**Your Way Home Clarity HMIS**

**Release of Information**

# For:

(**Print First, Middle, Last Name)**

# Date of Birth:

If you permit it, this agency may share limited information about you with other Your Way Home Montgomery County (YWH) agencies from who you may also seek services.

# Please check () a box:

* This agency may share my personally-identifying information within YWH Data Systems
* Please treat information about my children age 17 or younger the same as mine: Names:

|  |  |
| --- | --- |
| **Please be aware that we may also share the following information:** | |
| * Services you receive * Your income * Referral status for housing services | * Military history * Living situation and housing history * Your housing plan |

* This agency may not share my personally-identifying information within YWH Data Systems

# When you sign this form, it shows that you understand the following:

* We will not deny you help if you do not want us to share your personally-identifying information.
* Persons with access to YWH Data Systems are trained in security protocols to protect your data and are only permitted to view your data when you are specifically working with their agency.
* If you request services from another YWH agency, your information will be shared for referral purposes only.
* YWH may use information derived from your data to create reports to share with funders, the community, and partners to better understand the scope of homelessness and the services being provided. Your personally-identifying information will never be used on these reports.

**Signature of client or guardian Date**

**Signature of agency representative Date**

**Agency Use Only:** YWH Code **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**