



New York State Balance of State Continuum of Care

Balance of State Continuum of Care Consent Form

Homeless Management Information System (HMIS)

Coordinated Entry (CE)

Authorization to Share Protected Health and Personal Information
and Participate in Housing Placement Survey

Participant Name _____ Date of Birth _____

Household Members (if applicable)

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

I understand that I am participating in a program that is part of a network of providers called the Balance of State Continuum of Care (CoC). Continuums of Care are required to use the Homeless Management Information System (HMIS) to collect information about individuals and families experiencing homelessness. This information is used to help plan and pay for services for households that are homeless as well as services used to prevent homelessness.

This written consent will allow Balance of State CoC HMIS participating agencies that offer services to enter, review and update basic information about me and/or my children including name, gender, race, ethnicity, birth date, veteran status, proof of homelessness, income, insurance, disabling conditions (including HIV/AIDS status) and service transactions related to housing, food and other items. A current list of HMIS participating agencies can be provided upon request.

By signing this release of information, I also consent to allow my responses to the Balance of State-Vulnerability Assessment Tool (BoS-VAT) assessment tool to be used by the service providers that participate in the NYS BoS CoC Coordinated Entry System to determine if I am eligible for participating housing, services and related programs. I further understand that my information may be shared during case conferencing with other service and housing agencies to assist in finding suitable housing resources.

Important Rights and Other Required Statements You Should Know

- I understand the providers participating in HMIS and Coordinated Entry System who may see client information have signed agreements to maintain confidentiality regarding the information and to use the information provided only to link clients with housing or supportive service options.
- I understand that participating in the Coordinated Entry System does not guarantee that I will be called for a housing program.
- I understand that HMIS participating agencies are part of a network of providers with the sole purpose of addressing homelessness within the CoC and may change with community needs.
- I understand the data collected in HMIS is for planning and referral use only and will not result in the denial or loss of housing or services.
- This consent will remain in effect until I revoke it in writing. I may revoke this authorization at any time by contacting the NYS BoS CoC at bos.nys@otda.ny.gov. If I revoke this authorization, it will not apply to information that has already been used or disclosed.
- I understand authorization is completely voluntary, and I do not have to agree to authorize any use or disclosure.
- I have a right to receive a copy of this authorization once I have signed it.
- I acknowledge that auditors or funders who have legal rights to review the files of this agency, including the U.S. Department of Housing and Urban Development, may see my information.
- I acknowledge that HMIS data only, not Coordinated Entry information, will be included in uploads to the New York State Data Warehouse, a statewide repository for de-identified aggregate homelessness data.

My signature below indicates that I have read (or been read) the information provided above, have received answers to my questions, and agree to have my information shared in the Balance of State Continuum of Care HMIS and Coordinated Entry System.

Print Name:

Signature:

Date:

Agency Staff Name:

Signature:

Date:

Participant declines to share information in HMIS/CE.