

Client Notice and Consent for Release of Information (ROI)

Coordinated Assessment Referral & Evaluation System of North Dakota & West Central Minnesota



I, _____ (insert client's printed 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.

I agree that information collected in the CARES assessments and in HMIS and CARES waitlist can be shared with CARES Partners as described below. The agencies that participate in HMIS and CARES may change from time to time. A copy of the current list of agencies is available upon request. This ROI expires one year after signature.

Date: _____ Signature: _____

This form authorizes the following identifying information to be routinely shared using HMIS and CARES waitlist (Homelink) to better help my household. **Agencies not directly providing you services, making referrals on your 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, 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)

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

North Dakota

- Abuse Adult Resources Center, Bismarck
- AID, Incorporated, Mandan
- Burleigh County Housing Authority, Bismarck
- CAP Region VII, Inc. Bismarck
- CAP of North Dakota (SSVF)
- Dakota Prairie CAA, Inc. Devils Lake
- Minot Area Men's Winter Refuge
- Prairie Harvest Mental Health, Grand Forks
- Prairie Heights, Devils Lake
- Red River Valley CA, Grand Forks
- Salvation Army
- St. Joseph Social Care Grand Forks
- Youthworks Bismarck
- YWCA Minot

Fargo

- Community Supervision Unit, Cass County Sheriff's Office
- Centre Inc.
- Family Health Care/Homeless Health Services
- Fargo Housing & Redevelopment Authority
- Fargo VA Health Care System
- Fraser, Ltd.
- Gladys Ray Shelter & Veterans Drop-in Center
- New Life Center
- Presentation Partners in Housing
- Salvation Army
- South East ND Community Action
- Youthworks
- YWCA of Cass Clay

Moorhead

- Churches United for the Homeless
- Clay County Housing & Redevelopment Authority
- Dorothy Day House of Hospitality, Inc.
- Lakeland Mental Health Center
- Lakes & Prairies Community Action Partnership
- Summit Guidance

Greater West Central

- Lakes Crisis
- Mahube-Otwa Community Action
- West Central MN Communities Action
- White Earth Homeless Programs

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.