

**NCCEH Back@Home North Carolina**  
**CLIENT RELEASE OF INFORMATION & SHARING PLAN**

**SECTION 1 - Identifying Information**

Last Name:	First Name:	Middle Initial:
Provider Completing Assessment:	Date of Birth:	Date of Assessment:

**Introduction:** Many North Carolina shelters and helping programs use a Smartsheet based By-Name-List and a Homeless Management Information System (HMIS) to keep information about people they help. This form defines which client data is entered into HMIS and how those data are shared between HMIS and the Back@Home NC group. The Back@Home NC group is a group that was created in response to recent disaster and works to identify households who need assistance in finding a housing solution and develop strategies for housing them.

The included agencies will collect personal information directly from you to provide the best service possible. They only collect personal information that is considered appropriate for getting you housed. The collection and use of all personal information is guided by strict standards of confidentiality.

**Why do we collect information about you?**

- To determine eligibility for benefits and services;
- To connect you with other helping agencies;
- To reduce the number of times you have to tell your story; and
- To prevent your information from being confused with someone else's.

**The information shared within the Back@Home NC group will be used for the following purposes (see Section 2 for a full explanation of how information will be shared):**

- To assess persons for eligibility.
- To identify people impacted by the disaster and get them housed as quickly as possible.
- To help case managers and staff at participating agencies to work together to meet your needs including, but not limited to, housing, case management, and financial assistance.

**Basic identifying information** (name, year of birth, **partial** Social Security Number, gender and your veteran status) can be seen by all North Carolina agencies that use HMIS. This information allows us to select the correct record and to better coordinate services for you. All persons using HMIS are trained and certified in privacy.

**SECTION 2 – Coordination of Care and Back@Home NC Sharing Plan**

**Who will be sharing information about the individual?**

The following person(s) or entities may use or disclose the information: All agencies involved in the Back@Home NC disaster rehousing program. The list of providers can be found at [www.backathome.org/partners](http://www.backathome.org/partners).

**What information is shared about you?**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Name</li> <li>• Date of Birth</li> <li>• Gender</li> <li>• Race</li> <li>• Ethnicity</li> <li>• Social Security Number</li> <li>• Contact information</li> <li>• Services provided</li> <li>• Reasons for homelessness</li> <li>• Income information</li> <li>• Disability Information</li> <li>• Legal history</li> </ul> | <ul style="list-style-type: none"> <li>• Veteran Status</li> <li>• Homeless Status</li> <li>• Needs and Services</li> <li>• Entry/Exit assessment information</li> <li>• Contact information</li> <li>• Family composition</li> <li>• Homeless history</li> <li>• Benefits received</li> <li>• FEMA registration information</li> <li>• Employment history</li> <li>• Back@Home assessment information</li> </ul> |
|---|---|

**Your Rights**

**Instructions:** Put your initials next to the statements that you understand and agree to:

\_\_\_\_\_ I have received a copy of the NC HMIS Privacy Notice that explains NC HMIS and my rights and responsibilities associated with how information is kept and shared through this system.

\_\_\_\_\_ If I have a specific privacy concern I can ask to close this information so that only Back@Home NC can see this information.

\_\_\_\_\_ I understand that Agencies included in this sharing plan must follow strict privacy guidelines.

Back@Home North Carolina

- \_\_\_\_\_ I understand that my written consent allows the information listed above to be shared among the agencies discussed in this sharing agreement. All sharing agencies where I am receiving services may update that information as I provide additional or new information. The purpose of sharing my information is to better coordinate care for me and my family.
- \_\_\_\_\_ I understand that the confidentiality of my records is protected by law. I understand that this agency will never give information about me to anyone outside the agency without my specific written consent through a Sharing Plan or as required by law (The regulations are the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPPA), 45 CFR, Parts 160 & 164) and certain North Carolina laws.
- \_\_\_\_\_ I can withdraw my consent to share at any time by writing to the agency listed at the top of this document. However, any information already shared with another agency cannot be taken back. I also understand that the request to discontinue sharing will have to be coordinated between sharing partners. I should tell all agencies that I work with that are included on the Plan when I withdraw my consent.
- \_\_\_\_\_ I understand that I have the right to see my information, request to change it, and to have a copy of that information from the servicing agency by written request. An agency can refuse to change information in my record, but must provide me with a written explanation of the refusal within 60 days of the request. Agencies are allowed to charge for reproducing a record.
- \_\_\_\_\_ I understand that my refusal to share information in this system will not be used to deny me services such as emergency assistance, outreach, shelter, or housing assistance.
- \_\_\_\_\_ I understand that any information I provide related to race, color, religion, sex, national origin, disability, familial status, and actual or perceived sexual orientation, gender identity, or marital status will not be used in any way that would discriminate against me or prevent me from receiving services or housing assistance. I understand that I can file a complaint if I feel that I have been discriminated against.
- \_\_\_\_\_ I understand that some of my information may be disclosed for academic research purposes without identifying information included. My name and other identifying information may be used to match records but will not be released to be used directly in the research unless I sign a separate consent when identifying information is a requirement for the Study (example: so a researcher can contact me).

