

RELEASE OF CONFIDENTIAL INFORMATION TO SECURE NECESSARY SERVICES

The Coordinated Entry System is part of a network of services through the City and County of Racine Continuum of Care with the purpose of working with you to solve your housing situation. By signing this release, you agree that the Coordinated Entry System providers, may freely exchange information with other providers within the Continuum (including shelters, housing, prevention, outreach, transitional, and permanent housing programs) about your family makeup, history, medical/mental health/substance abuse information and the results of your criminal background check in order to provide you with the appropriate referrals and coordination of services. You also understand that you may request to know what information was shared.

Part of the Coordinated Entry System includes a housing staffing where information about your particular situation, including your needs and desires as they relate to housing, will be discussed for the purpose of finding the best fit for you. All agencies involved will abide by a strict confidentiality policy meaning that they will not discuss you or your information outside of the staffing, except for the purposes related to housing.

The agencies involved in the Coordinated Entry System are:

*The Racine Continuum of Care, Legal Action of Wisconsin, Inc., Burlington Transitional Living Center, Lutheran Social Services, Homeless Assistance Leadership Organization (H.A.L.O), HOPES Center of Racine, Racine Vocational Ministries, Center for Veteran Issues, Catherine Marian Bethany Apartments, Women’s Resource Center, Hospitality Center of Racine, Safe Haven of Racine, Institute for Community Alliances, Wisconsin Department of Veteran Affairs, and US Department of Veterans Affairs.*

Please note if you grant permission for your information to be shared, that agreement will be in effect for the duration of your participation in the program unless you revoke it in writing. You may end your agreement in writing and your personal and service information will no longer be shared from that date going forward. If you do not give permission for this agency to release your information, no other agency in the network will have access to it.

Maintaining the privacy and the safety of those using our services is very important. Your record will only be shared if you give permission. You cannot be denied services that you would otherwise qualify for if you choose not to share information. However, even if you choose not to share your information with other agencies, federal and state regulations may require limited data collection for funding purposes. If you have questions or wish to revoke this release, contact the Coordinated Entry Specialist at Iraida.Vazquez@icalliances.org

**I have read the above, or it has been read and explained to me. I have asked any questions I have and understand the implications of signing below. I understand that this release is in addition to the HMIS release of information. I agree to release my information to the Coordinated Entry System for the purposes of solving my housing situation.**

(*optional)* Furthermore, I authorize that my information be released to and from with the following agencies, not mentioned above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Client Signature Date

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Witness Date