



Sonoma County HMIS Release of Information

I acknowledge that the Sonoma County Continuum of Care Homeless Management Information System is used by provider agencies that work together to provide services for those experiencing homelessness. I acknowledge that Client information assists the agencies to plan for and provide services for me, as the client and my family (if applicable). This information will be shared among agencies to provide coordination and delivery of those services. I understand that all information entered into HMIS is protected by passwords and encryption technology and that steps are taken to safeguard the information that is entered into HMIS.

Every project that receives federal homeless project funds from the U.S. Department of Housing and Urban Development is required to enter data on persons served with those funds into HMIS. Some projects funded through the U.S. Veterans Administration and the U.S. Department of Health and Human Services may also be required to enter data into HMIS.

I acknowledge that HMIS agencies that offer services may enter, see, and update information about me and/or my household members (if applicable) including name, gender, race, ethnicity, date of birth, veteran status, proof of homelessness, income, insurance, disabilities, and service transactions. Any agency that views my information must keep it confidential and use it for program purposes only. My decision to grant or not grant permission to share my information will not affect services provided for me. You have the right to revoke (take back) this authorization verbally, or by sending a signed notice to the Sonoma County HMIS Administrator: 1440 Guerneville Road, Santa Rosa, CA, 95403 or via e-mail at Daniel.Overbury-Howland@sonoma-county.org; or call (707) 565-7500.

Initial here if you **DO** wish to share all of your information with the agencies listed below. This includes any information currently in HMIS.

Initial here if you **DO NOT** wish to share your information.

Client's Signature

Print Name (Client)

Other Party (Guardian)

Print Name

Date

HOUSEHOLD MEMBERS (if applicable):

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Agencies Currently Participating in Sonoma County HMIS

- Buckelew Programs
- Catholic Charities of the Diocese of Santa Rosa
- COTS
- Community Action Partnership
- West County Community Services
- Community Support Network
- County of Sonoma Human Services
- DEMA
- Face to Face
- Interfaith Shelter Network
- Legal Aid Sonoma County
- Burbank Housing Corporation
- SHARE Sonoma County
- Sonoma Applied Villages Services (SAVS)
- St. Vincent De Paul
- Department of Veterans Affairs
- Reach for Home
- Santa Rosa Health Centers
- Sonoma County Housing Authority
- Sonoma County District Attorney
- Social Advocates for Youth
- Sonoma County Behavioral Health
- Dry Creek Rancheria Band of Pomo Indians
- The Living Room
- Unsheltered Friends
- TLC Child and Youth Services
- Nation's Finest
- Coordinated Entry
- West County Health Centers
- Any disaster response agency