*Hello, my name is [state name] and I’m a volunteer for the Long Island Coalition for the Homeless. We are conducting a survey to count homeless people to provide better programs and services to them. Your participation is voluntary and your responses to questions are confidential (will only be shared with Coalition staff). Can I have about 10 minutes of your time?*

Initial Contact Date: 1/22/20 Volunteer Enumerator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Location (please be specific): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_AM/PM

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Ethnicity: \_\_\_\_\_\_\_\_Veteran Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identifying Characteristics: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race [Select all that apply]:

American Indian or Alaska Native Black or African American

White Asian

Native Hawaiian or Other Pacific Islander Client doesn’t know Data not collected

**Living Situation**

Type of Residence (Shelter, Street, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of Stay in Previous Place\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate date homelessness started (continuous time on the street without housing): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Regardless of where they stayed last night) Number of times the client has been on the streets, in Emergency Shelter, or Street Homeless in the past 3 years including today: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number ofmonths homeless on the street or Emergency Shelter in the past three years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Income from any source:  Yes No Client doesn’t know Client refused

Monthly Income Sources [Check all that apply]:

Earned Income: $\_\_\_\_\_\_\_ Social Security Disability Insurance (SSDI): $\_\_\_\_\_\_

Supplemental Security Income (SSI): $\_\_\_\_\_\_\_ Unemployment Insurance: $\_\_\_\_\_\_\_\_

VA Service-Connected Disability Comp.: $\_\_\_\_\_\_\_ VA Non-Service-Connected Disability Comp: $\_\_\_\_\_\_

Private Disability Insurance $\_\_\_\_\_\_\_\_ Workers Compensation: $\_\_\_\_\_\_\_\_\_

Temporary Assistance for Needy Families (TANF): $\_\_\_\_\_\_ General Public Assistance: $\_\_\_\_\_\_\_\_

Retirement Income from Social Security: $\_\_\_\_\_\_\_ Pension or Retirement income from job: $\_\_\_\_\_\_\_\_

Child Support: $\_\_\_\_\_\_\_\_ Alimony or other spousal support: $\_\_\_\_\_\_\_\_\_

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Non-Cash Benefits from Any Source: Yes No Client Doesn’t Know Client refused

Non-Cash Benefits [Select all that apply]:

SNAP (Food Stamps) Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

TANF Child Care Services  TANF Transportation Services

Other TANF-funded services Other Source

Covered by Health Insurance? Yes No

*If yes, please check those that apply:*

MEDICAID MEDICARE

State Children’s Health Insurance Program Veterans Administration (VA) Medical Services

Employer-Provided Health Insurance Health Insurance obtained through COBRA

Indian Health Services State Health Insurance for Adults

Other

**Special Needs**

**Physical Disability** Yes No

Is this disability documented by a Medical Professional?

Yes No Client Doesn’t Know Client refused

**Developmental Disability** Yes No

Is this disability documented by a Medical Professional?

Yes No Client Doesn’t Know Client refused

**Chronic Health Disability** Yes No

Is this disability documented by a Medical Professional?

Yes No Client Doesn’t Know Client refused

**HIV/AIDS** Yes No

Is this disability documented by a Medical Professional?

Yes No Client Doesn’t Know Client refused

**Mental Health Problem** Yes No

Is this disability documented by a Medical Professional?

Yes No Client Doesn’t Know Client refused

**Substance Abuse** Yes No

Is this disability documented by a Medical Professional?

Yes No Client Doesn’t Know Client refused

Domestic Violence Victim or Survivor: Yes No

Household Type: Single Family Number of Adults in Household\_\_\_\_\_\_ Number of Children in Household\_\_\_\_\_\_

Homeless Cause\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Client verbally consented to have information entered in HMIS**

## Why we are asking to collect your information

When you request or receive services from The Long Island Coalition for the Homeless (LICH), we collect information about your household and enter it into a computer program known as a Homeless Management Information System (HMIS). HMIS helps us to keep track of that information in order to help provide you with the best service possible. LICH is the lead administrator responsible for overseeing the region’s HMIS.

How do you benefit from providing your information?   
By sharing your information, you may be able to avoid being screened more than once, get faster services, and minimize how many times you tell your ‘story.’ Collecting this information also gives us a better understanding of homelessness and the effectiveness of services in your local area.

What information is shared in the HMIS database?   
We share both Protected Personal Information (PPI) and general information about you and any minor children in your household that is obtained during your intake and assessment, which may include but is not limited to:

* Your name and your contact information
* Your social security number
* Your birthdate
* Your basic demographic information such as gender and race/ethnicity
* Your history of homelessness and housing (including your current housing status, and where and when you have accessed services)
* Your self-reported medical history, including any mental health and substance abuse issues
* Your case notes and services
* Your case manager's contact information
* Your income sources and amounts; and non-cash benefits
* Your veteran status
* Your disability status
* Your household composition
* Your emergency contact information
* Any history of domestic violence

Who can have access to your information?  
Organizations that participate in the HMIS database & Veteran’s Affairs providers (for veteran households) can have access to your data. These organizations may include homeless service providers, housing groups, healthcare providers, and other appropriate service providers. You can verbally request, or submit a written request, to receive a list of HMIS providers who are able to access your information at any time. The list can also be found on our website at [www.lihomeless.org](http://www.lihomeless.org)

How is your personal information protected?Your information is protected by the federal HMIS Privacy Standards and is secured by passwords and encryption technology. In addition, each participating organization has signed an agreement to maintain the security and confidentiality of the information. In some instances, when the participating organization is a health care organization, your information may be protected by the privacy standards of the Health Insurance Portability and Accountability Act (HIPAA). Due to the nature of technology, there is always a small risk for a security breach in which your information may be compromised.

## By signing below, you understand and agree that:

**You have the right to receive services, even if you do not sign this consent form.**

* You have the right to receive a copy of this consent form.
* Your consent permits any participating organization to add to or update your information in HMIS, without asking you to sign another consent form.
* This consent is valid for seven (7) years from the date the PPI was created or last changed.
* You may revoke your consent at any time, but your revocation must be provided either in writing or by completing the *Revocation of Consent* form. Upon receipt of your revocation, we will remove your PPI from the shared HMIS database and prevent further PPI from being added. The PPI that you previously authorized to be shared cannot be entirely removed from the HMIS database and will remain accessible to the limited number of organization(s) that provided you with direct services.
* The Privacy Notice and Written Standards for LICH contain more detailed information about how your information may be used and disclosed. A copy of this notice is available upon request.
* No later than five (5) business days of your written request, we will provide you with:
  + A correction of inaccurate or incomplete PPI
  + A copy of your consent form
  + A copy of your HMIS records; and
  + A current list of participating organizations that have access to your HMIS data.
* Aggregate or statistical data that is released from the HMIS database will not disclose any of your PPI.
* You have the right to file a grievance against any organization whether or not you sign this consent.
* You are not waiving any rights protected under Federal and/or New York State law.

## SIGNATURE AND ACKNOWLEDGEMENT

Your signature below indicates that you have read (or been read) this client consent form, have received answers to your questions, and you freely consent to have your information, and that of your minor children (if any), entered into the HMIS database. You also consent to share your information with other participating organizations as described in this consent form.

* Client does not consent to have information entered in HMIS
* **Client verbally consented to have information entered in HMIS**

**\*\*A verbal consent is sufficient for the PIT Count Intake**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ **Head of Household (Check here)**