



Coordinated Entry Release of Information and Intake Form

Homeless Coalition of Polk County, Inc.
(863) 687 - 8386
www.polkhomeless.org

RELEASE OF INFORMATION

This agency is a partner in Polk County’s Continuum of Care system. Continuum of Care agencies work together to provide services to persons and families in need. When you request or receive services, data may collect about you and your household that may be shared with other Continuum of Care agencies.

Your data is entered into a computer program (HMIS) that is protected by passwords and encryption technology. In addition, each agency must sign an agreement to maintain the security and confidentiality of the information. Any person or agency that violates the agreement may have their access right terminated and may be subject to further penalties.

By sharing your information with other agencies, you may avoid being screened again, receive services faster, and minimize how many times you have to tell your “story.” You also help agencies document the need for services and funding.

The following data will be shared:

- Personal identifying information such as: name, Social Security Number, and date of birth;
- Demographic information such as: race, ethnicity, and gender;
- Information about you that may help in locating housing resources such as veteran status or whether you or a member of your family has a disabling condition;
- Information about your history of housing and homelessness such as where you have been living and where we can reach you;
- Information about services you have received through other homeless providers.

By initialing below, I understand and acknowledge that based on the Continuum of Care policy I have a right to:

- Request a copy of The Privacy Notice, which describes the ways in which the primary identifying information, and other client data information may be used or disclosed;
- Not answer any questions unless entry into the Agency’s program requires it;
- Opt-out of having information shared with other participating agencies and still receive services;
- Inspect, copy, and request amendment of records maintained by the Agency related to the provision of services to me and to receive a paper copy of this form;
- Sign a written request to remove my consent at any time; and
- File a grievance with the Agency or the Homeless Coalition of Polk County by providing a written notice of the alleged violation, if I believe my privacy rights have been violated and that I will not be retaliated against for filing such a complaint.

_____ **Please initial that you understand your rights**

By signing this form, I agree to share the information in this described in this form with other Polk County Continuum of Care agencies.

Client Signature:

Date:

INTAKE CENTER INFORMATION

Agency:

Intake Representative:

Intake Date:

CLIENT DEMOGRAPHICS – COMPLETE INFO FOR HEAD OF HOUSEHOLD

Last Name:

First Name:

Middle Initial:

Social Security #

Date of Birth:

Head of household? Yes No

Sex

- Male
- Female
- Client doesn't know
- Client prefers not to answer

Race (you may select more than one)

- White Middle Eastern or North African
- Black, African American, or African
- American Indian, Alaska Native, or Indigenous
- Asian or Asian American
- Native Hawaiian/Pacific Islander
 - Hispanic/Latina/o
 - Client doesn't know.
 - Client prefers not to answer.

Disability Information

- No disability of long duration Physical
- Mental health Developmental
- Substance abuse HIV/AIDS
- Client doesn't know
- Client prefers not to answer Chronic Health

Veteran Status

- I am a Veteran
- I am Not a Veteran
- Household member is a Veteran
- Client doesn't know
- Client prefers not to answer

CURRENT LIVING SITUATION – HEAD OF HOUSEHOLD ONLY

Where did you stay last night?

- Place not meant for human habitation (street, vehicle, etc.)
- Emergency Shelter
- Hotel/motel (no ES voucher)
- Family member's room, apt, or house
- Friend's room, apt, or house
- Substance abuse/detox center
- Jail/prison/juvenile detention
- Rental by client, no subsidy
- Rental by client, VASH subsidy
- Rental by client, GPD TIP subsidy
- Rental by client, other housing subsidy
- Other (specify):
- Residential project/halfway house, no homeless criteria
- Transitional housing
- Hospital/non-psychiatric medical facility
- Psychiatric hospital/facility
- Permanent Housing program
- Long-term care facility or nursing home
- Owned by client, with housing subsidy
- Owned by client, with no housing subsidy
- Foster care home
- Client doesn't know
- Client prefers not to answer

How long did you stay there?

- One day or less
- Two days to one week
- More than one week, but less than one month
- One month to 90 days
- More than 90 days, but less than one year
- One year or longer
- Client doesn't know
- Client prefers not to answer

CHRONIC HOMELESSNESS – COMPLETE INFO FOR HEAD OF HOUSEHOLD

Are you covered by Health Insurance?

If so, by what type of Health Insurance are you covered by?

What date did your current period of staying on the streets and in shelters begin?

Regardless of where you were staying last night, how many separate times have you been staying on the street or in an emergency shelter in the last three years?

How many total months were you staying on the street or in an emergency shelter in the last three years?

ADDITIONAL INFORMATION

How many adults and children are in this household? # Adults # Children

Please provide First name, Last name, DOB, SSN, Race & Ethnicity, Gender for **all** Household members below (**all household members will need to be added to the household in ClientTrack, this information is needed**)

What is your contact information?

Phone:

Email:

In what city or town did you stay last night?

Was your housing affected by a hurricane? Yes No

If so, which hurricane(s)?

Do you or anyone in your household receive Income from any source? If yes, please provide household monthly income below. Yes No

Do you or anyone in your household receive any Non-Cash Benefits from any source? If yes, please provide Non-Cash Sources below and amount. Yes No

Domestic Violence

Are you currently experiencing Domestic Violence? Yes No

(If "Yes", answer the following questions in this section)

When did the last experience occur?

Are you currently Fleeing?

Yes No

Are you currently in the household with the abuser?

- Yes, I am currently in the household with the abuser
- No, but the abuser knows where I am located
- No, I am not in the household and the abuser does not know where I am located

Are you currently or have you been in contact with agencies for advocacy or domestic violence assistance?

Yes No