

Does the head of household prefer not to have their identifying information put into HMIS? Or are they fleeing domestic violence?

Yes No (if “yes” do not sign the Release of Information)

Location: Where did they sleep on January 25?

Program Name:

Emergency Shelter Transitional Housing Program

Length of Time without Stable Housing

1. Has any adult in household or minor head of household been continuously without housing for a year or more?

Yes (go to question 4) No (go to question 2)

2. Has any adult in the household or minor head of household been without housing 4 or more times in the last 3 years?

Yes (go to question 3) No (if “no” to this and “no” to question 1 go to section C “Household (HH) Information)

3. Do these times without housing, added together, amount to a year or more? Yes (go to question 4) No (go to section C)

4. Does any adult in the household or minor head of household, who answered yes for any of the previous questions, have a disability?

Yes No

Household Information

Household Type Household without Children Household with Children Household with only Children

Last Known Permanent Location City _____ State _____ Zip Code _____

Household Member First & Last Name				
Relationship to Head of Household	Self			
Birthdate				
Gender Select as many as are applicable	<input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Man (Boy, if child) <input type="checkbox"/> Culturally Specific Identity (eg. Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Doesn't know <input type="checkbox"/> Prefers Not to Say <input type="checkbox"/> Different Identity: _____	<input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Man (Boy, if child) <input type="checkbox"/> Culturally Specific Identity (eg. Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Doesn't know <input type="checkbox"/> Prefers Not to Say <input type="checkbox"/> Different Identity: _____	<input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Man (Boy, if child) <input type="checkbox"/> Culturally Specific Identity (eg. Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Doesn't know <input type="checkbox"/> Prefers Not to Say <input type="checkbox"/> Different Identity: _____	<input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Man (Boy, if child) <input type="checkbox"/> Culturally Specific Identity (eg. Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Doesn't know <input type="checkbox"/> Prefers Not to Say <input type="checkbox"/> Different Identity: _____
Race and Ethnicity Select as many as are applicable	<input type="checkbox"/> American Indian/Alaska Native/Indigenous Tribal Affiliation: _____ <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Black/African American/African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern/North African <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Doesn't know <input type="checkbox"/> Prefers Not to Answer <input type="checkbox"/> Additional race/ethnicity detail: _____	<input type="checkbox"/> American Indian/Alaska Native/Indigenous Tribal Affiliation: _____ <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Black/African American/African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern/North African <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Doesn't know <input type="checkbox"/> Prefers Not to Answer <input type="checkbox"/> Additional race/ethnicity detail: _____	<input type="checkbox"/> American Indian/Alaska Native/Indigenous Tribal Affiliation: _____ <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Black/African American/African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern/North African <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Doesn't know <input type="checkbox"/> Prefers Not to Answer <input type="checkbox"/> Additional race/ethnicity detail: _____	<input type="checkbox"/> American Indian/Alaska Native/Indigenous Tribal Affiliation: _____ <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Black/African American/African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern/North African <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Doesn't know <input type="checkbox"/> Prefers Not to Answer <input type="checkbox"/> Additional race/ethnicity detail: _____
Veteran (ever active-duty in U.S. Military)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disabling Conditions / Barriers Select all that apply	<input type="checkbox"/> Physical Disability (perm.) <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> Mental Health Disorder (substantial & long-term) <input type="checkbox"/> Substance Use Disorder	<input type="checkbox"/> Physical Disability (perm.) <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> Mental Health Disorder (substantial & long-term) <input type="checkbox"/> Substance Use Disorder	<input type="checkbox"/> Physical Disability (perm.) <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> Mental Health Disorder (substantial & long-term) <input type="checkbox"/> Substance Use Disorder	<input type="checkbox"/> Physical Disability (perm.) <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> Mental Health Disorder (substantial & long-term) <input type="checkbox"/> Substance Use Disorder
Fleeing domestic violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Circumstances leading to their housing status (check all that apply to the household)			<input type="checkbox"/> Prefers not to answer <input type="checkbox"/> Don't Know
Housing and Economic <input type="checkbox"/> Lack of job training/unable to work <input type="checkbox"/> Lack of childcare <input type="checkbox"/> Job Loss/unemployment <input type="checkbox"/> Eviction/Loss of housing <input type="checkbox"/> Housing affordability	System & Legal <input type="checkbox"/> Discharged from hospital or other medical facility <input type="checkbox"/> Discharged from criminal/juvenile justice system <input type="checkbox"/> Aged out of foster care <input type="checkbox"/> Medical costs	Health Issues <input type="checkbox"/> Illness <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical health/disability <input type="checkbox"/> Alcohol/substance abuse	Family Conflict <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Guardian mental health/substance abuse <input type="checkbox"/> Family Rejection/kicked out <input type="checkbox"/> Abuse/Neglect
Sources of Household Income and Benefits (check all that apply to the household)			<input type="checkbox"/> Prefers not to answer <input type="checkbox"/> Don't Know
Public Assistance/Benefits <input type="checkbox"/> TANF <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> Medicare/Medicaid <input type="checkbox"/> VA <input type="checkbox"/> Unemployment <input type="checkbox"/> Temporary Disability/ABD	Employment <input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> Farm/seasonal <input type="checkbox"/> Under the table/informal	Other <input type="checkbox"/> None <input type="checkbox"/> Panhandling <input type="checkbox"/> Relative/friends	

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)

Client Name (Print clearly)

Client refused consent _____ (Agency Staff Initials)

Date

Agency Staff Name (Print clearly)

Initials

HMIS Unique Identifier (optional) _____