

MISSOURI BALANCE OF STATE CoC COORDINATED ENTRY SYSTEM (MO BoS CoC CES)
RELEASE OF INFORMATION

Agency Name: _____

This Agency is part of a group called the Missouri Balance of State Continuum of Care (MO BoS CoC) Coordinated Entry that coordinates efforts to end homelessness in Missouri. A list of all member agencies in the MO BoS CoC is available online www.moboscoc.org.

Purpose: To refer you to housing available through the Coordinated Entry System, information about you and your household may be shared with other participating agencies during case conferencing. This form allows you to choose what information will be shared during case conferencing.

By choosing to share your information, you allow agencies to focus on meeting your specific housing needs and this process reduces the number of times you have to tell your story to different providers.

You may decline to allow any of your information to be shared. If you decline, the ability of this Agency and the MO BoS CoC to provide housing to you may be reduced, but this Agency will still provide emergency services and referrals to you.

Types of information that might be shared during case conferencing include:

- Personal identifying information for you and your household (examples: name, date of birth, gender, photo, etc.)
- Past or current participation in other housing and supportive service programs
- Contact information
- Information about your military service and VA eligibility
- Housing history and housing status
- Household income, financial assistance and source(s)
- Disability information

I, _____ (Printed Name of Participant) agree to share information with the MO BoS CoC Coordinated Entry System (CES) and its participating member Agencies as detailed below.

Please initial your preferred level of disclosure and participation in Coordinated Entry:

_____ **Share all eligibility information:** I authorize the Agency listed above to share the following information about me and my household members during case conferencing in order to determine eligibility for housing openings: age, gender, veteran status, disability status, household size, desired geographic location of housing placement, mental health information, current or past substance use, developmental disability/traumatic brain injury diagnosis, and HIV/AIDS status.

_____ **Share only limited eligibility information:** I authorize the Agency listed above to share the following information about me and my household members during case conferencing in order to determine eligibility for housing openings: age, gender, veteran status, disability status, household size, and desired geographic location of housing placement. In the event information not listed above is required to establish eligibility, additional written consent will be required.

_____ **Opt-out of Coordinated Entry:** I do not want to be considered for housing opportunities via Coordinated Entry. I understand that I will not be considered for housing openings available through the Coordinated Entry System.

PLEASE NOTE THAT PERSONS FLEEING DOMESTIC VIOLENCE, SEXUAL ASSAULT AND/OR HUMAN TRAFFICKING WILL AUTOMATICALLY BE REFERRED TO BY CASE NUMBER, ASSIGNED BY THE VICTIM SERVICES AGENCY.

Please initial how you wish to be identified during Mo BoS CoC CE case conferencing:

_____ **Use my/our name:** I authorize my name (and the name of my household members) to be included in the database of clients seeking housing via Coordinated Entry. In the event that I cannot be located when a housing opening becomes available, my name (and the name of my household members) may be used during case conferencing to develop a plan for locating me to notify me of the opening.

_____ **Use a case number:** I DO NOT authorize my name (and the names of my household members) to be included in the database of clients seeking housing via coordinated entry. I understand that a case number will be utilized to identify me in the database and during case conferencing. I also understand that using a case number instead of my name (and the names of my household members) may limit participating agencies' ability to locate me and notify me of available openings.

NOTE: YOU MAY REVOKE YOUR CONSENT TO HAVE YOUR INFORMATION SHARED AT FUTURE CASE CONFERENCING AT ANY TIME BY CONTACTING THE AGENCY LISTED ABOVE.

By signing below, you acknowledge that you have read, or have had read to you, all of the information above and have chosen to sign this form voluntarily. Your signature also indicates that you understand participation in the MO BoS CoC CES does not guarantee you housing assistance. This consent is valid for one year from the effective date of your signature below. You may cancel your consent any time by written request.

Client or Representative Signature: _____ Date: _____

Agency Witness Signature: _____ Date: _____

For Agency Use only (initial all that apply):

The Client above received a telephonic explanation of this form. On behalf of the Client, staff at this Agency served as the representative. The Consent was read in its entirety. _____

An authorized representative (example: guardian, power of attorney) completed this Consent for the Client. Documentation of the representative's right to do so is attached. _____