

### 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).

Please indicate if you are revoking prior consent for:

- This Agency Only (will include other Local Data Sharing Partner Agencies)
- All Agencies in the Washington HMIS

**Personally identifying information for all adults and children in the household will be removed from HMIS, including:**

- First and Last Name
- Social Security Number
- Day and Month of Birth
- Contact Information

**All non-identifying information will remain in the system.**

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

\_\_\_\_\_  
Client Signature (Parent/Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Print Name (Print clearly)

\_\_\_\_\_  
Agency Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Witness Print Name (Print clearly)