



**RELEASE OF INFORMATION AND DATA COLLECTION FORM**

Client Name: \_\_\_\_\_ HMIS: \_\_\_\_\_

The Community Shelter Board (CSB) Rental Assistance Program collects information which helps to determine eligibility for housing and calculation of client rent to assist with housing stability. The Program also requires information to be provided by other government agencies and service providers. In order for the Program to collect the information and provide services, your consent to release information is required.

- I. The Program understands that information about you, your health, employment/income, and housing history are personal, and we are committed to protecting the privacy of that information. Because of this commitment, we must obtain your written authorization before using or disclosing your protected health and personal information for the purposes described below. This form provides that authorization and helps us make sure that you are properly informed of how this information will be used or disclosed.
  
- II. Purpose: Alcohol Drug and Mental Health Board (ADAMH), CSB, Franklin County Children Services (FCCS), and the following providers: Equitas Health, Columbus Metropolitan Housing Authority, Community Housing Network, Gladden Community House, Homeless Families Foundation, Huckleberry House, Lutheran Social Services Faith Mission, Homefull, Maryhaven, National Church Residences, Netcare Access, The Salvation Army, Southeast Healthcare, Volunteers of America Ohio and Indiana, YMCA of Central Ohio, and YWCA Columbus may use this authorization and the information obtained with it, to collect and share with agencies named above, the information about my household members and me outlined in Part III below. The purpose of collecting and sharing information is to determine preliminary and continued eligibility for supportive housing.
  
- III. Authorization: For the duration of my participation in this program, I authorize the above-named organizations to obtain information about me or my family that is pertinent to my Program file.
  
- IV. Inquiries may be made about: Physical and Mental Health records, Substance Abuse Treatment records, Child Care Expenses, Medical Expenses, Handicapped Assistance Expenses, Credit History, Identity and Marital Status, Criminal Activity, Medical Expenses, Family Composition, Social Security Numbers, Federal/State/Tribal/Local Benefits, Residences and Rental History, Homeless History, History with FCCS, Columbus Metropolitan Housing Authority, ADAMH (current and previous service

utilization and linkage with ADAMH Provider Agencies), CSB programs, and Employment/Income/Pensions/Assets.

- V. Individuals/Organizations that may Release Information: Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from: ADAMH, CMHA, CSB, FCCS, housing providers mentioned in Section II above, Banks and Financial Institutions, Utility Companies, Landlords, Employers – Present and Past, Courts, U.S. Dept. of Veterans Affairs, Welfare Agencies, Law Enforcement Agencies, Credit Bureaus, Schools or Colleges, U.S. Social Security Administration, Providers of: Alimony, Substance Abuse services, Case Management services, Child Care, Child Support, Credit, Handicapped Assistance, Medical Care (including mental health services), Pensions/Annuities, Emergency Shelters and Housing Services.
- VI. Revocation: I understand that I have the right to revoke this authorization at any time by notifying the CSB Housing Department in writing at: 355 E. Campus View Blvd., Suite 250, Columbus, OH 43235. I understand that the revocation is only effective after it is received and logged by the CSB Housing Department. I understand that any use or disclosure made prior to the revocation of this authorization will not be affected by the revocation and the revocation will not apply to disclosures made in reliance on the authorization. I understand that after the information is disclosed, federal or state law might not protect it, and the recipient might re-disclose it.
- VII. Database Matching Notice /Consent: I agree that the above-named organizations using my information can conduct computer matching with other government agencies including Federal, State, Tribal or Local agencies. The government agencies include: Ohio Departments of Mental Health, Alcohol and Drug Addiction Services, Job and Family Services, U.S. Office of Personnel Management, U.S. Social Security Administration, State Employment Security Agencies, and State Welfare and Food Stamp Agencies.
- VIII. I also agree that the above-named organizations may enter personal information on members of my household and me and may research my information in HMIS, the database which is used by agencies providing shelter and housing-related services in Franklin County, MACSIS, the database which is used by agencies in the Mental Health system and SHARES, the database which is used by agencies funded by ADAMH.
- IX. Conditions: I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization or if I sign this authorization and later revoke it, I understand that my Rental Assistance may be terminated. This release of information is valid for twelve months from the date of signing.

## Clarity

We collect personal information about the people we serve in a computer system called Clarity. Clarity is used by agencies that provide prevention, shelter and housing related services in Franklin County. Agencies using Clarity comply with all the requirements related to keeping your personal information private and secure. We use the personal information to run our programs and help us improve our services. Also, we are required to collect some personal information by organizations that fund our program. Your information will help us in getting the appropriate services for you through our program or programs offered by other agencies. You have a right to review the information that we have about you. If you find mistakes, you can ask us to correct them. You have a right to file a complaint if you feel that your privacy rights have been violated.

## ResMan

We collect personal information about the people who receive rental assistance in a computer system called ResMan. We use the personal information to run our programs and help us improve our services. Your information will help us in getting the appropriate services for you through our program. You have a right to review the information that we have about you. If you find mistakes, you can ask us to correct them. You have a right to file a complaint if you feel that your privacy rights have been violated.

If you would like a copy of our privacy policy, our agency staff will provide one.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date