Street Outreach Form / Homeless Verification

Client Name:_____ Today's Date:_____

SS#: _____ DOB: _____ Gender: _____Veteran: _____

Race: _____ Ethnicity: _____ Head of Household: _____

Health Insurance: _____ Type of Health Insurance: _____

Phone Number or Contact Person: _____

DV situation: _____ Disabled: _____ Type: _____

Are you working with a case manager: _____

Non-cash Benefits: _____ Income Type & Amount: _____

Last Stable Zip Code: _____ Family Members: _____

Number of times homeless (shelter or streets) in 3 years: _____

Number of months homeless (shelter or streets) in 3 years: _____

How long has it been since you had stable housing: _____

Current Sleeping Location: _____

How long have you been at this location: _____

Approx. Date that you became homeless (this situation): _____

Where can you be found during the day: _____

Notes:_____

****

_____ _____

Street Outreach Worker Position or Title

_____ _____

Agency Phone Number

MHDC-114

ESG, MHTF, Disaster, ESG-CV GRANT PROGRAMS

Consent and Homeless Certification Form

I,_____understand and acknowledge that _____ (the "Agency"), in exchange for receiving funds from the Missouri Housing Development Commission ("MHDC"), is required to share certain information about me with MHDC in order to ensure the Agency's compliance with all rules and requirements associated with the distribution of funds from MHDC.

By my signature below, I hereby authorize the Agency to share all of my personal information provided with MHDC, and other state and federal agencies, such as the Department Social Services for the limited purposes of proving that I qualify to receive assistance administered by MHDC to ensure that the Agency is in compliance with the rules and requirements associated with the distribution of funds from MHDC. I further authorize MHDC and all participating funding agencies to contact me directly to discuss any matters related to my receipt of MHDC funds and agree to provide any additional information that MHDC may deem necessary in order to fully determine my eligibility for MHDC funds and/or to determine whether the Agency is in compliance with all rules and requirements of associated with the distribution of funds from MHDC

Housing Status Category as defined under 24 CFR 576.2 (check one):
For more information on the definition of homelessness, please review program desk guide.

☐Category 1: Literally Homeless
☐Category 2: Imminent Risk of Homelessness /At-Risk of Homelessness
☐Category 4: Fleeing/Attempting to Flee Domestic Violence

Housing Status Documentation:
Please describe where the program participant slept at night, before entering the program.

_____
_____
_____
_____
_____

Housing Status Verification (Check one):
Please select the verification method and describe how the stated situation above was verified. Please review HUD's record keeping requirements in the Program Desk Guide. Attach verification documentation, if obtainable. If documentation is unobtainable, please documents attempts made to obtain additional verification.

☐**Third-Party Verification**
☐**Staff Observation Verification**
☐**Self-Certification**

_____
_____
_____
_____
_____

Effective: November 1, 2021
Updated: June 1, 2022

Staff Signature

By signing below, I certify that:

- To the best of my knowledge, the information provided to me from the program participant is accurate; and
- The program participant meets all requirements to receive assistance under MHDC programs; and
- To the best of my knowledge, neither I nor anyone related to me has received or will receive any financial benefit for this eligibility determination; and
- I understand that fraud is investigated and may be punishable under federal laws to include, but not limited to, 18 U.S.C. 1001 and 18 U.S. C. 641; and
- I understand that if any of these certifications are found to be false, I will be subject to criminal, civil, and administrative penalties and sanctions, including repayment.

Signature: _____

Printed Name: _____ **Date:** _____

Program Participant Signature

By signing below, I certify that:

- I have insufficient financial resources and support networks, e.g., family, friends, faith-based, other social networks, immediately available to obtain housing or to attain housing stability without assistance; and
- I certify that the information above and any other information I have provided in applying for assistance is true, accurate and complete; and
- I hereby authorize the Agency to share all of my personal information provided with MHDC for the limited purposes of proving that I qualify to receive assistance administered by MHDC and ensuring that the Agency is in compliance with the rules and requirements associated with the distribution of funds from MHDC.
- **Domestic Violence (DV) only:** I hereby authorize the Agency to share **nonidentifying information** with MHDC and its auditors for the limited purposes of proving that I qualify to receive the assistance administered by MHDC and ensure that the Agency is in compliance with the rules and requirements associated with the distribution of funds from MHDC.