**Instructions:** Check the box next to the statement that you understand and agree to:

- I agree to have all of my information listed above to be visible to all helping agencies listed above.
- Yes, I agree to share according to this sharing plan.
- No, I do not agree to this sharing plan (Only our agency will be able to see all your detailed information.)

**SECTION 3 – Outreach Sharing Plan**

**Sharing Plan for the purpose of improving outreach to individuals who may qualify for benefits Veterans Administration:**

If you have served in the military and been on active duty, the VA Medical Center would like to contact you about potential housing. With your permission, they will use the information you give this agency (recorded in the HMIS) to contact you. Information that will be shared includes: Name, date of birth, homeless status, veteran status, housing history, contact information, chronically homeless status.

**I agree to share my NC HMIS data for Housing Prioritization with the VA Medical Center: (Circle Response):** \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_ N/A

**Transitions to Community Living Initiative**

If you have lived in an adult care home the North Carolina Transitions to Community Living Initiative would like to contact you about potential housing. With your permission, they will use the information you give this agency (recorded in the HMIS) to contact you. Information that will be shared includes: Name, date of birth, homeless status, housing history, contact information, health status, disability status.

**I agree to share my NC HMIS data for Housing Prioritization with TCLI: (Circle Response):** \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_ N/A

**This Release is active for 1 year effective on the date of signature.**

Client signature: \_\_\_\_\_, Date: \_\_\_\_\_,

Signature of guardian or authorized-representative (when required): \_\_\_\_\_

Relationship to client: \_\_\_\_\_ Date signed by guardian/authorized representative: \_\_\_\_\_

# DRH Entry Assessment - Head of Household

Date of 211 Assessment: \_\_\_\_\_

DRH Project Start Date: \_\_\_\_\_

HMIS #: \_\_\_\_\_

County (where are you staying now): \_\_\_\_\_

## A. Identification Data

1. First Name	Last Name	Middle Initial
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2. Name(s) of other household members:

\_\_\_\_\_

\_\_\_\_\_

3. Primary Phone Number: \_\_\_\_\_

Client does not know       Client refused

4. Email Address: \_\_\_\_\_

Client does not know       Client refused

5. Emergency Contact Name: \_\_\_\_\_

Client does not know       Client refused

6. Emergency Contact Phone: \_\_\_\_\_

Client does not know       Client refused

7. Emergency Contact Email Address: \_\_\_\_\_

Client does not know       Client refused

8. Gender:  Male     Female     Trans Female     Trans Male

Gender Non-Conforming     Client does not know     Client refused

9. Social Security Number: \_\_\_\_\_

10. Date of Birth: \_\_\_/\_\_\_/\_\_\_      Age: \_\_\_\_\_

11. Ethnicity:

Hispanic/Latino       Non-Hispanic/Non-Latino

Client does not know       Client refused

12. Race:

- American Indian/Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black/African American
- White
- Client does not know
- Client refused

13. Have you served in the US Military?  Yes  No (go to B1)

14. If yes, how many months of active duty? \_\_\_\_\_

15. What was your discharge status?

- Honorable
- Under other than honorable conditions
- Uncharacterized
- Other than Honorable
- Client does not know
- General under honorable conditions
- Bad Conduct
- Client refused
- Dishonorable

**B. Disaster Recovery**

1. Have you registered with FEMA?  Yes  No (go to B5)

2. What is your FEMA ID number? \_\_\_\_\_

3. What is your FEMA application status:  Denied  Approved  Pending

4. Is the client eligible for FEMA individual assistance?

- Yes
- No
- Not yet resolved
- Client does not know
- Client refused

5. If approved, please select the type of FEMA individual assistance received:

- Rental assistance
- Other FEMA IA
- Long-term hotel/motel assistance(TSA)
- Personal property assistance
- Other housing assistance
- Client does not know

