

DU PAGE COUNTY CONTINUUM OF CARE
AUTHORIZATION TO EXCHANGE INFORMATION

For: _____
Applicant - Print First, Middle, & Last Name _____
Date of Birth

REQUIRED CONSENT- SHARING WITHIN THE HOMELESS PREVENTION PROVIDER NETWORK

- o The following authorization is required for all adults applying for homeless prevention and re-housing services.
- o I authorize participating agencies in the Homeless Prevention Provider Network to receive, release or otherwise exchange information disclosed or received about me during my application for homeless prevention and re-housing services. These agencies include: Catholic Charities, Diocese of Joliet, DuPage County Community Services, HOME DuPage, Inc., Love Christian Clearinghouse, DuPage PADS, Loaves & Fishes Community Services, Outreach Community Ministries, People’s Resource Center, Prairie State Legal Services, Warrenville Youth & Family Services, Wheaton Youth Outreach, DuPage County Veteran’s Assistance Commission, Midwest Shelter for Homeless Veterans and 360 Youth Services. This authorization may extend to and include agencies that may join the Homeless Prevention Provider Network as well as agencies who provide direct referrals to our coordinated entry for Rapid Rehousing including: Metropolitan Family Services-Family Shelter Services.
- o If the agency accepting my application is an authorized user of HMIS: I acknowledge receipt of this agency’s Privacy Notice notification. I understand relevant information about me and the services I apply for may be shared through the Northeast Illinois HMIS system as described in this Privacy Notice. As an applicant for homelessness prevention and re-housing services, I authorize Rapid Rehousing and Homelessness Prevention Service Providers of the Northeast Illinois HMIS system to view the additional data of: needs, referrals, services, the name of program enrolled in; program enrollment dates; reason for leaving the program; and housing destination after leaving the program.
- o Furthermore, I authorize participating agencies to exchange information disclosed by previous, current or future employer[s], landlord[s], mortgage companies, utility companies, other social service agencies and/or any other relevant source.
- o I understand the purpose of any disclosure to include sharing of the aforementioned information is to verify information, determine eligibility, avoid duplication of and facilitate services for my household.
- o To the extent allowed by law, disclosure to include the exchange of the following specific information may be made: information included in application for assistance, personal identifying information about household members, wages and other income received or projected to be received; eligibility and receipt of services; information relating to housing stability or risk; educational and employment information; household goals, concerns and progress towards goals; current program and employment status; services approved and file documentation.
- o The information to be exchanged will be relevant to my request for assistance and/or to my household’s Personal Recovery or Housing Stability Plan. I understand I have the right to inspect the information disclosed.
- o This authorization is valid until: three (3) years from the date of last service. Refusal to authorize the disclosure to include the exchange of the aforementioned information may result in an inability to receive homeless prevention and re-housing services for this application.

SIGNATURE OF CLIENT OR GUARDIAN **DATE** _____
SIGNATURE OF AGENCY WITNESS **DATE**