

HMIS INTAKE - SSVF - Adult

PROJECT		
INTAKE DATE	RESIDENCE	PRIMARY WORKER
/ /		

FIRST NAME	MIDDLE NAME	LAST NAME (and Suffix)

NAME DATA QUALITY		
<input type="checkbox"/> Full Name Reported	<input type="checkbox"/> Partial Name, Street Name or Code Name Reported	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	

ALIAS	BIRTHDATE
	/ /

BIRTHDATE DATA QUALITY		
<input type="checkbox"/> Full DOB Reported	<input type="checkbox"/> Approximate or Partial DOB Reported	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	

SOCIAL SECURITY NUMBER
<i>(enter "9" for any missing numbers in an Approximate or Partial SSN)</i>
_ _ _ - _ _ - _ _ _

SSN DATA QUALITY		
<input type="checkbox"/> Full SSN Reported	<input type="checkbox"/> Approximate or Partial SSN Reported	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	

GENDER		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other (explain)
<input type="checkbox"/> Transgender Female to Male	<input type="checkbox"/> Transgender Male to Female	
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

ETHNICITY		
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	

RACE (choose all that apply)		
<input type="checkbox"/> American Indian or Native Alaskan	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African-American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

STREET (MAILING) ADDRESS		
CITY	STATE	ZIP
COUNTY	PHONE	MOVE-IN DATE

RESIDENCE PRIOR TO PROGRAM ENTRY	
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Rental by client, with GPD TIP subsidy
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Rental by client, with VASH housing subsidy
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Rental by client, with other ongoing housing subsidy
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Staying or living in a family member's room, apartment, or house
<input type="checkbox"/> Owned by client, with ongoing housing subsidy	<input type="checkbox"/> Staying or living in a friend's room, apartment, or house
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as: a CoC project or HUD legacy programs or HOPWA PH)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	<input type="checkbox"/> Transitional housing for homeless persons (incl homeless youth)
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Other (describe) _____
	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected

LENGTH OF STAY IN PREVIOUS PLACE		
<input type="checkbox"/> 1 day or less	<input type="checkbox"/> 2 days to 1 week	<input type="checkbox"/> More than 1 week but less than 1 month
<input type="checkbox"/> 1 to 3 months	<input type="checkbox"/> More than 3 months, less than 1 year	<input type="checkbox"/> 1 year or longer
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

HOMELESS CAUSE		
<input type="checkbox"/> Benefits Loss/Reduction	<input type="checkbox"/> Job Income Loss/Reduction	<input type="checkbox"/> Eviction
<input type="checkbox"/> Relocation	<input type="checkbox"/> Release from Prison/Jail	<input type="checkbox"/> Release from Hospital
<input type="checkbox"/> Release from Psych. Facility	<input type="checkbox"/> Illness	<input type="checkbox"/> Injury
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Asked to Leave Shared Residence	<input type="checkbox"/> Drug/Alcohol Abuse
<input type="checkbox"/> Other	<input type="checkbox"/> Natural Disaster	

CONTINUALLY HOMELESS FOR 1 YEAR				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

NUMBER OF TIMES THE CLIENT HAS BEEN HOMELESS IN THE PAST 3 YEARS						
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4+	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

TOTAL NUMBER OF MONTHS HOMELESS IN THE PAST 3 YEARS											
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
<input type="checkbox"/> More than 12		<input type="checkbox"/> Client Doesn't Know			<input type="checkbox"/> Client Refused			<input type="checkbox"/> Data Not Collected			
(If more than 12 months) Number of Years Continuously Homeless: _____											
Total number of months continually homeless immediately prior to project entry: _____											
Homeless Status Documented: <input type="checkbox"/> No <input type="checkbox"/> Yes											

HOUSING STATUS	
<input type="checkbox"/> Category 1 - Homeless	<input type="checkbox"/> At-risk of homelessness
<input type="checkbox"/> Category 2 - At imminent risk of losing housing	<input type="checkbox"/> Stably housed
<input type="checkbox"/> Category 3 - Homeless only under other federal statutes	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Category 4 - Fleeing domestic violence	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected

INCOME FROM ANY SOURCE				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
IF YES:				
<input type="checkbox"/> Earned Income	\$ _____	<input type="checkbox"/> Unemployment Insurance.....	\$ _____	
<input type="checkbox"/> SSI	\$ _____	<input type="checkbox"/> SSDI	\$ _____	
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$ _____	<input type="checkbox"/> VA Non-Service Connected Disability Pension	\$ _____	
<input type="checkbox"/> Private Disability Insurance.....	\$ _____	<input type="checkbox"/> Worker's Compensation	\$ _____	
<input type="checkbox"/> TANF	\$ _____	<input type="checkbox"/> General Public Assistance.....	\$ _____	
<input type="checkbox"/> Retirement from SSA.....	\$ _____	<input type="checkbox"/> Pension or Retirement from former job.....	\$ _____	
<input type="checkbox"/> Child Support.....	\$ _____	<input type="checkbox"/> Alimony or Other Spousal Support	\$ _____	
<input type="checkbox"/> Other:	\$ _____			

