

HOUSING PROGRAMS (EMERGENCY/TRANSITIONAL)**Is the Household actively fleeing domestic violence?**

Use consent refused DV form or use this form and not sign the back.

ONE FORM PER HOUSEHOLD

For Surveyors-- *Location: Where did you stay last night?	
Program Name: _____	
<input type="radio"/> Emergency Shelter	<input type="radio"/> Transitional Housing Program

A. *Length of Time without Stable Housing
i. Have you or anyone in the household been continuously without housing for a year or more? <input type="radio"/> Yes (skip to Household Information section) <input type="radio"/> No
ii. Have you or anyone in the household been without housing 4 or more times in the last 3 years? <input type="radio"/> Yes <input type="radio"/> No (skip to Household Information Section)
iii. Do these times without housing, added together, amount to a year or more? <input type="radio"/> Yes <input type="radio"/> No
iv. Does any person who answered yes for either i. or iii. have a disability? <input type="radio"/> Yes <input type="radio"/> No

B. *Household (HH) Information													
(Please enter each HH member below. Use additional form if household has more than four members.) Please check a HH type in the next box.													
Household without Children _____ Household with Adults & Children _____ Households with only Children _____													
i. Last known permanent City _____ State _____ Zip _____										v. Disabilities			
Relation to Head of Household (if applicable) Spouse/ Partner/ Child/Etc.	ii.		iii.	iv. Population Data					Check all that apply to each client				
	First Name	Last Name	Birth Date (or if DOB refused; Year of Birth)	Gender ¹	Race ² (enter all that apply)	Ethnicity (Hispanic (H) or Non-Hispanic (N))	Fleeing Domestic Violence	Veteran (ever served in the military)	Chronic Substance Abuse	Physical Disability (Permanent)	Developmental Disability	Mental Health (Substantial & Long-Term)	Chronic Health Condition (Permanently Disabling)
	Self												

¹ Male (M), Female (F), Transgender (T), Gender Non-Conforming (not exclusively M or F) (D), Refused (R)² White (W), Black or African-American (B), Asian (A), American Indian or Alaska Native (I), Native Hawaiian or Other Pacific Islander (H), Refused (R)

D. Circumstances leading to your housing status		Check all that apply	<input type="checkbox"/> Don't Know
Housing & Economic	System & Legal	Health Issues	Family Conflict
<input type="checkbox"/> Job Loss/unemployment	<input type="checkbox"/> Discharged from hospital or other medical facility	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Eviction/Loss of housing	<input type="checkbox"/> Discharged from criminal/juvenile justice system	<input type="checkbox"/> Physical health/disability	<input type="checkbox"/> Guardian mental health/substance abuse
<input type="checkbox"/> Lack of job training/ unable to work	<input type="checkbox"/> Aged out of foster care	<input type="checkbox"/> Alcohol/substance abuse	<input type="checkbox"/> Family Rejection/Kicked out
<input type="checkbox"/> Lack of childcare	<input type="checkbox"/> Medical costs	<input type="checkbox"/> Illness	<input type="checkbox"/> Abuse/Neglect

E. Source(s) of Household Income and Benefits (check all that apply)		<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know
Public Assistance/Benefits		Employment	Other
<input type="checkbox"/> TANF	<input type="checkbox"/> VA	<input type="checkbox"/> Part time	<input type="checkbox"/> None
<input type="checkbox"/> SSI/SSDI	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Full time	<input type="checkbox"/> Panhandling
<input type="checkbox"/> Temporary Disability/ABD	<input type="checkbox"/> Medicare/Medicaid	<input type="checkbox"/> Farm/seasonal	<input type="checkbox"/> Relative/friends

* Denotes data that HUD requires for the PIT Count. All answers from the individuals surveyed are voluntary.

Client Release of Information and Informed Consent

IMPORTANT: Do not enter personally identifying information into HMIS for clients who are: 1) in DV agencies or; 2) currently fleeing or in danger from a domestic violence, dating violence, sexual assault or stalking situation; 3) are being served in a program that requires disclosure of HIV/AIDS status (i.e.; HOPWA); or 4) under 13 with no parent or guardian available to consent to enter the minor's information in HMIS.

If this applies to you, **STOP- Do not sign this form.**

This agency participates in the Washington State Homeless Management Information System (HMIS) by collecting information, over time, about the characteristics and service needs of people facing homelessness. **RCW 43.185C.180 and RCW 43.185C.030**

- To provide the most effective services in moving people from homelessness to permanent housing, we need an accurate count of all people experiencing homelessness in Washington State. In order to insure that clients are not counted twice, we need to collect four pieces of personally identifying information. Specifically, we collect: **name, birth date, and race/ethnicity**. You may also choose to provide your social security number. However, signing this form does not require you to do so. Your information will be stored in our database for 7 years after the last date of service. If you have questions about collection of data or your rights regarding your personally identifying information, contact the HMIS System Administrator at: (360) 725-3028
- We use strict security policies designed to protect your privacy. Our computer system is highly secure and uses up-to-date protection features such as data encryption, passwords, and two-factor authentication required for each system user. There is a small risk of a security breach, and someone might obtain and use your information inappropriately. If you ever suspect the data in HMIS has been misused, immediately contact the HMIS System Administrator at: (360) 725-3028
- The data you provide may be combined with data from the Washington State Department of Social and Health Services (DSHS) and Education Research and Data Center for the purpose of further analysis. Your name and other identifying information will not be included in any reports or publications. Only a limited number of staff members, who have signed confidentiality agreements, will be able to see this information. Your information will not be used to determine eligibility for DSHS programs. Washington State HMIS system administrators have full access to all information in HMIS. This includes the Department of Commerce staff, designated HMIS system administrators, and the software vendor.
- By signing this form, you acknowledge and allow Department of Commerce staff to obtain additional records of information from other state agencies with which there is a data sharing agreement (DSA) on file between Commerce and the other agency. Our DSA guides data transfer and storage security protocols. If DSAs are in place, Commerce is authorized by you to obtain, add to HMIS, and use for evaluation purposes any other data you have provided to other Washington state agencies.
- Your decision to participate in the HMIS will not affect the quality or quantity of services you are eligible to receive from this agency, and will not be used to deny outreach, assistance, shelter or housing. However, if you do choose to participate, services in the region may improve if we have accurate information about homeless individuals and the services they need. Furthermore, some funders MAY require that you consent to provide your personally identifying information in HMIS in order for you to receive services from that funding source.

I understand the above statements and consent to the inclusion of personally identifying information in HMIS about me and any dependents listed below, and authorize information collected to be shared with partner agencies. I understand that my personally identifying information will not be made public and will only be used with strict confidentiality. I also understand that I may withdraw my consent at any time by filing a 'Client Revocation of Consent' form with this agency. I understand that I may obtain a copy of my signed consent form from this Agency (including forms signed electronically).

Dependent children under 18 in household, if any (Please print first and last names):

Client Signature (Parent/Guardian)

Date

Thank you for helping us improve services to persons with unstable housing