



Caring for Allegan County

# CONSENT TO SHARE HOUSING INFORMATION

## OnPoint Homeless Assistance Program

**Use this form to give or take away your consent to share information about your:**

- Name and other personal identifying information and documents
- Household members and relationships
- Summary of OnPoint Homeless Assistance Program services, progress, and compliance
- Financial Assistance Information
- Housing Status
- Utility Information
- Employment/Income Source Information

This information will be shared to provide comprehensive case coordination, to determine eligibility for services, at the individual's request, for data collection & reporting for grants in which you participate.

**Why this form is needed**

In order to release information about your services from OnPoint's Homeless Assistance program to other agencies and/or persons, written consent from the individual is needed.

**Instructions**

- To **give** consent, fill out Sections 1, 2, 3.
- To **take** away consent, fill out Section 4.
- Sign the completed form, then give it to the intake worker. They can make a copy for you.

**Section 1: About You**

First Name	Middle Initial	Last Name	Date of Birth	Date Signed

**Section 2: Who can see your information and how they share it**

**Section 2A: Sharing Information Between Individual and Organizations**

Let us know who can see and share your housing assistance information. Please initial by all agencies you grant OnPoint permission to share information with verbally and in written form. You should list the specific names of any agency and/or a landlord you are working with that is not listed below.



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Entity	Initials	Entity	Initials
1. Allegan Homeless Solutions		16. Salvation Army	
2. Allegan County Health Department		17. St. Vincent De Paul	
3. Catholic Charities- ARK Services for Youth		18. Sylvia's Place	
4. Community Action Allegan County		19. Veteran's Affairs	
5. Community Housing Advocates		20. Volunteers of America	
6. Christian Neighbors		21. Michigan Department of Health and Human Services (MDHHS)	
7. Fair Housing Center of Western Michigan		22. People Helping People	
8. Department of Housing and Urban Development (HUD)		23. Renewed Hope	
9. Love INC.		24.	
10. Legal Services of West Michigan		25.	
11. McKinney Vento Homeless Liaison AAESA		26.	
12. Michigan Works!		27.	
13. Michigan State Housing Development Authority (MSHDA)		28.	
14. Project Hope		29.	
15. Resilience		30.	

**Section 2b: Sending information Electronically**

Typically, the easiest way to share records back and forth between agencies and landlords is electronically through email. This type of sharing helps the people involved in your housing assistance. It helps them provide better, faster, and more complete assistance for you.

Choose only one option:

- I consent for my information to be shared electronically. This information will be shared with individuals and organizations listed under Section 2a.
- Do not share my information electronically with these organizations.



**Section 3: Your Consent and Signature**

Read the statements below, then sign and date the form.

By signing this form below, I understand:

- I am giving consent for OnPoint Homeless Assistance staff to contact any agencies, groups, organizations, or landlords on this release of information to obtain information that is pertinent to eligibility, financial assistance, or continued participation in an OnPoint Homeless Assistance Program.
- That I may refuse to sign this release of information without being denied services.
- OnPoint Homeless Assistance Program will disclose the minimum amount of information necessary to accomplish the indicated purpose.
- I can withdraw my consent to share with any or all agencies listed above. I understand that any records already shared because of past approval cannot be taken back. I should tell all individuals and organizations listed on this form if I remove my consent.
- For my mental health and/or substance abuse treatment records from OnPoint to be shared, I understand a separate release of information would need to be signed.
- This release of information is valid for 1 year from the date signed.

State your relationship to the person giving consent and then sign and date below:

Self                       Guardian                      Print Name: \_\_\_\_\_

Individual: \_\_\_\_\_                      Date Signed \_\_\_\_\_

Witness: \_\_\_\_\_                      Date Signed \_\_\_\_\_

**TAKE AWAY YOUR CONSENT**

**Complete Section 4 if you no longer want to share your records with any or all entities listed above.**

**Section 4: Who Can No Longer See Your Information**

**I no longer want to share my records those listed in Section 2a and 2b. I understand that any information already shared because of past approval cannot be taken back.**

State your relationship to the person giving consent and then sign and date below:

Self                       Guardian                      Print Name: \_\_\_\_\_

Individual: \_\_\_\_\_                      Date Signed \_\_\_\_\_

Witness: \_\_\_\_\_                      Date Signed \_\_\_\_\_