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: ___________________________________________________________

O Emergency Shelter  O 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?
   O Yes (skip to Household Information section)  O No

ii. Have you or anyone in the household been without housing 4 or more times in the last 3 years?
   O Yes  O No (skip to Household Information Section)

iii. Do these times without housing, added together, amount to a year or more?  O Yes  O No

iv. Does any person who answered yes for either i. or iii. have a disability?  O Yes  O 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________________________

ii. Relation to Head of Household (if applicable)
   Spouse/Partner/Child/Etc. First Name Last Name

iii. Birth Date (or if DOB refused; Year of Birth)

iv. Population Data
   Gender  Race  Ethnicity (Hispanic (H) or Non-Hispanic (NH))

v. Disabilities
   Chronic Substance Abuse  Physical Disability (Permanent)
   Developmental Disability  Chronic Health Condition (Permanently Disabling)

D. Circumstances leading to your housing status

Check all that apply  □ Don’t Know

Housing & Economic  System & Legal  Health Issues  Family Conflict

□ Job Loss/unemployment  □ Discharged from hospital or other medical facility  □ Mental illness  □ Domestic Violence
□ Eviction/Loss of housing  □ Discharged from criminal/juvenile justice system  □ Physical health/disability  □ Guardian mental health/substance abuse
□ Lack of job training/unable to work  □ Aged out of foster care  □ Alcohol/substance abuse  □ Family Rejection/Kicked out
□ Lack of childcare  □ Medical costs  □ Illness  □ Abuse/Neglect

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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)
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

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