

Coordinated Entry Release of Information

Housing and service providers may need to share your information to contact you, coordinate services or determine eligibility for shelter and housing opportunities. The following information may be shared:

- Contact information including email and phone number
- Homeless status and housing history
- Connection to mainstream resources
- Information regarding mental or physical health, alcohol and other drug use, HIV/AIDS related illness or test results, developmental disabilities
- Financial information
- Basic demographic information

Signing below authorizes that information may be released among any of the following, limited by the purpose of assisting you to obtain housing and services.

Access Community Health	Friends of the State St. Family	Sankofa Behavioral & Community Health
Bethel Lutheran Church	Group Health Cooperative	Sankofa Educational Leadership United
Briarpatch Youth Services	Heartland Housing	Shelter from the Storm Ministries
Catalyst for Change	Homeless Restorative Justice Project	SSM Health
Catholic Charities	Housing Initiatives	Social Justice Center
City of Madison Community Development Div.	Institute for Community Alliances	Stoughton Area Resource Team (START)
Community Action Coalition (CAC)	Journey Mental Health	Tellurian
Community Development Authority	JustDane	Tenant Resource Center
Connecting the Dots	Kabba Recovery Services	The Road Home
Dane County Dept. of Human Services	Lutheran Social Services	The Salvation Army
Dane County Housing Authority	MACH OneHealth	Today Not Tomorrow/Project Babies
Dane County Public School Districts	My Choice Wisconsin	UNIDOS
Dane County Reentry Coordinator	Occupy Madison	UnityPoint Health - Meriter
Domestic Abuse Intervention Services	OutReach	Urban Triage
Dryhootch	Porchlight	U.S. Department of Veterans Affairs
Employment Resources Inc	Project Respect	UW Hospital & Clinics
Equitable Social Solutions	Public Health Madison & Dane County	Vivent Health
First United Methodist Church	ReachDane	Wisconsin Dept. of Veterans Affairs
Focus Counseling	Saint Vincent de Paul	YWCA Madison

Your signature below indicates that you understand the information provided by the assessor, have received answers to your questions, and have freely chosen to be interviewed. By agreeing to be interviewed, you are not giving up any of your legal rights. Your answers will be stored in a secure database, called Wisconsin Clarity HMIS, and only shared with housing providers and service agencies concerned with your welfare. This release remains valid until you revoke permission.

I acknowledge that I have reviewed my rights as outlined and have received a copy of *Additional Information Regarding Use and Disclosure of Protected Information (provide last page to interviewee)*.

Date

Signature (or mark) of Participant

Witness signature

Witness agency or affiliation

Print Witness name

Verbal Consent obtained by phone (Agency Staff Initials): _____ Date: _____