ShelterLink HMIS Client Consent Form

Authorization for Release of Information

Agency Name	Program Name
Client Name	
Dependent children, if any (first	st and last names and date of birth)
	e Norfolk ShelterLink HMIS (Homeless Management Information at uses computers to collect information about homelessness in order tho are homeless.
information about me and my child	IS agencies that offer me services may enter, see and update basic ren including name, social security number, gender, and birth date. health, medical needs, mental health or domestic violence can be ement.
see, enter or use information kept in	ave signed the HMIS confidentiality agreement will be allowed to in the HMIS system. This agency will never give information about a m without the person's written consent, or as required by law through
not sign this consent document will	be used to deny outreach, shelter or housing. My decision to sign or not be used to deny outreach, shelter or housing services. I may riting, and no <i>new</i> information will be shared. This consent will end
I have a right to see my HMIS reco agency upon written request.	rd, ask for changes, and to have a copy of my record from this
☐ I authorize this agency to share	my basic information with other agencies on the ShelterLink system
I do not authorize this agency to system.	o share my basic information with other agencies on the ShelterLink
Client Signature	Date
Agency Witness	Date