

NW Social Service Connections

REMOTE ACCESS AGREEMENT

I, _____ (Name), am applying for Remote Access Authorization for NWSSC CMIS/HMIS.

I require remote access for the purpose of: _____

Location/Site for remote access: _____ IP Address: _____
(If Known)

Dates/Times for remote access: _____

My ServicePoint Login is: _____

Agency: _____ Program(s): _____

I certify that I have read and will comply with the Remote Access Policy. I am and will be in compliance with all Policies, Procedures, Agreements and rules associate with NWSSC CMIS/HMIS.

Signature: _____ Date: _____

Email _____ Phone: _____

As Agency Administrator I have reviewed this application. I find it is a valid and active request. I support and approve this application for Remote Access. I understand that it is my responsibility to assure the user is in compliance with this and all other Policies, Procedures, Agreements and rules associate with NWSSC CMIS/HMIS. I will frequently audit remote access by associating dates and times to the user's time sheet.

Signature: _____ Date: _____

Email _____ Phone: _____

Approved
System Administrator

Signature: _____ Date: _____

NWSSC CMIS/HMIS System Administrator

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