**Homeless Management Information System (HMIS)**

**Client Homeless History Consent Form**

**Template**

**(to be printed on Agency letterhead)**

**Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_**

**Household members:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Agency) is asking your permission to receive information about you and your household members listed above that other agencies in the Continuum of Care (CoC) have put into HMIS

HMIS is a software system administered by the Homeless Alliance of Western New York. HMIS is used by many agencies in the CoC that provide shelter and services to those who are homeless. The information collected in HMIS will help us to analyze and improve service delivery, better understand homelessness and evaluate the effectiveness of our services.

**Information Requested:**

|  |  |
| --- | --- |
| * Name
* Client ID
* Date of Birth
* Last four digits of SSN
* Race/Ethnicity
* Gender
 | * Veteran Status
* Household Composition
* Homeless Status/History (including where and when services were accessed)
* Destinations
* Photo (If Applicable)
 |

Only staff members using HMIS who have signed the ***User Agreement & Code of Ethics*** will be allowed to view, enter or use information kept in the HMIS system. These agencies will never give information about a person to anyone outside this system without the person’s written consent, or as required by law.

The purpose of this consent is to help ensure that I and my family receive the best care possible from participating agencies.

☐I authorize The Homeless Alliance of WNY to share my HMIS homeless history.

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Client Signature Date