Signature: _____

Printed Name: _____ **Date:** _____

DV only Unique Identifier: _____

Initials: _____ **Date:** _____

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit http://veteranbenefits.mo.gov or call (573) 751-3779 to learn about available resources.

Effective: November 1, 2021
Updated: June 1, 2022

Institute for Community Alliances

Institute for Community Alliances
Homeless Missourians Information System Network
Client Informed Consent to Share and Release of Information

The **Homeless Missourians Information Systems Network** is a group of agencies working together to provide services to homeless and low-income individuals in the State of Missouri. This group includes shelter, housing, food, state, private and non-profit social service agencies, and faith based organizations. I give this partner agency permission to share the following information regarding my household. I understand that this information is for the purpose of assessing needs for housing, utility assistance, food, counseling and/or other services.

The information being shared may consist of the following:

- Identifying and/or historical information regarding my household.
- My household income, non-cash benefits, and health insurance information.

I understand that:

- Information I give concerning physical or mental health problems will not be shared with other partner agencies in any way that identifies me or other members of my household.
- The partner agencies have signed agreements to treat my household's information in a professional and confidential manner. I have the right to view the client confidentiality policies used by the HMIS.
- Staff members of the partner agencies who will see my household's information have signed agreements to maintain confidentiality regarding my household's information.
- The partner agencies may share non-identifying information about the people they serve with other parties working to end homelessness.
- I have the right to ask if I may refuse to answer certain questions.
- The sharing of information does not guarantee that services will be provided. Declining to share information does not prohibit the provision of services.
- This authorization will remain in effect for twelve months unless I revoke it in writing.
- If I revoke my authorization, all information about my household entered into the database from that date forward will not be shared with partner agencies.
- A list of the partner agencies within the network may be viewed prior to signing this form.

Homeless Coalition _____ Street Outreach _____

Agency Name Project Name

_____ _____ _____

Client Name (*please print*) Client Signature Date

_____ _____ _____

Agency Personnel Name (*please print*) Agency Personnel Signature Date

Head of Household Client ID Number:

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Excerpt of HMIS Privacy and Security Notice

A written copy of the full Privacy Policy is available to all who request it.
It is also available on this agency's web site.

The information you may agree to allow us to collect and share includes: basic identifying demographic data, such as name, address, phone number and birth date; the nature of your situation and the services and referrals you receive from this agency. This information is known as your **Protected Personal Information or PPI.**

II. CONFIDENTIALITY RIGHTS:

This agency has a confidential policy that has been approved by its Board of Directors. This policy follows all HUD confidentiality regulations that are applicable to this agency, including those covering programs that receive HUD funding for homeless services. Separate rules apply for HIPAA privacy and security regulations regarding medical records.

This agency will use and disclose personal information from HMIS only in the following circumstances:

1. To provide or coordinate services to an individual.
2. For functions related to payment or reimbursement for services.
3. To carry out administrative functions including, but not limited to legal, audit, personnel, planning, oversight or management functions.
4. Databases used for research, where all identifying information has been removed.
5. Contractual research where privacy conditions are met.
6. Where a disclosure is required by law and disclosure complies with and is limited to the requirements of the law. Instances where this might occur are during a medical emergency, to report a crime against staff of the agency or a crime on agency premises, or to avert a serious threat to health or safety, including a person's attempt to harm himself or herself.
7. To comply with government reporting obligations.
8. In connection with a court order, warrant, subpoena or other court proceeding where disclosure is required.

For information on your rights regarding your HMIS record, ask your intake person for a copy of the full privacy policy.