6. Which natural disaster/storm caused you to evacuate and seek other shelter? *If the client selects 'Yes' for any storm, you must also complete the shaded section below.*

Natural Disaster/Storm Name	Evacuated and sought other shelter?	On what date did you leave your prior living situation (before the disaster/storm)
Hurricane Florence	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	____/____/____
Hurricane Michael	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	____/____/____

Hurricane Matthew	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	____/____/____
Other, specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	____/____/____

7. What was your address before the disaster? \_\_\_\_\_  
 \_\_\_\_\_
8. Is your pre-disaster housing available to return to? Yes No
9. Were you impacted by both hurricane Florence and by hurricane Matthew two years ago? Yes No

### C. Family Unit

1. How many people will be in your home? \_\_\_\_\_Adults \_\_\_\_\_Children
2. Relationship to Head of Household (HoH):
- Self (Head of Household)                       Head of Household's Child
- Head of Household's Spouse or Partner       Head of Household's other relation
- Other (non-relation)
3. Have you been a victim of domestic violence, dating violence, sexual assault, or stalking?
- Yes               No (go to C8)               Client does not know (go to C8)               Client refused (go to C8)
4. When did the experience occur?
- In the past 3 months                       More than 1 year
- 3-6 months ago                       Client does not know
- 6-12 months ago                       Client refused
5. Are you currently fleeing or trying to flee domestic violence?
- Yes               No                       Client does not know                       Client refused

### D. History of Housing

1. Did you stay in a disaster shelter between 9/11/18 and 11/09/18? Yes No
2. Which disaster shelter did you stay in? \_\_\_\_\_
3. What NC County were you living in at the time of Hurricane Florence's impact (9/11/18 to 9/16/18)?  
 \_\_\_\_\_

4. Where did you stay the night immediately prior to the natural disaster/storm? (Literally Homeless, Institutional, Transitional/Permanent Housing)? (Choose one, below)

Literally Homeless Situation		Transitional and Permanent Housing Situation		Missing
<input type="checkbox"/>	Place not meant for habitation (e.g., vehicle, abandoned building, bus station/airport or anywhere outside)	<input type="checkbox"/>	Hotel or motel paid for <i>without</i> emergency shelter voucher	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/>	Emergency shelter, including hotel or motel paid for <i>with</i> emergency shelter voucher	<input type="checkbox"/>	Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Client refused
<input type="checkbox"/>	Interim Housing (PSH Use Only)	<input type="checkbox"/>	Owned by client, with ongoing housing subsidy	<input type="checkbox"/> Data not collected
<input type="checkbox"/>	Place not meant for habitation (e.g., vehicle, abandoned building, bus station/airport or anywhere outside)	<input type="checkbox"/>	Permanent housing for formerly homeless persons (such as CoC PH; HUD legacy; or HOPWA PH)	
<b>Institutional Situation</b>		<input type="checkbox"/>	Rental by client, no ongoing subsidy	
<input type="checkbox"/>	Foster care home or foster care group home	<input type="checkbox"/>	Rental by client, with VASH subsidy	
<input type="checkbox"/>	Hospital or other residential non- psychiatric medical facility	<input type="checkbox"/>	Rental by client, with GPD TIP subsidy	
<input type="checkbox"/>	Jail, prison, or juvenile detention facility	<input type="checkbox"/>	Rental by client, with other ongoing housing subsidy	
<input type="checkbox"/>	Long-term care facility or nursing home	<input type="checkbox"/>	Residential project or halfway house with no homeless criteria	
		<input type="checkbox"/>	Staying or living in a family member's room, apartment, or house	
		<input type="checkbox"/>	Staying or living in a friend's room, apartment, or house	
		<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth)	

5. How long did you stay there?

- |  |  |
|--|--|
| <input type="checkbox"/> A day or less                             | <input type="checkbox"/> More than 3 months but less than a year |
| <input type="checkbox"/> Two days to a week                        | <input type="checkbox"/> A year or more                          |
| <input type="checkbox"/> More than one week, but less than a month | <input type="checkbox"/> Client does not know                    |
| <input type="checkbox"/> One to three months                       | <input type="checkbox"/> Client Refused                          |

6. Where did you sleep last night? (Literally Homeless, Institutional, Transitional/Permanent Housing)?  
(Choose one, below)

