**NE CoC Coordinated Entry System**

**Release of Information**

|  |  |
| --- | --- |
| Client’s Full Name:  |  |
| Date of Birth:  |  |
| HMIS ID (if known): |  |

I understand that I am signing this consent to release information collected by the Northeast Minnesota Continuum of Care (NE CoC) Coordinated Entry System (CES) so that organizations working with people experiencing homelessness can discuss my case and coordinate services to support me in finding housing. This information may be from the Homeless Management Information System (HMIS) or other CES paper forms.

I authorize the agencies and appropriate service groups that participate in the NE CoC CES to obtain the following information about my service use:

* History of shelter use and homelessness
* Barriers to housing
* Eligibility for housing programs
* Names of current and past social service providers

This release allows the sharing of data with all providers in the NE CoC region that serve as the homeless response system. The NE CoC region includes Aitkin, Carlton, Cook, Itasca, Koochiching, and Lake counties in Minnesota. These providers include but are not limited to:

* Emergency shelter agencies
* Street Outreach providers
* Rapid Rehousing providers
* Transitional Housing providers
* Permanent Supportive Housing providers
* Navigation services,
* Subsidy administrators
* County case workers

I understand that:

* I have the right to refuse to sign this authorization.
* Information shared above and within the Homeless Management Information System (HMIS) may be used in case conferencing by the homeless response system to coordinate services offered.
* If I do not sign it, my services may not be fully coordinated. However, services will not be withheld if I don’t sign this.
* I can change or cancel this authorization at any time by contacting any staff in the NE CoC CES and asking that this form be rescinded.
* This authorization takes effect the day that I sign it and expires upon my request.
* Only authorized providers within the homeless response system will have access to my information for the purposes for care coordination to assist in finding housing
* A copy of this authorization is as valid as the original

**NE CoC Coordinated Entry Participating Providers**

|  |  |
| --- | --- |
| * Arrowhead Economic Opportunity Agency (AEOA)
 | * Karibu LLC
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| * Cloquet/Carlton Housing and Redevelopment Authority (HRA)
 | * Lakes & Pines Community Action
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| * Commonbond
 | * Legal Aid Services of Northeast Minnesota
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| * Fond du Lac Social Services
 | * Minnesota Assistance Council for Veterans (MACV)
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| * Grace House of Itasca County
 | * North Shore Horizons
 |
| * Hearth Connection
 | * Northland Counseling Center
 |
| * Hope Harbor LLC
 | * NorthStar Community Services LLC
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| * Human Development Center (HDC)
 | * Servants of Shelter
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| * Itasca County Housing and Redevelopment Authority (HRA)
 | * The Salvation Army
 |
| * KOOTASCA Community Action
 |  |

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Agency Staff: Check this box and sign below if consent was obtained by phone.

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_