NON CASH BENEFITS FROM ANY SOURCE				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
IF YES:				
<input type="checkbox"/> SNAP	<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children			
<input type="checkbox"/> TANF Child Care Services	<input type="checkbox"/> TANF Transportation Services		<input type="checkbox"/> Other TANF Funded Svcs	
<input type="checkbox"/> Section 8, Public Housing or Other Ongoing Rental Assistance	<input type="checkbox"/> Temporary Rental Assistance			
<input type="checkbox"/> Other Source: _____				

COVERED BY HEALTH INSURANCE				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
IF YES:				
MEDICAID	<input type="checkbox"/> No <input type="checkbox"/> Yes	MEDICARE	<input type="checkbox"/> No <input type="checkbox"/> Yes	
State Children's Health Insurance Program	<input type="checkbox"/> No <input type="checkbox"/> Yes	VA Medical Services	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Employer provided Health insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	Health ins. via COBRA	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Private Pay Health Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	State Health Ins. Adults	<input type="checkbox"/> No <input type="checkbox"/> Yes	

PHYSICAL DISABILITY				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
IF YES:				
Expected to substantially impair ability to live independently:				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
Documentation of the disability and severity on file:				
Currently receiving services or treatment for this condition:				

DEVELOPMENTAL DISABILITY				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
IF YES:				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
Documentation of the disability and severity on file:				
Currently receiving services or treatment for this condition:				

CHRONIC HEALTH CONDITION				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
IF YES:				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
Documentation of the disability and severity on file:				
Currently receiving services or treatment for this condition:				

HIV/AIDS				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
IF YES:				
Expected to substantially impair ability to live independently:				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
Documentation of the disability and severity on file:				
Currently receiving services or treatment for this condition:				

MENTAL HEALTH				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
IF YES:				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
Documentation of the disability and severity on file:				
Currently receiving services or treatment for this condition:				

SUBSTANCE ABUSE PROBLEM				
<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Both Alcohol and Drug Abuse		
<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected	
IF YES:				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
Documentation of the disability and severity on file:				
Currently receiving services or treatment for this condition:				

DOMESTIC ABUSE VICTIM/SURVIVOR				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

LAST GRADE COMPLETED		
<input type="checkbox"/> Less than Grade 5	<input type="checkbox"/> Grades 5-6	<input type="checkbox"/> Grades 7-8
<input type="checkbox"/> Grades 9-11	<input type="checkbox"/> Grade 12	<input type="checkbox"/> School did not have grade levels
<input type="checkbox"/> GED	<input type="checkbox"/> Some College	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected	

MILITARY SERVICE	
VETERAN STATUS	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Data Not Collected	
VETERAN DISCHARGE STATUS	
<input type="checkbox"/> Honorable	<input type="checkbox"/> General under honorable conditions
<input type="checkbox"/> Bad Conduct	<input type="checkbox"/> Dishonorable
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Under other than honorable conditions (OTH)
	<input type="checkbox"/> Uncharacterized
	<input type="checkbox"/> Data not collected
BRANCH OF MILITARY	
<input type="checkbox"/> Army	<input type="checkbox"/> Air Force
<input type="checkbox"/> Navy	<input type="checkbox"/> Marines
<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> refused	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected
DURATION OF ACTIVE DUTY (months)	
SERVED IN A WAR ZONE	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Data Not Collected	
NAME OF WAR ZONE	
<input type="checkbox"/> Europe	<input type="checkbox"/> North Africa
<input type="checkbox"/> China, Burma, India	<input type="checkbox"/> Korea
<input type="checkbox"/> Afghanistan	<input type="checkbox"/> Don't know
<input type="checkbox"/> Vietnam	<input type="checkbox"/> South Pacific
<input type="checkbox"/> Laos and Cambodia	<input type="checkbox"/> Persian Gulf
<input type="checkbox"/> South China Sea	<input type="checkbox"/> Other
<input type="checkbox"/> Refused	
THEATRE OF OPERATIONS	
World War II:	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Data Not Collected	
Korean War:	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Data Not Collected	
Vietnam War:	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Data Not Collected	
Persian Gulf War (Operation Desert Storm):	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Data Not Collected	
Afghanistan (Operation Enduring Freedom):	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Data Not Collected	
Iraq (Operation Iraqi Freedom):	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Data Not Collected	
Operation New Dawn:	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Data Not Collected	
Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo):	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Data Not Collected	

HOUSEHOLD INCOME AS A PERCENTAGE OF AMI:		
<input type="checkbox"/> Less than 30%	<input type="checkbox"/> 30% to 50%	<input type="checkbox"/> Greater than 50%

