making each one always unique.)

The counts are broken down various ways to cover a wide range of reporting needs for various agencies. The “old” counts check to see if a client has been helped by your agency/program prior to the reporting date range specified. When checking for old client, the report goes back a timeframe equal to the number of days you’re currently reporting on. For example, with a date range that spans 30 days, the report will consider a client “old” if that client was helped by your agency/program in the 30 days prior to the report start date.

The “new” doesn’t necessarily mean that the client was not in the system before, but rather the client has not been worked with in the period of time prior and equal to the data range specified in the report.

Note: The “Total Families Served” and “Average Family Size” totals are based on the actual number of family members helped. So, there may be some overlap in the old and new Total Families Served counts.

Disabled Clients Served – The Disabled Clients Served Report gives an unduplicated count of disabled clients your agency/program has served within a certain time period. The report checks ALL service related information for data that was either created or provided by your agency/program (this includes service items or shelter stays). This is an unduplicated report with distinct clients only being counted once. The disabilities reported are dynamically generated from the defined system-wide picklist. If a term is deleted from the picklist, the result is displayed as “inactive” for historically accurate reporting.

Education Level of Clients Served – The Education of Clients Served Report given an unduplicated count of education level of clients your agency/program has served within a certain time period. The report checks ALL service related information for data that was either created or provided by your agency/program (this includes service items or shelter stays). This is an unduplicated report with distinct clients only being counted once. The education levels reported are dynamically generated from the defined system-wide picklist. If a term is deleted from a picklist, the result is displayed as “inactive” for historically accurate reporting.

Health Insurance of Clients Served – The Health Insurance of Clients Served Report gives an unduplicated count of insurance identified for clients your agency/program has served within a certain time period. The report checks

ALL service related information for data that was either created or provided by your agency/program (this includes service items or shelter stays). This is an unduplicated report with distinct clients only being counted once. The insurance types reported are dynamically generated from the defined system-wide picklist. If a term is deleted from the pick list, the result is displayed as “inactive” for historically accurate reporting.

Marital Status of Clients Served – The Marital Status of Clients Served Report gives an unduplicated count of marital status identified for clients your agency/program has served within a certain time period. The report checks ALL service related information for data that was either created or provided by your agency/program (this includes service items or shelter stays). This is an unduplicated report with distinct clients only being counted once. The marital status types reported are dynamically generated from the defined system-wide picklist. If a term is deleted from the pick list, the result is displayed as “inactive” for historically accurate reporting.

Race of Clients Served – The Race of Client Served Report gives an unduplicated count of race identified for clients your agency/program has served within a certain time period. The report checks ALL service related information for data that was either created or provided by your agency/program (this includes service items or shelter stays). This is an unduplicated report with distinct clients only being counted once. The races reported are dynamically generated from the defined system-wide picklist. If a term is deleted from the pick list, the result is displayed as “inactive” for historically accurate reporting.

Veterans Served – The Veterans Served Report gives an unduplicated count of veteran’s status identified for clients your agency/program has served within a certain time period. The report checks ALL service related information for data that was either created or provided by your agency/program (this includes service items or shelter stays). This is an unduplicated report with distinct clients only being counted once. The veteran status types reported are dynamically generated from the defined system-wide picklist. If a term is deleted from the pick list, the result is displayed as “inactive” for historically accurate reporting.

Clients Seen (renamed 2.04 Clients Served) – The Clients Seen Report gives an unduplicated count of clients your agency/program has served within a certain time period. This report is different from the Clients Served Reports as it checks ALL client and service related information for data that was either added, updated, or provided by your agency/program (this includes the profile, any assessments, service items or shelter stays). So rather than just services, this report is more inclusive of a full range of information created for a client. This is an unduplicated report with distinct clients only being counted once. This report uses the “unique id” system mentioned above to eliminate counting clients who have been entered into the system more than once. The unique id system works off of the client’s first name, last name, sex, and date of birth. (Note: The unique id for Anonymous clients is handled a little differently, making each one always unique.)

The counts are broken down various ways to cover a wide range of reporting needs for various agencies. The “old” counts check to see if a client has been helped by your agency/program prior to the reporting date range specified. When checking for old clients, the report goes back a timeframe equal to the number of days you’re currently reporting on. For example, with a date range that spans 30 days, the report will consider a client “old” if that client was helped by your agency/program in the 30 days prior to the report start date.

