# What is Coordinated Entry?

Coordinated Entry is a collaboration of housing and service organizations that provide a streamlined way for you to access homeless housing resources in our community based on our availability of resources, and your current needs. By coordinating our resources, we can match you to those available resources appropriately. Through coordination with other homeless service providers, navigation services can be provided to you which would include the following: assistance with obtaining documentation for various housing resources & assistance in ensuring continuity of care when accessing multiple housing providers within our community.

# How Will My Information Be Used?

The information you share during the assessment process is entered into a database called the Homeless Management Information System (or “HMIS”). You have the right to decline to share personally identifying information and still have access to resources. Your willingness to share personal information assists us in better serving you, because it enables service providers to coordinate intentionally as a team regarding your current situation, and match you to the best available resource.

**Coordinated Entry Participating Agencies**

Blue Valley Community Action Partnership

Catholic Charities of the Archdiocese of Omaha

Community Alliance

Douglas County Corrections

Eastern Nebraska Community Action Partnership

Heartland Family Service

Institute for Community Alliances

MICAH House

New Visions Homeless Services/MOHM’s Place

 Project Everlast

Together, INC

Visiting Nurse Association

U.S. Dept. of Housing and Urban Development

Women’s Center for Advancement

Catholic Charities Diocese of Des Moines

Charles Drew Health Center

Douglas County General Assistance

Douglas County Intensive Case Management

 Family Housing Advisory Services

Lutheran Family Services

Nebraska AIDS Project

Region 6 Behavioral Healthcare

Omaha Home for Boys

Open Door Mission

The Salvation Army

Siena/Francis House

The Stephen Center, Inc.

VA Nebraska-Western Iowa Health Care System

Youth Emergency Services

How do I choose to release or not release my information for the purposes of Coordinated Entry?

*Please complete the following.*

|  |  |
| --- | --- |
| Print your full name:  | Print your date of birth:  |
| Check the box that applies: ◻ Yes, I release my information to participate in Coordinated Entry as it has been described to me. ◻ I do not release my personally identifying information but wish to be considered for available resources. ◻ No, I do not release any information to the Coordinated Entry system and decline to participate at this time. Is there an agency or program that you do not consent to have access to your personally identifying information?◻ No◻ Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(specific agency/program)* |
| Sign to certify the designation you have made:  | Print today’s date:  |
| Agency Staff Signature | Date |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand information about me and/or my dependents listed below is entered into a database system called ServicePoint. This system helps to better understand homelessness, to improve service delivery and to evaluate the effectiveness of services provided. Participation in data collection is a critical component of our community’s ability to provide the most effective services and housing possible. The information that is collected is protected by limiting access to the database and limiting what information may be shared. Access to the data and sharing of the data is in compliance with the standards set by the federal, state and local regulations governing confidentiality of client records. Every person and agency that is authorized to read or enter information into the system has signed an agreement to maintain the security and confidentiality of the information.

By signing this form, I authorize the following:

The information collected by this agency will be included in ServicePoint and only partner agencies, which have entered into an HMIS Agency Participation Agreement at which I have obtained or sought out services, may use my information to:

* Produce a client profile at intake that will be shared with collaborating agencies
* Produce aggregate level reports regarding use of services
* Track individual program-level outcomes
* Identify unfilled service needs and plan for enhancements
* Allocate resources among agencies engaged in services

By signing this form, I authorize the following:

I authorize the partner agencies and their representatives to share basic information regarding my family members listed below and/or me. I understand that this information is for the purpose of assessing my/our needs for housing, utility assistance, food, counseling and/or other services.

The Following Personal Protected information (PPI) is shared in HMIS for any service Project.

|  |  |
| --- | --- |
| * Name
 | * Ethnicity and Race
 |
| * Date of Birth
 | * Client Location
 |
| * Social Security Number
 | * Veteran Status
 |
| * Gender
 | * Photo (if applicable)
 |

These additional fields may be collected and shared for housing, utility assistance and other service projects:

|  |  |
| --- | --- |
| * Homeless History
 | * Disabling Condition
 |
| * Family Composition
 | * Housing information
 |
| * Income/Non-cash
 | * Health Insurance Status
 |
| * Domestic Violence
 | * Residence Prior to Project Entry
 |

I Understand That:

* The partner agencies have signed agreements to treat my information in a professional and confidential manner. I have the right to view the client confidentiality policies used by the HMIS partner agencies.
* Staff members of the partner agencies who will see my information have signed agreements to maintain confidentiality regarding my information.
* The release of my information does not guarantee that I will receive assistance; my refusal to authorize the use of my information does not disqualify me from receiving assistance.
* My records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
* This authorization will remain in effect until I revoke it in writing, and I may revoke authorization at any time, if I revoke my authorization, all information about me already in the database will remain.
* This release if valid for \_\_\_\_\_\_\_\_\_\_ years from the date of my signature below.
* I understand I may withdraw my consent at any time.

Partner Agencies: A list of the partner agencies within the Nebraska Homeless Management Information System may be viewed prior to signing this form.

List all Dependent Children under 18 in the household, if any (first, last and DOB)

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

* Auditors or funders who have legal rights to review the work of this agency, including the U.S. Department of Housing and Urban Development and Nebraska Department of Health and Human Services Homeless Assistance Program may see my information in HMIS related to the services I received and funded by their Department/s.

Please initial one of the following levels of consent:

\_\_\_ I give authorization for me and my dependents listed above, Protected Personal and relevant Information to be entered into the NMIS and shared between Partner Agencies.

 Or

\_\_\_I do not consent to the inclusion of personal information in the NMIS about me and any dependents listed above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Consumer’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Agency Staff Name (print) Agency Staff Signature Date

#