



*Empowering children & families  
affected by homelessness*

## Client Release of Information & Informed Consent

### What is the Homeless Management Information System?

The Homeless Management Information System (HMIS) is a computerized data collection system designed to collect client information about the characteristics and service needs of individuals and households experiencing homelessness. The purpose of the HMIS is to improve services that support people who are homeless to get housing, and to have better access to those services, while meeting requirements of funders such as the U.S. Department of Housing and Urban Development (HUD). Dallas City & County/Irving CoC HMIS Provider is Eccovia Solution's Client Track and client information is shared across all CoC participating providers.

### What is SharePoint?

SharePoint is a Microsoft cloud-based file management system that Family Gateway uses to securely store client documentation. The purpose of SharePoint is to safely store client documents as required by all funders for up to 10 years.

### Personal Data & Documentation Collection:

Family Gateway collects client data and documentation for the following purposes:

- To provide the most effective services in moving people from homelessness to permanent housing, we need an accurate count of all people experiencing homelessness in Dallas City & County/Irving CoC. In order to insure that clients are not counted twice, we need to collect four pieces of personally identifying information. Specifically, we collect: name, birth date, and race/ethnicity. You may also choose to provide your social security number. However, signing this form does not require you to do so. Your information will be stored in our database.
- We use strict security policies designed to protect your privacy. Our computer system is highly secure and uses up-to-date protection features such as data encryption, passwords, and two-factor authentication required for each system user. There is a small risk of a security breach, and someone might obtain and use your information inappropriately.
- Only a limited number of staff members, who have signed confidentiality agreements, will be able to see this information.

### What is the benefit for clients who participate in HMIS & SharePoint?

- Provide quality services to you
- Increase access to housing
- Improve access to services
- Decrease need to share personal information when accessing multiple services within the system
- Contribute to aggregate data used to improve the homeless service system

Types of identifying data collected include name, address, zip code, phone number, date of birth, social security number, your family status, the nature of your situation and the types of services you receive from an agency, project entry and/or exit date, and unique personal identification number (HMIS Unique Identifier).

Reasons data is collected, used and/or disclosed by the agency and/or CoC:

- To Provide services to you
- For functions related to funding for services
- For administrative purposes, planning and personnel decisions
- To research and better understand homelessness in the community

- To provide a government required count(s) of people receiving services by HMIS participating agencies
- Meet requirements of funders such as the U.S. Department of Housing and Urban Development (HUD)
- Develop and improve programs to work towards ending homelessness in our community

## **What is the purpose of this form?**

With this form, you can give permission to have information about you collected and shared with Partner Agencies that help Dallas City & County/Irving CoC provide housing and services and are made aware that your information will be collected in the HMIS database. A current list of Partner Agencies is attached.

## **How is the information used?**

- All information entered and documentation saved in HMIS and SharePoint is protected and secured to protect your privacy.
- Only agency staff members, database administrators, or auditors who have signed a confidentiality agreement will be allowed to see, enter, or use the information entered into HMIS and SharePoint.
- Based on your needs, your information may be shared to coordinate referrals for housing and services or to coordinate services such as food, utility assistance, counseling, etc.
- Information that does not identify you may be used for research in order to increase housing options and improve services.

Your rights:

- You have the right to see your information in HMIS and SharePoint, ask for changes, or ask for a printed copy upon request.
- Identifying Information stored in HMIS and SharePoint will not be given to anyone outside the system without written consent, except as required by law through a court order or in the event of a public health emergency.
- Only information deemed necessary/appropriate to meet goals above will be collected.

## **BY SIGNING THIS FORM, I UNDERSTAND THAT:**

- Family Gateway, Dallas City & County/Irving CoC, and Partner Agencies will keep my HMIS and SharePoint information and documentation private using strict privacy policies. I have the right to review their privacy policies.
- There is a small risk of a security breach, and someone might obtain my information and use it inappropriately.
- If I have questions about my privacy rights, my HMIS information, my SharePoint documentation or am concerned that my information has been misused, I can contact Family Gateway's Director of Program Evaluation & Compliance.
- I can receive a copy of this Consent
- I may refuse to sign this Consent. If I refuse, I will not lose benefits or services, but they will be limited as HMIS participation is required by most CoC funders including HUD.

I understand the above statements and consent to the inclusion of personally identifying information and documentation in HMIS and SharePoint about me and any dependents listed below, and authorize information collected to be shared with partner agencies. I understand that my personally identifying information will not be made public and will only be used with strict confidentiality. I also understand that I may withdraw my consent at any time in writing with this agency. I understand that I may obtain a copy of my signed consent form from this Agency (including forms signed electronically).

