

IMPORTANT: CONSENT FORM MUST BE FAXED TO

LA FAMILY HOUSING (ATTN: CES) FAX: 818-982-3895 IMMEDIATELY UPON SURVEY COMPLETION

Los Angeles Coordinated Entry System

VI-SPDAT Screener and Match Initiation Consent Form

Authorization to Share Protected Health Information and Participate in Survey

Participant Last Name	Participant First Name	DOB (mm/dd/yyyy)
Unique Client Identifier (UCI)	UCI:	Social Security Number (or last 4 digits)

We are here today to talk to you about your housing and service needs. If you give us permission, we will ask you questions about your health and housing for about 20-30 minutes. Participation in either/both of these surveys is completely voluntary. If you feel uncomfortable or upset during the interviews, you may ask the interviewer to take a break, skip any of the questions, or stop the surveys. At any time you can request that your information be removed from the database by contacting **SPA 2 Community Coordinator, Christina Miller at LA Family Housing who can be reached at 818-255-2725**. No one will be upset or angry if you decide not to be interviewed today.

Please initial below if you agree with the following statements:

___ I agree to allow my responses to this survey or these surveys to be disclosed and received by the organizations that participate in the Los Angeles Coordinated Entry System, which include but are not limited to:

- Department of Mental Health
- Department of Health Services
- Los Angeles Homeless Services Authority
- Veterans Administration
- Housing Authority of City of Los Angeles
- Housing Authority of the County of Los Angeles
- Community Solutions
- The United Way of Greater Los Angeles
- Affiliated Service Providers*
- Permanent Supportive Housing providers of Los Angeles*

___ I understand that the information from this survey will be entered into a Coordinated Entry System database and that this database does not contain any information that would allow any individual or group to identify me or anyone else who chooses to complete this survey. No Personal Health Information (PHI) or Personal Information (PI) is asked for or maintained on the system that links to me specifically.

Instead, a Unique Client Identifier (UCI) will be used to identify me and all Personal Health Information (PHI) or Personal Information (PI) will be kept separately by the **SPA 2 Community Coordinator, Christina Miller at LA Family Housing** and the LA County Community Coordinator at The United Way of Greater Los Angeles. My personal information will be kept in accordance with all federal, state and local laws and regulations related to protecting personal information.

___ I understand that the following information can be shared with participating agencies in LA County as needed to help me find appropriate housing and services:

- Birthdate
- Gender

- Photo (optional)
- Housing and homelessness history
- History of Medical and/or Mental Health Treatment
- Income
- Contact Information
- Additional information used strictly for matching me with suitable housing and/or services

___ I allow my case manager or outreach worker to enter my non-personal information to the interview questions into secure database. My signature below signifies my permission.

___ I allow my case manager or outreach worker to enter my personal information into a HIPAA compliant database. My signature below signifies my permission.

___ I, or my outreach worker/case manager, can be contacted about my survey.

___ I understand that the information I provide will be used to determine if I am eligible for participating housing, service and related programs.

___ I understand that participating in the CES does not guarantee that I will be called for a housing program.

___ I understand that **LA Family Housing** will act as the agency that matches my information against eligibility requirements of housing that becomes available and that I may be eligible for.

*** For a complete list of participating agencies, please contact the SPA 2 Community Coordinator Christina Miller at LA Family Housing who can be reached at 818-255-2725.**

Important Rights and Other Required Statements You Should Know

- You may revoke this authorization at any time. To do so, please contact the **SPA 2 Community Coordinator**. All participating organizations of Coordinated Entry agree to use information provided to only link clients with housing or supportive service options.
- This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.
- You have a right to a copy of this authorization once you have signed it. To obtain a copy, please contact the **SPA 2 Community Coordinator**.

SIGN BELOW IF AGREEING TO BE INTERVIEWED

Your signature (or mark) below indicates that you have read (or been read) the information provided above, have received answers to your questions, and have freely chosen to be interviewed. By agreeing to be interviewed, you are not giving up any of your legal rights.

Date

Signature (or Mark) of Participant

Printed Name of Participant

_____ I agree to have my photo taken (by initial or mark)

Ask Participant (circle yes or no):

Do you currently have:

State Issued ID? Yes No

Social Security Card? Yes No

***If yes to both, was Match**

Initiation Form completed? Yes No