

## Continuum of Care (CoC) Program Management Information System of the Southeast (PromisSE)

Client's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

\* The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security number is voluntary under this record-keeping system. This system was authorized pursuant to directives from Congress and the Department of Housing and Urban Development (HUD). The Social Security number is used to verify identity, assure timely delivery of services, prevent duplication of services, and generate accurate required reports to HUD.

The **HMIS (Homeless Management Information System)** is a shared, computerized record keeping system that captures information about people experiencing homelessness or near homelessness, including their service needs. Our Agency, **AL-503 Housing List (2242)**, is participating in PromisSE and The North Alabama Coalition for the Homeless (NACH) administers HMIS to collect information on the clients served by its member agencies and the services they provide.

I understand that all information gathered about me is personal and private and that I do not have to share information collected in PromisSE. It has been explained to me that all information collected will serve for reporting purposes and as a precaution to prevent duplication of services to ineligible individuals and families. I have had an opportunity to ask questions about PromisSE and to review the identifying information, which is authorized by this release for the PromisSE Member Agencies to share. I also understand that information about non-confidential services provided to me by human service agencies in the CoC may be shared with other participating in PromisSE agencies. This Release of Information will remain in effect for **5 (five)** years and will expire on \_\_\_\_\_ unless I make a formal request to this Agency that I no longer wish to participate in PromisSE.

- I authorize NACH to share my data/upload my photograph**
- I do not authorize NACH to share my data/upload my photograph**

The CoC, as PromisSE Member Agency, is authorized to share my information between all participating PromisSE agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I authorize NACH to share my basic, identifying, and non-confidential service transactions/information with other NACH Member Agencies.

**FOR ID'S ONLY:**

\_\_\_\_\_  
Client's (Head of Household) Printed Name

Gender: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

\_\_\_\_\_  
Client's (Head of Household) Signature

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Date (mm/dd/yy)