

Client Revocation of Consent

I revoke my permission for _____ (Agency) to have or enter personally identifying information about me and/or my dependent children under age 18 in the Washington State Homeless Management Information System (HMIS).

Identifying information to be removed from the system:

(Please check any of the information below to be removed from HMIS)

- ☐ My First and Last Name
- ☐ My Social Security Number
- ☐ My Day and Month of Birth
- ☐ My Last Permanent Address
- ☐ My Phone Number
- ☐ My Ethnicity
- ☐ My Race

If Applicable: Identifying information of minor children to be removed from the system:

(Please check any of the information below to be removed from HMIS)

- ☐ Child's First and Last Name
- ☐ Child's Social Security Number
- ☐ Child's Day and Month of Birth
- ☐ Child's Last Permanent Address
- ☐ Child's Phone Number
- ☐ Child's Ethnicity
- ☐ Child's Race

Insert child's/children's name(s):

All non-identifying information will remain in the system:

Gender
Year of Birth
Any other non-identifying information

Education
Program Entry/Exit Answers

I understand that I will continue to receive the same services from this agency whether I allow them to enter identifying personal information about me into the HMIS or not.

Client Signature (Parent/Guardian)

Date

Relationship to Client

Client Print Name (Print clearly)

Agency Witness Signature

Date

Agency Staff Print Name (Print clearly)