LAST PERMANENT ADDRESS		
STREET (MAILING) ADDRESS		
CITY	STATE	ZIP
COUNTY	PHONE	MOVE-IN DATE
ADDRESS DATA QUALITY		
<input type="checkbox"/> Full Address Reported	<input type="checkbox"/> Approximate or Partial Address Reported	
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

ZIP CODE OF LAST PERMANENT ADDRESS	ZIP CODE DATA QUALITY	DATE LEFT LAST PERMANENT ADDRESS
	<input type="checkbox"/> Full or Partial Zip Code <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	

INDIVIDUAL/FAMILY TYPE		
<input type="checkbox"/> Individual Male <input type="checkbox"/> Individual Female Youth (<18) <input type="checkbox"/> Single Parent Family, Youth Head (<18) <input type="checkbox"/> Adult Couple without Children	<input type="checkbox"/> Individual Female <input type="checkbox"/> Single Parent Family, Male Head <input type="checkbox"/> Two Parent Family, Adult <input type="checkbox"/> N/A	<input type="checkbox"/> Individual Male Youth (<18) <input type="checkbox"/> Single Parent Family, Female Head <input type="checkbox"/> Two Parent Family, Youth

HOUSEHOLD SIZE	NUMBER OF CHILDREN	AGE/SEX OF CHILDREN		
		AGE / GENDER	AGE / GENDER	AGE / GENDER

AGE/SEX OF CHILDREN					
AGE / GENDER	AGE / GENDER	AGE / GENDER	AGE / GENDER	AGE / GENDER	AGE / GENDER

POST SECONDARY DEGREE		
<input type="checkbox"/> None <input type="checkbox"/> Masters Degree <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Associates Degree <input type="checkbox"/> Doctorate <input type="checkbox"/> Certificate of Advanced Training or Skilled Artisan <input type="checkbox"/> Client Refused	<input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Other Graduate/Professional Degree <input type="checkbox"/> Data Not Collected

MARITAL STATUS	HA #
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried <input type="checkbox"/> Widow(er)	

SERVICES SOUGHT		
<input type="checkbox"/> Shelter/Housing <input type="checkbox"/> Medical Care	<input type="checkbox"/> Drug Treatment <input type="checkbox"/> Legal Aid - CRJS/Civil	<input type="checkbox"/> Mental Health Care <input type="checkbox"/> Legal Aid - Immigration

EMERGENCY CONTACT		
NAME		
ADDRESS		
CITY	STATE	ZIP
RELATION		
<input type="checkbox"/> Grandparent <input type="checkbox"/> Spouse	<input type="checkbox"/> Parent <input type="checkbox"/> In-Law	<input type="checkbox"/> Stepparent <input type="checkbox"/> Cousin
<input type="checkbox"/> Sibling <input type="checkbox"/> Friend	<input type="checkbox"/> Guardian <input type="checkbox"/> Provider	<input type="checkbox"/> Uncle <input type="checkbox"/> Child <input type="checkbox"/> Aunt
PHONE	PHONE	EMAIL
<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	

CARES Regional HMIS Consumer Information Consent Form

Information collected in the HMIS database is protected in compliance with the standards set forth in the Health Insurance Portability and Accountability Act (HIPAA) and the U.S. Department of Housing and Urban Development HMIS Data Standards. Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further penalties.

I UNDERSTAND THAT:

- The partner agencies may share limited identifying information about the people they serve with other parties working to end homelessness.
- The release of my information does not guarantee that I will receive assistance. This release of information includes public funded cash disbursements received during the past 3 years.
- This authorization will remain in effect for a minimum of 36 months unless I revoke it in writing, and I may revoke authorization at any time by signing a written statement or Revocation form.
- The following personal information will NOT be shared with any HMIS partner agencies via this HMIS computer system.
 - HIV/AIDS information, such as status, diagnostic test results, mode of transmission, sexuality.
 - Domestic violence information, such as abuse history, abuser information, trauma information.
 - Behavioral health information, such as substance and alcohol abuse and mental illness.
 - Clients supportive services contacts, medication information and case notes.
- If I revoke my authorization, all information about me already in the database will remain, but will become invisible to all of the partner agencies, except public (county, state or federal) cash disbursements.
- If I am applying for county, state or federal cash disbursements such as ESG or SSVF, this information will be shared with Collaborative users and State agencies.

By signing this form, I agree to share the following level of information with other partner agencies via the HMIS computer system:

- I agree to share my name (first, middle, last), gender, program enrollment, and exit dates information via the HMIS system with other partner agencies.*
- I agree to share my name, gender, ancestry, program enrollment and exit dates, demographic information, miscellaneous section, and contacts information, cash disbursements via the HMIS system with other partner agencies.*
- I do not agree to share any of my information via the HMIS system with other HMIS partner agencies via the HMIS computer system. Exception is cash disbursements as noted above.*

Signature: _____ Date: _____