When you, _____ (client name), request or receive services from _____ (agency name), we collect information about you and your household and enter it into a database system called Homeless Management Information System (HMIS). This program helps us to better understand homelessness, to improve service delivery to the homeless, and to evaluate the effectiveness of services provided to the homeless.

What information is collected?
Depending on your situation, you may be asked for some or all of the following:

- Basic identifying information (may include name, SSN, date of birth, gender, race, marital and family status, household relationships, phone numbers, military veteran status, whether or not you have a disability)
- Housing information (may include address, type of housing, homeless status, and reason for homelessness)
- Income information (sources and amounts of household income, employment information, work skills)
- Legal history/information
- Medical information
- Services needed and provided; outcomes of services provided

What happens to the information collected?

- Details of your medical/health status will **never** be shared between agencies using HMIS.
- With your approval, information collected is shared with other service agencies, but only with authorized persons at these agencies.
- Collectively, data on the homeless population in Kings and Tulare counties (but not personal identifying information) is used in statewide reports on homelessness.

NOTE: HMIS uses many security protections to ensure confidentiality and only agencies that use HMIS have access.

Why should you agree to have your information shared with other agencies that use HMIS?
By sharing your information with these agencies, you will help them:

- Identify other services or programs you may be eligible for,
- Better coordinate services for you and your household,
- More accurately count the number of homeless persons, services available and services needed,
- Show the people who fund homeless programs that the services are needed and
- Obtain other funding for programs that serve homeless persons.

CLIENT INFORMED CONSENT/RELEASE OF INFORMATION AUTHORIZATION

You have the option to restrict access to personal information that you are providing about yourself and your minor children. You may modify this consent with respect to the sharing of your information at any time.

Please check (✓) a box:

☐ **PARTICIPATE**: I want to participate in HMIS. ☐ **DO NOT PARTICIPATE**: I do not want to participate in HMIS.

☐ **Please treat information about my children age 17 or younger the same as mine.**

This consent will expire seven (7) years from the date signed. You may cancel this authorization at any time by written request, but the cancellation will not be retroactive.

_____ _____
Signature of Client or Guardian Date Signature of Agency Witness Date

_____ By initialing here, I confirm that this Informed Consent/Release of Information form has been explained to me; that I have had an opportunity to ask questions about it; and I have received a copy of it.