



Client Consent of Data Collection Form

TCHC CoC HMIS System "ETO" | tchc.etosoftware.com

1 I, _____ (*Client's name*), understand and acknowledge that _____ (*Agency name*) is affiliated with the TCHC CoC HMIS System "ETO", and I consent to and authorize the collection of information and preparation of records pertaining to the services provided to me by the Agency. The information gathered and prepared by the Agency will be included in a Homeless Management Information System ("HMIS") database and shall be used by the Agency, TCHC and the U.S. Department of Housing and Urban Development (HUD) to:

- Help us prioritize, plan, and provide meaningful services to you and your family;
- Assist our agency to improve its work with families and individuals that are homeless;
- Allow local agencies to work better together to prevent and end homelessness;
- Provide statistics for local, state, and national policy makers to set effective goals.

I understand that the following HUD-mandated **Universal Data Elements** will be collected for the purposes of unduplicated estimates of the number of homeless people accessing services from homeless providers, basic demographic characteristics of people who are homeless, and their patterns of service use.

- | | |
|---------------------------|---|
| 1. Name | 8. Residence Prior to Program Entry |
| 2. Social Security Number | 9. Zip Code of Last Permanent Address |
| 3. Date of Birth | 10. Program Entry Date |
| 4. Ethnicity and Race | 11. Program Exit Date |
| 5. Gender | 12. <i>Unique Person Identification Number*</i> |
| 6. Veteran Status | 13. <i>Program Identification Number*</i> |
| 7. Disabling Condition | 14. <i>Household Identification Number*</i> |

** ETO System Generated Numbers*

I also understand that the following **Program-Specific Data Elements** will be collected for programs that are required to report to HUD, the City of Fort Worth, City of Arlington and Tarrant County, the State of Texas and the United Way. Programs and agencies without this reporting requirement may also collect these elements to facilitate a better understanding of the homeless population in Tarrant and Parker counties.

- | | |
|-----------------------------|---------------------------|
| 1. Income and Sources | 10. Destination |
| 2. Non-Cash Benefits | 11. Reasons for Leaving |
| 3. Physical Disability | 12. Employment |
| 4. Developmental Disability | 13. Education |
| 5. HIV/AIDS | 14. General Health Status |
| 6. Mental Health | 15. Pregnancy Status |
| 7. Substance Abuse | 16. Veteran's Information |
| 8. Domestic Violence | 17. Children's Education |
| 9. Services Received | |

I understand that I have the right to inspect, copy, and request all records maintained by the Agency relating to the provision of services to me and to receive a paper copy of this form.

I understand that my records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed to any other entity except the Agency, TCHC and HUD without my written consent unless otherwise provided for in the regulations.

Additionally, I understand that participation in data collection is optional, and I am able to access shelter and housing services if I choose not to participate in data collection.

② Signature: _____ Date: _____

Relationship if minor _____

③ Person administering this Consent Form: (**print** clearly)

Name: _____

Agency Name: _____



Client Release of Information Consent Form

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1 Client Name: _____ HMIS ID#: _____

This Agency, permitted by you, the client, has the ability to share your information contained in the TCHC CoC HMIS with other participating agencies. This sharing of information may enable agencies to better serve you. If you, the client, authorizes this sharing of information please complete the following.

2 I, _____ (*Client's name*) hereby authorize _____ (*Agency name*) to release the following personal information contained in the TCHC CoC HMIS System "ETO" to the agencies listed on the attachment (ROI – Attachment A).

I release the above named Agency of any legal liability that may arise from the release of this information. I understand that the Agency can not release information obtained from other sources. I understand that the agency (ies) receiving this information can not re-release this information to any other agency (ies) without my expressed written consent. I also understand that this authorization for release of information will expire on **3** ____/____/____ (*Recommended two year from enrollment date: MM/DD/YYYY.*) unless otherwise indicated.

I also understand that this release can be revoked, by me at any time and that the revocation must be signed and dated by me, and that revoking of the release will not affect information released prior to the revoking of the release.

4 Signature _____ Date _____

Relationship if minor _____

Witness Name (Print) _____

Witness Signature _____ Date _____



Client Consent to Collect Critical Documents

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1 I, _____ (*Client's name*), understand and acknowledge that _____ (*Agency name*) is affiliated with the Continuum of Care TX 601 (CoC) HMIS System "ETO", and I consent to and authorize the request to collect copies of critical documents and vital records by the Agency. The documents gathered will be included in the Homeless Management Information System ("HMIS") database and shall be used by CoC Agencies to:

- Provide an electronic storage location for copies of critical documents and vital records and allow the client to access copies of critical documents that may be lost, stolen, or needed for proof of identity or reapplication for critical documents and vital records, and
- Assist in the application and/or to determine eligibility for programs and services.

Records that I consent to be copied, scanned and attached to my HMIS Client Record include:
(*Check all that apply*):

- State Identification/Drivers License
- Birth Certificate
- Social Security Card
- Birth Certificate
- Medicaid/Medicare or other Health Insurance Card
- Voter Registration Card
- Veteran Status/Military ID/DD214
- Discharge Documents (ex: Prison, Hospital, Foster Care, etc.)
- Proof of Income
- Award Letters (SSI/SSDI, VA Disability, etc.)
- Hard Copy of HUD Assessments
- Other _____

Minor Children within the Household Included in this Consent:
(If applicable)

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

I understand that I have the right to inspect, copy, and request all records maintained by the Agency within the HMIS system relating to the provision of services to me and to receive a paper copy of this form.

I understand that my records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed to any other entity without my written consent unless otherwise provided for in the regulations.

Additionally, I understand that participation in this critical documents and vital records collection is optional.

2 Signature: _____ Date: _____

Relationship if minor _____

3 Person administering this Consent Form: (print clearly)

Name: _____

Agency Name: _____