

Mid-Willamette Valley Homeless Alliance
Homeless Management Information System, Coordinated Entry, and Case Conferencing
Authorization for Disclosure of Confidential Information

Client Name: _____ **Date of Birth:** ____/____/____

The person named above is Head of Household

IF HEAD OF HOUSHOLD, List Other Household Members Names	Dates of Birth

The purpose of the Mid-Willamette Valley Homeless Alliance (MWVHA) is to develop an evidence-based system of services, including stable housing, designed to meet the unique and complex needs of adults, youth, children, and families in Marion and Polk counties who are at risk of or are experiencing homelessness. The MWVHA serves as the Continuum of Care (CoC) for the Marion-Polk region and includes a network of agencies formed to support this purpose. For a list of the MWVHA data-sharing organizations, please refer to the [MWVHA Website](#). The three areas your data will be used for:

1. **Homeless Management Information System (HMIS):** HMIS is a computer data system that collects and stores information on individuals and families using services¹. The data is used to describe the number and characteristics of program clients. This includes the type of service given and how often services are used. HMIS data is used to assess local service needs and to assist our community to make informed decisions about the most effective service delivery models. Organizations using HMIS are required by law to maintain the privacy of your personal identifying information.
2. **Coordinated Entry:** Coordinated Entry provides a process for those in need to easily access assistance, no matter where or how people present. This system assists our community in prioritizing assistance based on client vulnerability and severity of need for services, to ensure those who need assistance the most can receive it in a timely manner.
3. **Case Conferencing:** Case conferencing means communication between service providers as part of the Coordinated Entry process to ensure that a client gets appropriate and timely assistance in obtaining housing and other navigation support.

Antidiscrimination Policy: It is the policy of the CoC to eliminate discrimination based on race, ethnicity, religion, color, sex, marital status, familial status, national origin, age, creed, mental or physical disability, sexual orientation, gender identity, and source of income. All CoC members and CoC-funded providers are required to adhere to antidiscrimination policies, including not denying admission to or separating any family members from other members of their family or caregivers based on any protected classes under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2)—Equal Access to HUD-Assisted or HUD-Insured Housing.

¹ HMIS is not used by Domestic Violence service/resource organizations.

By signing this form, I agree to allow the Mid-Willamette Valley Homeless Alliance (MWWHA) to obtain and use the necessary information from participating agencies for the purpose of helping me and any other household members listed on this form to obtain housing. Information may include HMIS Client Profile [name, Social Security Number, and Veteran status] and demographics [date of birth, gender, race, and ethnicity].

I further authorize information-sharing between MWWHA agencies for the purpose of Case Conferencing, unless declined by my initials here. Initial to decline case conferencing: _____

This authorization becomes effective on the date signed and will expire in 24 months, unless I indicate otherwise, here: Specific expiration date: _____

I may inspect or copy any information used and/or disclosed under this authorization.

My signature below indicates I **APPROVE this authorization and understand its meaning.**

<i>Signature of Client or Legal Guardian</i> Printed Name of Legal Guardian:	<i>Date</i>	<i>Signature of Witness</i> Printed Name of Witness:

See next page to decline or revoke authorization.

I understand that I may decline to sign this authorization, and that my refusal will not affect my ability to obtain treatment, payment, or my eligibility for benefits.

If I decline, I understand that my personal information that will be entered into HMIS will only be viewed by the administrators of HMIS and the following single agency:

Agency Name: _____

My signature here indicates I DECLINE this authorization: _____ Date: _____
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I understand that I may revoke this authorization at any time except to the extent that action has already been taken in reliance on it. Revocation of this authorization is effective upon receipt by any MWWHA organization of my written notice of revocation.

My signature here indicates I REVOKE this authorization: _____ Date: _____

STAFF: Within three business days, update client profile in ServicePoint and attach this form.
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Directions for Staff using this Form

A. General Instructions

- Explain the purpose of the Homeless Alliance and that there is a network of agencies working together to support their housing stability.
- Explain that their information will be put into a database shared by these agencies.
- Explain the three purposes for the authorization for release of information (ROI) listed on the first page. Explain that individual service providers may ask them to complete additional forms, including an ROI specific to that organization.
- Verbally review the Antidiscrimination Policy on page 1.
- Explain what signing the form means (top of page 2).
- Be prepared to explain at length the meaning or purpose of any section.

B. Working with a household that includes more than one adult:

- Determine who is “head of household”

C. Working with a minor:

- If individual is 14 or older OR if they are unaccompanied, they may sign for themselves.
- If under the age of 14, the parent is responsible to sign.

D. Working with Veterans:

- An additional VA release of information form (ROI) should be filled out for any client that identifies as a US Veteran – not just the head of household. Fax the completed VA ROI to 360-737-1424.

E. Within three business days, update client profile in ServicePoint (Community Services) and attach this form.