

Montgomery County, Maryland Homeless Continuum of Care Authorization to Share Information

Montgomery County, Maryland, Homeless Continuum of Care (MCHCoC) is comprised of a network of government agencies and non-profit organizations that provide shelter and other services to individuals and families who are homeless. The agencies and organizations that comprise the MCHCoC are named on this Authorization. In order to provide you with the best services possible, it is important that all of the agencies working with you are able to share information in order to plan and coordinate the services that you need. Only authorized staff that perform case management and/or administrative functions may exchange information about you. This may be done in written form (on paper), verbally (through conversations or telephone calls), or electronically (through a shared database via data entry and attachments). We must have your written permission to share this information.* Certain other agency staff are authorized to view only your basic demographic information such as your name, date of birth, and other identifying information in the shared database.

Your signature on this authorization allows the named agencies to share your information in order to give you the best services possible.

I authorize the MCHCoC to share the following information about me with the agencies listed on this Authorization.

You must initial each item below to share this information.

1. _____ My personal identifying information, such as my name, date of birth, and social security number. This information is available **only to authorized staff that is trained on confidentiality** and can access the shared database in order to identify clients in their program as well as to case managers and administrators.

The following information can be shared only among authorized staff that performs case management and/or administrative functions:

2. _____ Photo copies attached to the application of *(initial each item to approve)*:

_____ Photo ID	Date Received: _____ / _____ / _____
_____ Birth Certificate	Date Received: _____ / _____ / _____
_____ Social Security Card and Documents	Date Received: _____ / _____ / _____
_____ DD-214 (for the VA)	Date Received: _____ / _____ / _____
_____ Immigration/Refugee Documentation	Date Received: _____ / _____ / _____
_____ Income Verification Documents	Date Received: _____ / _____ / _____
<input type="checkbox"/> Pay Stubs	Date Received: _____ / _____ / _____
<input type="checkbox"/> SSA Award Letter	Date Received: _____ / _____ / _____
<input type="checkbox"/> Other _____	Date Received: _____ / _____ / _____

Other documents: *(if more room is needed add another CA form)*

_____ Date Received: _____ / _____ / _____
List the name of the document above

_____ Date Received: _____ / _____ / _____
List the name of the document above

3. _____ My financial information, including my income and assets, public benefits, and health insurance.
4. _____ My housing and employment history, educational background, and, if applicable, incarceration history and probation status.

5. _____My behavioral health information, including my mental health treatment history and any self-reported substance abuse.
6. _____My physical health information, including my TB status, pregnancy status, medications, health problems, disabilities and recent hospitalizations.
7. _____Information on my past use of homeless services and contacts I have had with network members.

All network members have signed agreements to treat my information confidentially. If there is a need to share information about me with an organization not in the MCHCoC, I will be asked to sign a separate release of authorization form.

I understand that signing this form does not guarantee that I will receive assistance. Refusing to sign this form will not disqualify me from receiving basic services although some programs will have additional eligibility and information sharing requirements that I will need to meet. I understand that I may withdraw this consent at any time by submitting a written request to the program named below. The withdrawal will become effective on the date that it is signed and does not apply to information that has already been disclosed.

This authorization is valid until _____ (date not to exceed one year) or until I withdraw it in writing.

Client name (print)	Signature
Witness name (print)	Signature
Program/Agency (print)	Date

* Because the network receives funding from the federal government, we must collect the following information which will be stored in a database maintained by the Montgomery County Department of Health and Human Services, Systems and Technology Unit:

- Name
- Date of Birth (DOB)
- Social Security Number (SSN)
- Gender
- Ethnicity
- Race
- Veteran Status
- Disability Information
- Income Information
- Information regarding living situation including type of situation and location
- Other information as required by the type of program to which you are applying

Reports required by the U.S. Department of Housing and Urban Development **WILL NOT** share you and your family's Protected Personal Information (PPI) such as name, exact DOB and SSN.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)
 HOMELESS SERVICES PROGRAMS AND CONTRACTORS THAT COMPRISE THE
 MONTGOMERY COUNTY, MARYLAND HOMELESS CONTINUUM OF CARE
 The agencies and programs listed on this form are subject to change.**

<p>Day Services Bethesda Cares Interfaith Works (Community Vision) Montgomery Avenue Women’s Center Shepherd’s Table, Inc.</p> <p>Health Care Providers and Service Coordinators City of Gaithersburg Community Clinic, Inc. Family Services, Inc. Housing Opportunities Commission Interfaith Works Mansfield Kaseman Health Clinic Montgomery County Coalition for the Homeless Mobile Medical Care, Inc. Primary Care Coalition People Encouraging People Quest, Inc. The Coordinating Center, Inc. The Dwelling Place</p> <p>Homeless Outreach Bethesda Cares People Encouraging People City of Gaithersburg</p> <p>Emergency Shelters & Transitional Providers Catholic Charities Services, Inc. Chase Partnership Shelter Dorothy Day Place City of Gaithersburg Wells Robertson House House of Divine Guidance The Lighthouse Transitional Winter Haven Overflow Interfaith Works Carroll House Shelter Community Vision Overflow Shelter Wilkins Avenue Women’s Assessment Center Watkins Mill House Montgomery County Coalition for the Homeless Men’s Emergency Shelter (HBCAC) Safe Havens Mount Calvary Baptist Church Helping Hands Shelter National Center for Children and Families Family Stabilization Program/Arise House Greentree Shelter Rapid Re-Housing Programs Rockville Presbyterian Church Rainbow Place Stepping Stones Shelter, Inc. Stepping Stones Shelter</p>	<p>Government Department of Health and Human Services Access Behavioral Health Aging and Disability Services Core Services Agency Crisis Center Dennis Avenue Health Center Special Needs Housing Healthcare for the Homeless</p> <p>Housing Opportunity Commission Housing Locator</p> <p>Veterans Affairs Medical Center</p> <p>Permanent Housing Programs Bethesda Cares Veteran’s Rapid Re-Housing City of Gaithersburg De Sellum House Community Ministry of Rockville Jefferson House Rockland House DHHS Special Needs Housing Housing Initiative Program and Service Coordination Rapid Re-Housing Interfaith Works Becky’s House Interfaith Housing Coalition Interfaith Homes The Dwelling Place New Opportunity Homes Permanent Supportive Housing Housing Opportunities Commission of Montgomery County McKinney 03 McKinney 10 McKinney 12 Lasko Manor Montgomery County Coalition for the Homeless Aurora Cordell Place Flower Home First Programs Hope Housing Operation Homecoming Partnership for Permanent Housing Programs Seneca Heights Housing Programs Creative Housing Initiative Pilot Program Vulnerability Initiative Program</p>
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