

**Philadelphia Coordinated Entry and Assessment-Based Housing Referral System
Housing Assessment Screening and Match Initiation Consent Form**

Participant Last Name: _____	Participant First Name: _____	DOB (mm/dd/yyyy): ____/____/____
HMIS Client ID Number (If applicable): _____	Last 4 digits of Social Security Number: _____	

General Information: We are here today to talk to you about your housing and service needs which will include questions about your mental and physical health and other topics. If you give us permission, we will ask you questions for about 10 minutes. During the interview, you will be asked questions so that we may help match you with the appropriate housing and/or services available. Participation in this screening does not guarantee that you will be eligible for or admitted into a housing program. Participation in this survey is completely voluntary. No one will be upset or angry if you decide not to be interviewed today. You will not be denied access to necessary services if you refuse to participate or stop the interview before it is complete.

Procedures to be followed: If you decide to be interviewed, you will be asked a series of questions about your housing needs and your mental and physical health. If you feel uncomfortable or upset during the interview, you may ask the interviewer to take a break, skip any of the questions, or stop the interview. We will ask for your social security number. We will answer any questions you may have. We will review all sections of this consent with you to make sure you understand what you are signing. If you do not understand something, please ask us to explain it to you. We will ask you to sign this form to show that you agree to be interviewed and you agree for your answers to be shared. You can refuse to answer any question.

What happens to the information: By participating in this screening, you give permission for your answers to be collected by and shared with the **City of Philadelphia Office of Homeless Services (OHS), Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), Department of Human Services (DHS), and Department of Public Health (DPH)** and **their provider organizations** (for example, those organizations listed on the next page) to help match you with the appropriate housing and/or related services available. Please know that the provider organizations listed may change from time to time.

The information from this screening will be stored in the Homeless Management Information System (HMIS), which is a secure database maintained by OHS used to identify and coordinate services you may be eligible for. The information will be kept confidential and will not be shared except as you agree to in this consent and for other reasons required or permitted by state and federal laws. For example, we are required to report information about child abuse or intent to harm self or others to appropriate authorities. Once it has been shared, the information may not be protected by federal privacy regulations.

Release By signing below you agree to release the City of Philadelphia from any and all liability regarding the release of the information shared through this screening and understand that neither the City of Philadelphia nor its agencies are responsible for the sharing of this information by a third party once it has been released.

Important Rights and Other Statements You Should Know

- This consent is completely voluntary, and you do not have to participate.
- You have a right to a copy of this consent form once you have signed it.
- This consent will automatically end five years after the date it is signed by you, unless you write an earlier end date here or if you withdraw your consent.

Consent Expiration Date: _____

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- If you change your mind about sharing information in the screening, you can end this consent at any time by contacting:
 City of Philadelphia Office of Homeless Services
 Attn: Carrie Perez, 215-686-7115
 1401 JFK Boulevard, 10th floor
 Philadelphia, PA 19102
- Ending this consent will not change anything for those City agencies or provider organizations who had already received information while this consent was in effect.
- The list of provider organizations below is current as of February 27, 2017, and may change from time to time. Before signing this consent or while it is effective, you may request a current list of provider organizations from the Office of Homeless Services.

Please Sign Below

Your signature or mark below indicates that you have read or have been read this form, have received answers to your questions, and understand what you are agreeing to. By agreeing to be interviewed and to share your answers, you are not giving up any of your legal rights.

X

Signature or Mark of Participant

Printed Name of Participant

Date

List of Provider Organizations that may receive your information from this screening:

AchieveAbility	Families Forward Philadelphia	Philadelphia FIGHT
Action Wellness	Friends Rehabilitation Program, Inc.	Philadelphia Housing Authority
ACTS Christian Transitional Services	Gaudenzia Foundation, Inc.	PHMC
APM	Germantown Life Enrichment Center	Potters House Mission
Bethesda Project	HELP Development Corporation	Prevention Point
Broad Street Ministries	Homeless Advocacy Project	Project HOME
Calcutta House	Horizon House, Inc.	Raise of Hope
Catholic Social Services	Impact Services Corporation	Resources for Human Development
Center for H.O.P.E.	Lutheran Settlement House	SELF, Inc.
CATCH, Inc.	Mazzoni Center	Sunday Breakfast Rescue Mission
COMHAR	Methodist Family Services	The Attic Youth Center
Congreso de Latinos Unidos	Mission First Housing Group	The Doe Fund
Covenant House	Mt. Airy Bethesda, Inc.	The Salvation Army
Darlene Morris Love and Care Residence	My Place Germantown	The Veterans Multi-Service Center
DePaul USA	Northern Children's Services	Urban Affairs Coalition
Dignity Housing	One Day at a Time (ODAAT)	Valley Youth House
Drueding Center	PathWays PA	Volunteers of America Delaware Valley
Eccovia Solutions	Pathways to Housing PA	Women Against Abuse
Episcopal Community Services	PCRC/TURN	Y-HEP
	People's Emergency Center	Youth Service, Inc.

I have reviewed all sections of this form with the Participant: _____
 Signature of Interviewer