

### 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):

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#### 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)