

New Hampshire Homeless Management Information System (NH-HMIS)  
Client Consent Form

New Hampshire Homeless Management Information System (NH-HMIS) is used by agencies working together to provide services to individuals and families experiencing homelessness. NH-HMIS is administered and maintained by Community Services Council of New Hampshire (CSCNH). This system is required by the United States Department of Housing and Urban Development (HUD) and gathers identifying information on persons served in various housing programs to create an unduplicated count and picture of who receives what kind of housing-related services in New Hampshire.

PART 1: Authorization to release identifying information to NH-HMIS

With your permission, we collect and enter personal identifying information into NH-HMIS, for reasons that are discussed in our "Uses and Disclosures Brochure."

Personal identifying information includes: Name, Social Security Number, Date of Birth, and Zip Code of Last Permanent Residence.

~ Yes, authorize this agency to collect and enter personal identifying information about me into NH-HMIS, for the sole purpose of compiling data. I do not authorize Community Services Council of New Hampshire (CSCNH) to share my personal identifying information with any other entity, including other agencies participating in NH-HMIS, the State of New Hampshire, or HUD.

~ I do not authorize this agency to collect and enter personal identifying information about me into NH-HMIS.

Also, please verify the following:

~ I understand that I will not be denied services by declining this authorization.

~ I have received a copy of and understand the NH-HMIS Client Fact Sheet

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Name (please print)

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

## PART 2: Authorization to release program-specific information to NH-HMIS

We also request additional 'program specific' data related to the funding for this housing program. This data is requested in connection with our HUD grant provisions regarding verification of your eligibility for our program. In addition to personal data, we are also requesting to report the following information about you into NH-HMIS:

Information (PROVIDER: check all data for which release is being requested)	Yes (Release)	No (Do not release)
~ AIDS or related diseases (including HIV)	~	~
~ Chronic, disabling substance abuse (alcohol and/or drugs)	~	~
~ Serious mental illness	~	~
~ Long-term disabling condition	~	~

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Name (please print)

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

This authorization is valid for twelve (12) months from the date signed above. Consent may be revoked at any time except to the extent that action has been taken.

## PART 3: Revocation of Authorization

I understand that I can revoke my authorization to share personal information in NH-HMIS at any time. I also understand that this revocation will not include information already shared and acted upon based on prior consent.

I revoke my authorization for sharing of personal information in NH-HMIS by this agency.

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Name (please print)

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date