

Client Notice and Consent for Release of Information (ROI)

Coordinated Access Referral Entry & Stabilization System of North Dakota & West Central Minnesota



The Coordinated Access, Referral, Entry & Stabilization (CARES) System is a partnership of agencies collecting and sharing information in CARES approved databases to provide a more coordinated homeless response system. This form authorizes the following identifying information to be shared for the following purposes by CARES authorized partners in CARES authorized databases to better help my household.

PURPOSE OF SHARING

Information from the CARES screening and assessments will be shared for the purpose of:

- Assessing my household's program eligibility
- Prioritizing my household's need for services
- Linking my household to the most appropriate services
- Evaluating CARES program and system performance
- Evaluating the homeless response system for gaps, needs, and duplication

DESCRIPTION OF INFORMATION THAT IS SHARED

This Client Release form authorizes the following identifying information to be routinely shared using the Homeless Management Information System (HMIS) and CARES waitlist to better help me and/or my family:

- Family/Household information (Names, DOB, Race, Sex)
- Income and Benefits Information
- Education and Employment History
- Housing History and Barriers
- Homeless Status and History
- Veteran and Discharge Status
- Program and Service Involvement and Contacts
- General Health Information, including physical health & behavioral health (not including case records)

Please check one of the following boxes:

SHARED: I consent to have the information collected about me shared with CARES partners through CARES authorized databases (e.g. HMIS and Podio) for the purposes listed above.

I do not want information about me shared with all CARES partners and understand my information will be placed in an alternative data base. I understand that my information will be placed in an alternative data base and which is still viewed by some CARES partners and administrators. I also understand that not sharing my information may affect the ability to quickly and appropriately identify services for me.

When you sign this form, it shows that you understand the following.

- We will not deny you help if you do not want us to share your personal information. At the same time, sharing data does not guarantee that you will receive assistance.
- If you permit us to share your information, this consent is valid until canceled by you.
- If you permit us to share your information, you may change your mind and cancel this consent at any time. If you cancel this consent, your information will no longer be shared from that date forward.

Printed Name: _____ Date: _____

Signature: _____