



Coordinated Access Client Consent Form – Release of Information

Our organization works in partnership with other relevant partner organizations known as the Coordinated Access System, to help you find and maintain a place to live. The Homeless Individual and Family Information System (HIFIS) is a secure database hosted by the Province of Nova Scotia that allows relevant information to be shared between the partner organizations. The By-Name Priority List (BNPL) is an up-to-date list of all individuals and families experiencing housing insecurity and homelessness in Cumberland County.

I, _____, understand that this organization is part of the Coordinated Access System in Cumberland County, a group of organizations working together to reduce housing insecurity and homelessness in Cumberland County. As such, I consent to my personal information being shared with other organizations in the Coordination Access System through the use of a secure database called HIFIS in order to best serve my needs.

- I recognize that only authorized staff who have access to this database will be able to view my personal information.
- I have the right to see a current list of organizations using this shared database if I so choose.
- I consent to being added to the Coordinated Access By-Name List, a list of individuals and families experiencing housing insecurity and homelessness and in need of housing and/or support services, and to having my personal information, housing situation, discussed by members in order to help connect me with housing or other supports.

I UNDERSTAND THAT:

- If I choose not to sign this form, I am still eligible to receive services.
- I can change my mind and withdraw consent to share my information at any time by submitting a written request to this agency.
- I have a right to see a copy of my client record, and ask for changes, upon request.
- I have been informed and understand that some non-identifiable information will be shared with the Government of Canada, purely for reporting or research purposes.
- I have a responsibility to maintain contact with this organization bi-weekly. If not, I will become inactive after 60 days and will not be considered for future housing and support services until contact has been made.

Note: If you do withdraw your consent, you understand that information already in the HIFIS will remain in the system, but no further information will be collected for the shared computer system.



I release the YMCA Association of Cumberland Homelessness Prevention and Outreach Program and its employees from all legal liability that may arise from the release of the information required.

I hereby authorize the YMCA Association of Cumberland – Homelessness Prevention and Outreach Program to release to, or obtain from, any information considered necessary for provision of services from the following agency(s):

| Agency | Y/N | Initials |
|----------------------------------|------------|-----------------|
| Department of Community Services | | |
| Landlords | | |
| Other (Specify) | | |
| Other (Specify) | | |

Client (please print name): _____

Client signature: _____ Date: _____

Agency: _____

Staff (please print name): _____

Staff signature: _____



File # _____

INITIAL CONTACT FORM

Personal Information

| | |
|-----------------------------------|---------------------------|
| Last Name: | First Name: |
| Middle Name/Initial: | Preferred Name or Alias: |
| Gender: | Date of Birth: |
| Country of Birth: | Citizenship Status: |
| Aboriginal Indicator: | Veteran Status: |
| Phone: | Email: |
| Alternate Contact: | Current Living Situation: |
| Time in Current Living Situation: | Landlord Contact: |
| Address: | |

Family

| | |
|-----------------|-----------------------|
| Marital Status: | Number of Dependents: |
|-----------------|-----------------------|

| Dependent Full Name: | Relationship: | Date of Birth: | Custody Arrangements: |
|----------------------|---------------|----------------|-----------------------|
| | | | |
| | | | |
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Source(s) of Income

| | |
|------------|---------|
| Applicant: | Spouse: |
|------------|---------|



Summary of Situation

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Other

| | |
|---------------------------------------------|-----------------------------------|
| Have you accessed this program in the past? | Have you accessed other supports? |
| Where did you hear about this program? | |

Do they have?

| | |
|------------------------|--------------------------|
| NS Housing Application | <input type="checkbox"/> |
| Rental Subsidy | <input type="checkbox"/> |
| Trusteeship | <input type="checkbox"/> |

| | |
|------------------------------------------------------------------------------------------------|-------------------------|
| <u>The information in my application for emergency assistance is true and complete.</u> | |
| Date: _____ | Client Signature: _____ |
| Date: _____ | Staff Signature: _____ |



SPDAT Eligibility Checklist

| | |
|--------------------------------------------------|--|
| Mental Health and Cognitive Functioning | |
| Physical Health and Wellness | |
| Medication Management | |
| Substance Use Challenges | |
| Experience of Abuse or Trauma | |
| Risk of Harm to Self or Others | |
| Involvement in High Risk/Exploitative Situations | |
| Interactions with Emergency Services | |
| Legal Involvement | |
| Managing Tenancy | |
| Personal Administration/Money Management | |
| Social Networks/Relationships | |
| Self-Care and Daily Living Skills | |

Acuity Score: 1 2 3

Client Name: _____ Date: _____

Staff Signature: _____