

CARES Client Notice and Consent for Release of Information (ROI)

I, _____ (insert client's name), understand that the Coordinated Assessment Referral Evaluation System (CARES) is a partnership of agencies sharing information to provide a more coordinated homeless response system. I authorize the information collected about my household to be included in the HMIS database, waitlist, and shared with CARES partners in order to provide me with the best services possible. The information will also be used by CARES and Continuum of Care administrators for system evaluation, which will help improve services to me and others in the CARES region.

By initializing the "yes" below, I agree that information collected in the CARES assessments and in the HMIS and CARES Waitlist can be shared with CARES Partners as described below. The agencies that participate in the HMIS and CARES may change from time to time. A copy of the current list of agencies is available upon request. Yes No Date: _____ Signature: _____

If checked "No" your data will be entered into HMIS and waitlist as anonymous.

This form authorizes the following identifying information to be routinely shared using HMIS and CARES waitlist to better help my household. **Agencies not directly providing you services, making referrals on my behalf, or screening your household for program eligibility, are NOT authorized to access your data.**

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, Date of Birth, 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)

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.

LIST OF CARES PARTNER AGENCIES

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| • Churches United for the Homeless | • Fraser, Ltd. | • New Life Center |
| • Clay County Housing & Redevelopment Authority | • Family Healthcare/Homeless Health Services | • Solutions Behavioral Health Center |
| • Compassion House (HRA) | • Gladys Ray Shelter & Veterans Drop-in Center | • Southeast ND Community Action Agency |
| • Creative Care for Reaching Independence (CCRI) | • 211/First Link | • Southeast Human Services Center |
| • FM Dorothy Day House of Hospitality, Inc. | • Lakes & Prairies Community Action Partnership | • West Central MN Communities Action |
| • Fargo Housing & Redevelopment Authority (HRA) | • Lakeland Mental Health Center | • YWCA of Cass-Clay |
| | • Mahubue-Otwa Community Action | • Youthworks |

Put a line through and initial any agency in the above list with whom you do not wish to share information. If crossing off agency at a later time, please indicate date.