



## HMIS Client Release of Information

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Partner Agency

Welcome! You are enrolling in one of the programs associated with the Westchester County Continuum of Care Partnership for the Homeless (the CoC). In order to provide you with the most effective and efficient service, we must collect relevant data for our Homeless Management Information System (HMIS). This secure and confidential database operated by trained representatives allows providers to work together with you to make sure you are receiving all of the housing services you need and in a timely manner. Beyond that, your participation in the HMIS allows the CoC to get an accurate count of all people experiencing homelessness or who are at risk of homelessness in Westchester County. This helps us to improve our current service system and make plans for new services. In order to make sure individuals are not counted twice if services are received by more than one agency, we need to collect basic personal information. We need: FULL NAME; DATE OF BIRTH; SOCIAL SECURITY NUMBER; GENDER; RACE; ETHNICITY; DISABLED STATUS; VETERAN STATUS; and, ADDRESS. You have the right to restrict this information to just one agency if you wish and you can do that at any time.

**Please review the information below and sign/date where indicated.** *[Note to staff, if working with a family, please complete the back of this form as well].*

I understand that this agency will enter my basic personal information into the ClientTrack Homeless Management Information System (HMIS). The information I have provided is true and correct. My basic personal information may be shared among local authorized service providers for the purpose of connecting me to services.

I understand that information about me that is in HMIS may be used by the agency, the Westchester County Continuum of Care, and the NYS Office of Temporary and Disability Assistance (OTDA) to conduct research related to homelessness and housing programs, service needs, income supports, education and employment, and program effectiveness. My name, date of birth, social security number or other information that would identify me personally will never be visible to anyone at OTDA and will never appear on any reports or publications.

An agency representative has answered my questions about my privacy concerns.

By signing this release form, I fully understand the above terms and conditions.

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CLIENT NAME [PRINT]	DATE	CLIENT SIGNATURE	DATE
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AUTHORIZED PERSONNEL NAME [PRINT]	DATE	AUTHORIZED SIGNATURE	DATE
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### **CONSENT ON BEHALF OF HOUSEHOLD MEMBERS**

An adult head of household may provide consent on behalf of family members to share their information in the HMIS.



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\_\_\_\_\_  
FAMILY MEMBER NAME 1  
[PRINT]

\_\_\_\_\_  
HEAD OF HOUSEHOLD [INITIALS]

\_\_\_\_\_  
FAMILY MEMBER NAME 1  
[PRINT]

\_\_\_\_\_  
HEAD OF HOUSEHOLD [INITIALS]

\_\_\_\_\_  
FAMILY MEMBER NAME 2  
[PRINT]

\_\_\_\_\_  
HEAD OF HOUSEHOLD [INITIALS]

\_\_\_\_\_  
FAMILY MEMBER NAME 3  
[PRINT]

\_\_\_\_\_  
HEAD OF HOUSEHOLD [INITIALS]

\_\_\_\_\_  
FAMILY MEMBER NAME 4  
[PRINT]

\_\_\_\_\_  
HEAD OF HOUSEHOLD [INITIALS]

\_\_\_\_\_  
FAMILY MEMBER NAME 5  
[PRINT]

\_\_\_\_\_  
HEAD OF HOUSEHOLD [INITIALS]

\_\_\_\_\_  
FAMILY MEMBER NAME 6  
[PRINT]

\_\_\_\_\_  
HEAD OF HOUSEHOLD [INITIALS]

\_\_\_\_\_  
FAMILY MEMBER NAME 7  
[PRINT]

\_\_\_\_\_  
HEAD OF HOUSEHOLD [INITIALS]

\_\_\_\_\_  
FAMILY MEMBER NAME 8  
[PRINT]

\_\_\_\_\_  
HEAD OF HOUSEHOLD [INITIALS]