

Last Name:	First Name:
Date of Birth:	Last 4 Digits of SSN:
Organization Collecting Consent:	

Consent to Release Information

Homeless Management Information System (HMIS)

I give permission for this agency to enter the personal information I have given them, and that of the accompanying members of my household, into the Impact ICT Continuum of Care HMIS. The HMIS computer system is administered by the Impact ICT CoC through an agreement with the United Way of the Plains and operates inside a secure and confidential network of trained agency representatives. The information that I have provided is true and correct. I understand that my information is electronically tracked in order to assess my household needs and coordinate services such as: housing, utility assistance, food, and other services and resources within the Wichita-Sedgwick County service area.

My information (demographic information, eligibility for services/referral information and/or presence in program), and that of the accompanying members of my household, may be shared among the HMIS- participating agencies for case coordination and/or to expedite my access to needed services and resources. If I am applying for rent and/or utility assistance or other specific types of services and/or resources, my identifying information may be shared, on an as-needed basis, with the vendor by phone, email and/or written form in order to process a referral and/or secure payment to the correct account. My signature and/or my verbal consent to the HMIS- participating agency staff indicates that an agency representative has answered any questions I had about my privacy concerns.

This consent is valid for five years from date of signature, or until/if, I decide to revoke my permission to share my identifying information. To revoke my permission, I understand I am required to provide this agency or Impact ICT CoC a written and signed statement that includes the date my permission was revoked.

Applicant's Signature: _____ Date: _____

Staff Printed Name: _____ Date: _____

If verbal consent or "Applicant's Signature" isn't possible, please fill out line below.

Staff Signature Documenting the Verbal Consent: _____

** The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity and admissibility.*