Dependent children under 18 in household, if any (Please print first and last names):

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Client Signature (Parent/Guardian)

Date

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Client Name (Print clearly)

Agency Staff Name (Print clearly)

Client refused consent \_\_\_\_\_ (Agency Staff Initials) \_\_\_\_\_



**CONSENT FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby authorize: **Family Gateway**, and any of its employees to obtain and/or discuss information regarding myself or my family with potential and/or past service providers including but limited to the list below:

- **Emergency Shelters:** such as (but not limited to): Dallas Life Foundation, Union Gospel Mission/Center of Hope, Salvation Army Dallas/Fort Worth, The Family Place, Genesis, etc.
- **Domestic Violence Shelters** such as (but not limited to): Brighter Tomorrows, New Beginning Center, The Family Place, Genesis Women’s Shelter, Hope’s Door, Friends of the Family, Safe Haven, Mosaic Family Services, River of Life
- City of Dallas
- Housing Crisis Center
- Dallas Housing Authority
- Dallas/Richardson/Cedar Hill/Duncanville/Arlington/Plano/ Rowlett Independent School District/others that my child may attend or be attending
- Dallas County Schools
- Head Start
- Vogel Alcove
- Dallas Metrocare
- Downtown Dallas Incorporated "Homeward Bound"
- Dallas Housing Authority
- Work in Texas
- YWCA
- Family physicians/dentists/hospitals/counselors
- Rainbow Days
- Planned Parenthood
- Link 2 Feed/City Square
- Dallas Challenge
- Parkland HOMES Team
- Dallas Child and Family Guidance
- Prior/future dwellings/apartments/landlords/property management companies
- Texas Department of Aging & Disability Services (DADS)
- Texas Department of Rehabilitative Services (DARS)
- Texas Department of Public Safety
- Texas Department of Family and Protective Services
- Texas Department of Health and Human Services
- Other Temporary Housing Facilities
- Other \_\_\_\_\_

The disclosure of information authorized herein is made for the purpose of coordinating housing stability for the aforementioned family, and such disclosure shall be limited to the following specific types of information: social, mental, emotional and casework assessment. I acknowledge & understand that any information shared will only be shared with organizations that are working with Family Gateway for my benefit. I also understand that the information will be used as a means to assist me in creating a plan of action to begin work on my goals and objectives.

Information may be shared for a period that does not expire, unless written request for expiration is given, regarding the welfare of the above-named client(s) and family. I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance of such information.

I give Family Gateway staff permission to share relevant information with partner organizations, which I and Family Gateway deem necessary to assist me in developing a community support system for my family to become self-sufficient.

Guest Signature \_\_\_\_\_ Date \_\_\_\_\_

Guest Signature \_\_\_\_\_ Date \_\_\_\_\_

FG Authorized Representative Signature: \_\_\_\_\_ Date \_\_\_\_\_



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## **CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK AUTHORIZATION/WAIVER/IDENTITY**

To best serve you and your family, we require criminal history examination, especially those incidents that may affect safety and security. Having a Criminal History **DOES NOT** disqualify you from our program, unless it violates our safety and security policy which does not allow enrollment of any family members who are convicted of a violent offense, crime against a minor, and/or are a registered sex offender.

I hereby give permission to Family Gateway to obtain information relating to my criminal history record through the Public State, County, and City Criminal Records. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to ensure that my enrollment does not violate the safety and security policy of the agency. I also understand that as long as I remain a program participant the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received.

I, undersigned, do, for myself, my heirs, executors and administrator, hereby remise, release and forever discharge and agree to identify the Volunteer Center of Dallas County, Family Gateway and each of their officers, directors, employees and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sum of money, claims and demands whatsoever and any and all related attorney's fees, court costs, and other expenses resulting from investigation of my background in connection with my application to become a volunteer, staff member or program participant.

_____ Applicant's Signature	_____ <div style="display: flex; justify-content: space-between;"> <span>Last Name</span> <span>First (Please Print)</span> <span>Middle</span> </div>
_____ Date	_____ Maiden & Other Names Used
	_____ Social Security Number
	_____ Date of Birth
	_____ <div style="display: flex; justify-content: space-between;"> <span>Driver's License#</span> <span>State</span> </div>
	_____ Length of Texas Residency
_____ Sex	_____ Race



## Background Verification Release Form

### AGENCY INFORMATION

Date	Agency Name Family Gateway		
Contact Name Rosie Garcia			
Agency's Main Phone Number 214-823-4500		Agency's Fax Number 214-884-3110	

### APPLICANT INFORMATION:

Applicant Full Name (Last, First, MI)		Maiden or Other Name(s) Used							
Current Address									
City		State	Zip Code	County					
Social Security Number	Date of Birth	Driver's License Number		State Issued					
Position Applied For									
<b>Gender</b>	Male	Female	<b>Race</b>	African American	American Indian	Anglo	Asian	Hispanic	Other

I hereby authorize VERIFIYI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFIYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature  
(if under 18 years of age)

## Organizations

Agape4Hope  
ASD  
Assistance Center of Collin County  
Austin Street Center  
Catholic Charities  
City House  
City of Dallas  
City of Garland  
City of Irving  
CitySquare  
Dallas County Health and Human Services  
Dallas Life  
Downtown Dallas, Inc.  
Endeavors  
Family Gateway, Inc.  
Health Services of North Texas  
Housing Crisis Center  
Legacy Counseling Center, Inc.  
Legal Aid of Northwest Texas  
Martin Luther King, Jr. Community Center  
Metro Dallas Homeless Alliance  
Metrocare Service  
Metro Relief  
My Second Chance, Inc.  
North Texas VA Health Care System  
Open Arms, Inc  
Operation Relief Center.  
Promise House  
Prism Health North Texas  
Salvation Army – Carr P Collins  
Shared Housing Center  
Texas Muslim Women’s Foundation  
The Bridge  
Transition Resource Action Center – TRAC  
Under1Roof  
Union Gospel Mission  
West Dallas Multipurpose Center