The “new” doesn’t necessarily mean that the client was not in the system before, but rather has not been worked with in the period of time and equal to the date range in the report.

Note: The “Total Families Served” and “Average Family Size” totals are based on the actual number of family members helped. So, there may be some overlap in the old and new Total Families Served counts.

Cost of Service – This report allows you to tally the cost of services provided to clients within your agency or programs. Costs are identified on a per client basis under Services Received in ServicePoint. This report allows you to flexibly generate total cost of services provided by date created or date provided as well as whether the funds are allocated from the Internal Budget or FEMA. This reports allows you to tally the cost of services provided to clients within your agency or programs. Costs are identified on a per client basis under Services Received in ServicePoint. This report allows you to flexibly generate total cost of services provided by date created or date provided as well as whether the funds are allocated from the Internal Budget or FEMA.

FEMA – The FEMA (Federal Emergency Management Agency) report provides information on FEMA services and the cost of each service.

Food Bank – The Food Bank report details basic statistics on the clients who have been given food bags by local food pantries. Area food banks, which supply food pantries with good, usually require reporting of these basic statistics on a monthly basis.

HUD 40118 APR - The report generates the HUD APR for the program and date range you have selected. The data for this report comes from the HUD APR worksheets that are entered on each client that received services. You will have to download the latest version of the report from www.hud.gov to copy the ServicePoint response over to and submit to your funder. Note that the supportive services reported in the APR will be displayed only if the client’s HUD worksheet has an exit date and the “program providing” is captured in the service provided section of applicable services recorded.

Referral – This report allows you to generate a list of referrals made or received by your agency for a specified date range and program. Referrals reports can be generated by either date created or date provided. The date created is the date the referral was actually entered into the system or the date a user identifies the need. The date provided is the date that can be captured in the “services provided” section of a service item and is intended for recording the date that the referral was actually made.

Service Count – This report gives a breakdown of services (service items) your agency has provided within a specified date range. A total number of Clients that you have provided services for over the date range selected is then broken down into types of services, status of service, and whether or not the need was met among other details.

Service Transaction – This report allows you to flexibly generate the list of services and referrals that were generated by your agency and/or programs. The report can be generated for a specific time frame by date created or date provided (see referral report explanation of dates) as well as service status (open, in progress, follow-up needed, or closed).

Appendix H: Systemwide Reports

All Reports function like their Agency level counterparts, except client identifying fields are not listed and there are no links to any records displayed. All of the reports have various options – for example, an agency can select a date range for their report.

Outdated Resources – This report lists the last time Agency and Program profiles have been updated and by whom.

Downloads (perform downloads during off hours or periods of low system usage)*

System Admin II has the ability to download 2 items: Printed Directory and ServicePoint Tables. The Printed Directory is in standard html format with indexes for Taxonomy, Agencies, and Programs. This information can be used to create a printed directory for all agencies and programs except the ones who have “No” entered in their profile for Print in Directory option.

The ServicePoint Tables option allows System Admin II to download information from the various database tables within ServicePoint.

Appendix I: Hardware Request Form

Agency	
Agency Name	
Address	
Contact	

Servers		
Purpose: _____	Processor: _____	Monitor: _____
Quantity: _____	Memory: _____	CD/DVD: _____
Location: _____	HDD: _____	Tape: _____
	Mounting: _____	UPS: _____

Personal Computers		
Purpose: _____	Processor: _____	Monitor: _____
Quantity: _____	Memory: _____	CD/DVD: _____
Location: _____	HDD: _____	Tape: _____
	OS: _____	Software: _____

Network Equipment		
Purpose: _____	Routers: _____	DSL Modems: _____
Quantity: _____	Hubs/Switches: _____	Cable _____
Location: _____	Patch Panels: _____	Modems: _____
Service: _____	Cabling: _____	NIC Cards: _____
		Other: _____

Printers & Other Equipment		
Purpose: _____	LaserJet: _____	Other: _____
Quantity: _____	Inkjet: _____	Other: _____
Location: _____	Other: _____	Other: _____

I understand that if approved, this is a one time purchase and Maricopa HMIS is not responsible for ongoing costs of operating the equipment / communications connection or replacement of requested equipment.

Signature: _____ Date: _____
Provider Agency Executive Director

System Administrator Use Only:

I have reviewed the hardware request and agree that the provider agency is not able to implement HMIS without the above requested equipment.

Signature: _____ Date: _____
System Administrator

Reviewed and Approved by: _____ Date: _____
Community Information & Referral, Inc.

