

CLIENT NOTICE AND CONSENT FOR RELEASE OF INFORMATION

COORDINATED ACCESS, REFERRAL, ENTRY AND
STABILIZATION (CARES) SYSTEM

Updated 03/2022



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. A current list of CARES partners is provided at CARESlink.org.

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; and
- Evaluating the homeless response system for gaps, needs, and duplication.

DESCRIPTION OF INFORMATION THAT IS SHARED

This Client Notice and Consent for Release of Information authorizes the following identifying information to be routinely shared using the Homeless Management Information System (HMIS) and CARES prioritization list to better help me and/or my family:

- Family/Household Information (Name(s), 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 and 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 database. I understand that my information will be placed in an alternative database which is still viewed by some CARES partners and administrators. I also understand that not sharing my information may affect the ability to identify services quickly and appropriately 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 for one year from the date this form is signed.
- 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.

Client Signature *(If verbal consent was obtained, signature is not needed.)*

Date

Print Name

Staff Signature

Date

- Check box if verbal consent was obtained. Note: If verbal consent was obtained, a signature by the client must be obtained on this ROI the first time the client is met with in-person.**