Literally Homeless Situation		Transitional and Permanent Housing Situation		Missing
<input type="checkbox"/>	Place not meant for habitation (e.g., vehicle, abandoned building, bus station/airport or anywhere outside)	<input type="checkbox"/>	Hotel or motel paid for <i>without</i> emergency shelter voucher	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/>	Emergency shelter, including hotel or motel paid for <i>with</i> emergency shelter voucher	<input type="checkbox"/>	Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Client refused
<input type="checkbox"/>	Interim Housing (PSH Use Only)	<input type="checkbox"/>	Owned by client, with ongoing housing subsidy	<input type="checkbox"/> Data not collected
<input type="checkbox"/>	Place not meant for habitation (e.g., vehicle, abandoned building, bus station/airport or anywhere outside)	<input type="checkbox"/>	Permanent housing for formerly homeless persons (such as CoC PH; HUD legacy; or HOPWA PH)	
<b>Institutional Situation</b>		<input type="checkbox"/>	Rental by client, no ongoing subsidy	
<input type="checkbox"/>	Foster care home or foster care group home	<input type="checkbox"/>	Rental by client, with VASH subsidy	
<input type="checkbox"/>	Hospital or other residential non- psychiatric medical facility	<input type="checkbox"/>	Rental by client, with GPD TIP subsidy	
<input type="checkbox"/>	Jail, prison, or juvenile detention facility	<input type="checkbox"/>	Rental by client, with other ongoing housing subsidy	
<input type="checkbox"/>	Long-term care facility or nursing home	<input type="checkbox"/>	Residential project or halfway house with no homeless criteria	
		<input type="checkbox"/>	Staying or living in a family member's room, apartment, or house	
		<input type="checkbox"/>	Staying or living in a friend's room, apartment, or house	
		<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth)	

7. How many times have you been “literally homeless” in the past three years?

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> One time    | <input type="checkbox"/> Four or more         |
| <input type="checkbox"/> Two times   | <input type="checkbox"/> Client does not know |
| <input type="checkbox"/> Three times | <input type="checkbox"/> Client refused       |

8. How many months have you been “literally homeless” in the last three years?

- |  |   |
|--|---|
| <input type="checkbox"/> One month (this is the first month) | <input type="checkbox"/> Between 2-12 months (specify): _____ |
| <input type="checkbox"/> More than 12 months                 | <input type="checkbox"/> Client does not know                 |
|  | <input type="checkbox"/> Client refused                       |

## E. Health History

1. Are you currently covered by health insurance?

- |                              |  |  |  |
|------------------------------|--|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No (go to E4) | <input type="checkbox"/> Client does not know (go to E4) | <input type="checkbox"/> Client refused (go to E4) |
|------------------------------|--|--|--|

2. If you have health insurance, what type is it? \_\_\_\_\_
3. If Medicaid, what is your managed care organization? \_\_\_\_\_

4. Do you have a disabling condition?

- Yes       No       Client does not know (go to G1)       Client refused (go to G1)

Answer 'Yes' or 'No' for each disability type. *If the client selects 'Yes' for any disability type, you must also complete the shaded sections below. Disability Determination confirms the client's response and does not require documentation.*

Disability Type	Yes	No	Disability Determination	Expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?
Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused
Chronic Health Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused
Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused
Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused
Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused
Both Drug and Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused
Mental Health Problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused

## F. Economic History/Employment

1. Are you currently employed?     Yes     No

2. Source and amount of current income

- |   |   |
|---|---|
| <input type="checkbox"/> Earned Income \$ _____                   | <input type="checkbox"/> Unemployment Benefits \$ _____                       |
| <input type="checkbox"/> Supplemental Security Income \$ _____    | <input type="checkbox"/> Social Security Disability \$ _____                  |
| <input type="checkbox"/> VA Service-Connected Disability \$ _____ | <input type="checkbox"/> VA Non-Service Connected Disability Pension \$ _____ |
| <input type="checkbox"/> Private disability insurance \$ _____    | <input type="checkbox"/> Worker's Compensation \$ _____                       |
| <input type="checkbox"/> TANF \$ _____                            | <input type="checkbox"/> General Assistance \$ _____                          |



Social Security Retirement \$ \_\_\_\_\_

Pension or Retirement from former job \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Alimony or Spousal Support \$ \_\_\_\_\_

Other income \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

3. Have you received any mainstream benefits in the past 30 days?

Yes

No

Client does not know

Client refused to answer

8. What kind of benefits?

SNAP

WIC

TANF - child care

TANF – transportation

TANF-other

Section 8, public housing or other assistance for rent

Other:

Assessor: _____	Signature: _____
Participant: _____	Signature: _____