Appendix J: HMIS Code of Ethics

Code of Ethics for Persons Using the CI&R/HMIS

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:

_____ I understand that my User ID and Password give me access to the Maricopa 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 Maricopa 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 the Maricopa HMIS and must leave my work area for any length of time, I must log-off the Maricopa HMIS and close the Internet browser before leaving the work area.

_____ A computer that has Maricopa HMIS open and running shall never be left unattended by the person with the authorization to use that computer.

_____ Failure to log off the Maricopa 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 Maricopa HMIS.

_____ I understand that I must save data at regular intervals because the system will log off at 15-minute intervals without automatically saving the information that I have entered.

_____ I agree to enter data into the Maricopa HMIS in accordance to the policies of my agency and the standards of the Maricopa HMIS.

_____ 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. I understand that offensive language and profanity are not permitted in the Maricopa 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 CI&R System Administrator.

_____ As a Maricopa HMIS user, I will treat other Member Agencies and their staff with respect, fairness and good faith.

_____ As a Maricopa 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 a Maricopa HMIS user, I will maintain high standards of professional conduct.

_____ As a Maricopa 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.

Agency User Name and Job Title

Date

Agency / System Administrator Name

Date

Appendix K: Rescinding Client Consent

Maricopa HMIS

Rescinding Client Consent Form

I _____ hereby rescind my consent to _____
Print Client Name Provider Agency

to share basic demographic information (name, Social Security Number and age) about me and my family with other homeless service providers.

I understand that this request to rescind my consent to release information only applies to the provider agency listed above. If I have been seen by other provider agencies, I must also complete this form at the other agencies.

Optional Question: The reason I am rescinding my consent is: _____

Client (or guardian) Signature

Date

Signature of Agency Personnel

Date

Send a copy of this form to the following address:

HMISsupport@cox.net

Or Mail to:

HMIS System Administrator
Community Information & Referral, Inc.
1515 E. Osborn Road
Phoenix, AZ 85014

System Administrator Use Only:

The request to rescind client consent has been activated as of _____ (Date)

System Administrator

Date

Appendix L: Audit Reports

ServicePoint has the ability to internally track client-related activity with an Audit Trail. If this option is set on your system, any time client information is added, edited, deleted, or viewed by a ServicePoint user, that information will be logged. This information can be viewed by Agency Administrators and above in the following reports.

Client/Service Information – This report generates a listing of actions specific to either a user or client within an agency or program. The audit information including actions of add, edit, delete, and view specific for a client and date range.

Access Report: Client/Service Information – The audit access report “audits” the auditor. It lets you see who has been running “Audit report: client/service information” report. It lets people know that the audit reports they are running/viewing are being tracked internally in the system. This should help curb viewing of information for personal gains.

Users Table – This agency-specific report details all the users that have added, edited, or deleted for a particular agency. Depending on how your system is administered, this agency-level report can be used as a tool to keep System Operators and System Administrator II in check. Each agency has the ability to view and monitor a history of all the users that have been added, edited, or deleted for their agency and programs.

Appendix M: Standard Data Requirements

The Department of Housing and Urban Development (HUD) issued proposed data standards for Homeless Management Information Systems in July 2003. Although those standards have not yet been finalized by HUD, the following provides information about the proposed standards.

- A. Universal data elements – these elements are to be collected from all clients served by all programs reporting to the HMIS:
- Name
 - Social Security Number
 - Date of Birth
 - Ethnicity and Race
 - Gender
 - Veteran Status
 - Residence Prior to Program Entry
 - Zip Code of Last Permanent Address
 - Month and Year Person Left Last Permanent Address
 - Program Entry Date
 - Program Exit Date
 - Unique Personal Identification Number
 - Program Identification Number
 - Program Event Number
 - Household Identification Number
- B. Program-level data elements – these elements are to be collected from clients served by programs that include an assessment of client’s needs as a basic element in their provision of service.
- Income and Sources
 - Non-Cash Benefits
 - Physical Disability
 - Developmental Disability
 - General Health Status
 - Pregnancy Status
 - HIV / Aids Status
 - Behavioral Health Status
 - Domestic Violence
 - Education
 - Employment
 - Veterans
 - Services Received
 - Destination
 - Follow-up After Program Exit
 - Children’s Education
 - Other Children’s Questions
 - Child’s Physical Disability
 - Child’s Developmental Disability
 - Child’s General Health Status
 - Services Received
 - Destination