

Entry Point Assessment and VI-SPDAT Consent

Authorization to Share Protected Personal Information

I, _____, understand that I am here today to talk about my service and housing needs. By signing this form, I acknowledge that I will be asked questions about my health and housing. This survey will take about 20-30 minutes. I understand that participation in the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) and Entry Point Assessment is completely voluntary. I understand that if I feel uncomfortable or upset during the interview, I can ask the interviewer to take a break, skip any of the questions, ask for clarification of a question, or can ask to stop the survey.

What is the benefit to the client allowing service providers access to their information?

- The information you provide helps us coordinate the most effective services for you and your household members. The information will help us assess your needs, and then connect you with the most appropriate service interventions or housing available. By sharing your information, you may be able to avoid being screened more than once, get faster services, and minimize how many times you tell your ‘story.’

Who will have access to the information collected and how will it be disclosed?

- I allow my case manager or outreach worker to enter and share my and/or my dependents linked to my household’s personal and non-personal information into the database system called Homeless Management Information System (HMIS). HMIS is maintained by the Alliance to End Homelessness in Suburban Cook County Illinois. This database helps suburban Cook County Continuum of Care (CoC) to better understand homelessness, to improve service delivery to individuals experiencing homelessness and to evaluate the effectiveness of services provided to individuals experiencing homelessness. Participation in data collection and sharing is a critical component of our community’s ability to provide the most effective services and housing possible. The information that is collected in the HMIS database is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with the standards set forth by federal, state, and local regulations governing confidentiality of client records. Every person and agency that is authorized to read or enter information into this database has signed an agreement to maintain the security and confidentiality of the information.
- “I agree to allow my responses to the VI-SPDAT Survey and Entry Point Assessment to be used by suburban Cook County partner agencies to identify and connect me with the most appropriate services, housing and related programs for which I am eligible. **A complete list of suburban Cook County partner agencies can be found at www.suburbancook.org. Please note that agencies may be added to this list at any time, and they may view your responses.*”
- I understand that my information may be shared during meetings with case managers from service providers and housing programs to assist in finding suitable available housing resources.

What information about clients and their dependents linked to their household will be disclosed?

- I understand that the following information, some of which may have been entered previously into the HMIS by other agencies, may be shared with participating agencies that are using HMIS and service providers that participate in Entry Point only as needed to connect me with appropriate available services and/or housing for which I am eligible:

- | | | |
|---|---|--|
| <input type="checkbox"/> Name | <input type="checkbox"/> Veteran status | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Date of birth | <input type="checkbox"/> Homelessness history | <input type="checkbox"/> Mental health treatment |
| <input type="checkbox"/> Social Security Number | <input type="checkbox"/> Program entry date | <input type="checkbox"/> Disabling condition |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Program exit date | <input type="checkbox"/> Alcohol & drug use/abuse |
| <input type="checkbox"/> Ethnicity and race | <input type="checkbox"/> Employment status | <input type="checkbox"/> Legal history/information |
| <input type="checkbox"/> Contact information | <input type="checkbox"/> Family composition | <input type="checkbox"/> City/Zip code |
| <input type="checkbox"/> Residence prior to project entry | <input type="checkbox"/> Medical history (including HIV/AIDS) | <input type="checkbox"/> Cash income & non-cash benefits information |

- Additional information used strictly for matching me with suitable services and/or housing.
- All information contained within the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) survey.
- I or my outreach worker/case manager can be contacted about my survey.

Important Rights and Other Required Statements You Should Know

- The providers participating in HMIS and Entry Point 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 supportive services or housing options.
- I understand that participating in Entry Point does not guarantee that I will be called for a housing program.
- This consent will remain in effect until I revoke it in writing. I may revoke this authorization at any time by contacting Entry Point staff at Housing Forward, the lead agency for Entry Point, at the address below. If I revoke this authorization, it will not apply to information that has already been used or disclosed. *Entry Point Lead Team, Housing Forward, 1851 S. 9th Ave. Maywood, IL 60153.* This release is valid for five years from the date of the signature below.
- I understand that Housing Forward will act as the agency that matches survey information against eligibility requirements of housing that becomes available for which I may be eligible. Additional assessment may be required by service providers.
- This authorization is voluntary. I understand that if I do not agree to authorize any use or disclosure, I can still receive services, but it may take longer to connect me with appropriate services.
- I have a right to a copy of this authorization once I have signed it and must contact Entry Point at Housing Forward to obtain a copy.
- I acknowledge that auditors or funders who have legal rights to review the work of this agency, including the U.S. Department of Housing and Urban Development, may see my information.
- Mediware Information Systems is the HMIS Vendor. When Mediware works on the system, they may see my information.

My signature (or mark) below indicates that I have read (or been read) the information provided above, have received answers to my questions, and agree to participate in the VI-SPDAT survey and Entry Point. By agreeing to be interviewed for Entry Point I am not giving up any legal rights.

Signature: _____

Date: _____

Witness: _____

Date: _____



Entry Point Inclusion Policy

My signature (or mark) below indicates that I have read (or been read) the Entry Point Inclusion Policy. I have received answers to my questions, and I understand my rights.

Signature: _____

Date: _____

Witness: _____

Date: _____