

Metropolitan Housing Access Program

Homeless Management Information System Release of Information

I/We _____
participant's name(s)

understand that entering information into the Homeless Management Information System (HMIS) is required for all participants applying for/accessing Metropolitan Housing Access Program (MHAP) services in the District of Columbia metropolitan region (D.C. region). This form authorizes D.C. Department of Health service providers in the D.C. region to release, exchange, or obtain information collected at intake and as needed via paper forms and to have required information collected and entered into the Homeless Management Information System (HMIS).

The following are examples of how we may use your information:

- To provide or coordinate services with other housing service providers in the D.C. region by sharing your first name, last name, social security number, date of birth, and other pertinent information a necessary;
- For payment or reimbursement services;
- To obtain an unduplicated count of individuals/households receiving services in the DC region in order to furnish the reports required;
- To prevent duplication of services with other D.C. Department of Health and homelessness prevention service providers.

The following information will be collected in HMIS:

- Basic identifying information
- Demographic information
- Health information related to housing program eligibility
- Veteran status and military information
- Housing information
- Income and benefits information
- Disabilities information
- MHAP and D.C. Department of Health services history

You have the following rights regarding your personal information

- You can request a copy of the information we maintain about you;
- You can ask us to correct any incorrect information
- If you have a complaint regarding your personal privacy rights, you can follow HCS' Grievance Procedures to work towards establishing a resolution.

By signing below, I/We have read this form and that I/We provide consent for D.C. Department of Health service providers to release, exchange, or obtain information collected at intake and as needed via paper forms and to have required information collected and entered into HMIS. (Household members 18 and over must sign and provide consent).

Participant Signature

Date

Participant Signature

Date

Participant Signature

Date