

Hennepin Coordinated Entry System

Release of Information

Client's Full Name: _____

DOB: _____

HMIS ID (if known): _____

I understand that I am signing this consent to release information collected by the Hennepin Coordinated Entry System (CES) so that organizations working with people experiencing homelessness can discuss my case and coordinate services to support me in finding housing. This information may be from the Homeless Management Information System (HMIS), CES Connect or CES paper forms.

I authorize the agencies and appropriate service groups that participate in the Hennepin CES to obtain the following information about my service use:

- History of shelter use and homelessness
- Barriers to housing
- Eligibility for housing programs
- Names of current and past social service providers

This release allows the sharing of data with all providers in the Minneapolis-St. Paul metropolitan area that serve as the homeless response system, including but not limited to:

- Emergency shelter agencies,
- Street Outreach teams,
- Rapid Rehousing providers,
- Transitional Housing Providers,
- Permanent Supportive Housing Providers,
- Navigation services
- Subsidy administrators, and
- County case workers.

I understand that:

- I have the right to refuse to sign this authorization.
- Information shared above and within the Homeless Management Information System (HMIS) may be used in case conferencing by the homeless response system to coordinate services offered.
- If I do not sign it, my services may not be fully coordinated. However, emergency services will not be withheld if I don't sign this.
- I can change or cancel this authorization at any time by contacting any staff in the emergency response system and asking that this form be rescinded.
- This authorization takes effect the day that I sign it and expires upon my request.
- *CES Connect* is an application where my information, for the purposes of Coordinated Entry, will be stored. Only authorized providers within the homeless response system will be able to utilize this application to check on CES Housing Referral Status or whether you are still active on the CES Priority List for the purposes of Care Coordination to assist in finding housing.
- A copy of this authorization is as valid as the original

Client Signature: _____

Date: _____