# What is this Release of Information for? How will my information be used?

The Louisiana Balance of State Continuum of Care (or “LA BOSCOC”) funds services for people experiencing homelessness. A staff person will help assess your service needs. This process is called Coordinated Entry. It gives you access to many services from many different organizations. Your assessment will be stored on the LA BOSCOC’s Homeless Management Information System (or “HMIS”). If you qualify for services, the service agency will contact you. You have the right to decline Coordinated Entry.

# Which agencies participate in Coordinated Entry?

See the website for Capital Area Alliance for the Homeless website: [ADDRESS]

# To complete this Release of Information for Coordinated Entry:

|  |  |
| --- | --- |
| Print your full name: | Date of Birth: |
| Check the box that applies:  🞎 Yes, I release my information to the LA BOSCOC Coordinated Entry system. 🞎 No, I do not release my information to the LA BOSCOC Coordinated Entry system. | |
| Signature: | Today’s Date: |

*Agency staff, complete the following.*

|  |  |
| --- | --- |
| Sign to indicate you witnessed participant review and signature: | Today’s Date (must match above): |

# To complete this Release of Information for HMIS:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand information about me and/or my dependents will be entered into ServicePoint, the LA BOSCOC’s HMIS database. HMIS helps the LA BOSCOC understand homelessness and improve homeless services. Your information is protected by limiting information access and sharing. Every participating agency and staff person has signed a confidentiality agreement.

Your information will be into HMIS. It will only be shared with participating agencies in Coordinated Entry. They can use my information to:

* Identify my service needs.
* Provide services I qualify for.
* Track my outcomes (for example: did you stay housed, did your income go up).
* Report how my project is serving people.
* Report how projects in the LA BOSCOC are serving people.
* Help the LA BOSCOC decide which services to fund.

This Personal Protected information is shared with participating agencies:

|  |  |
| --- | --- |
| * Name | * Ethnicity and Race |
| * Date of Birth | * Client Location |
| * Social Security Number | * Veteran Status |
| * Gender | * Photo (if applicable) |

This information may be shared with participating agencies:

|  |  |
| --- | --- |
| * Homeless History | * Disabling Condition |
| * Family Composition | * Housing Information |
| * Income/Non-Cash Benefits | * Health Insurance Status |
| * Domestic Violence | * Residence Prior to Project Entry |

I understand that:

* Participating agencies will keep my information confidential. I have the right to view any participating agency’s confidentiality policy.
* Staff members of participating agencies will keep my information confidential.
* This Release of Information doesn’t guarantee I will receive services. If I refuse to sign, I can still receive services.
* My information can’t be shared outside participating agencies without my written consent unless otherwise authorized by law.
* This Release of Information stays in effect until I revoke it in writing. I can revoke this Release of Information at any time. If I revoke it, all my information in HMIS will remain, but no new information will be added.
* Some auditors or funders can view my information, including the U.S. Department of Housing and Urban Development.

List all dependent children under 18 in your household (first name, last name, DOB):

|  |  |
| --- | --- |
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| --- | --- |
| Print your full name: | Date of Birth: |
| Check the box that applies:  🞎 Yes, I release my information to HMIS. 🞎 No, I do not release my information to HMIS. | |
| Signature: | Today’s Date: |

*Agency staff, complete the following.*

|  |  |
| --- | --- |
| Sign to indicate you witnessed participant review and signature: | Today’s Date (must match above): |