

# New HMIS Card Agreement

Updated: 09-29-15

Client Full Printed Name: \_\_\_\_\_

ServicePoint ID#: \_\_\_\_\_

## I understand that:

Initial each statement

- \_\_\_\_\_ The card is the property of the Agency.
- \_\_\_\_\_ The card is issued to assist in the identification of the valid cardholder and is to be presented to Agency staff for utilizing services (*services include entrance into the building*) offered to me.
- \_\_\_\_\_ The card is non-transferable. Altering or intentionally damaging my card, using another person's card, or allowing my card to be used by another person will result in disciplinary action.
- \_\_\_\_\_ The card is only valid while I am a registered client (*7 years from the last day of services used*)
- \_\_\_\_\_ The photograph taken for the HMIS card must be perceptible (*i.e. no hats, no sunglasses, and no items obscuring the face, etc.*)
- \_\_\_\_\_ I am responsible for following the Replacement Procedures outlined below in order to replace my card if lost, stolen or intentionally damaged.

*As a courtesy, the Agency will replace your card for purposes of natural wear and/or deactivation.*

## Replacement Card Procedures:

1<sup>st</sup> Replacement:  
**FREE**

2nd Replacement:  
**2 Service Hours**

3 or more Replacements:  
**4 Service Hours per Replacement**

Community Service hours must be completed through Front Steps' Community Service Restitution program in order to replace a lost, stolen or intentionally damaged HMIS identification card.

## STAFF VERIFICATION

*Please initial next to each step upon completion*

### PREPARER CHECK-LIST:

*Form(s) of ID used to verify identity (check all that apply)*

<input type="checkbox"/> US Driver's License	<input type="checkbox"/> US State ID
<input type="checkbox"/> SS Card	<input type="checkbox"/> None
<input type="checkbox"/> Other: _____	

\_\_\_\_\_ Take and Upload Photo to HMIS

\_\_\_\_\_ Add note into HMIS that client signed form and received card

Place form in Completed HMIS File Folder

### **NIGHT STAFF ONLY**

\_\_\_\_\_ Scan and upload agreement into HMIS

As the client named above, I agree to abide by the policies stated above in this document. Furthermore, I understand that the policies in the Card Agreement may be updated by the staff as needed, and that it is my responsibility to be aware of postings within the facility that notify me of these changes.

X

Date: \_\_\_\_\_