

Ventura County Homeless Management Information System (VCHMIS)

Participant Acknowledgement of and Authorization for Information Collection and Sharing with Partner Agencies

The U.S. Department of Housing and Urban Development (HUD) requires participant's personal information e collected and entered into VCHMIS in order for Ventura County to be eligible to receive HUD funding. VCHMIS and its Partner Agencies can then share client information electronically and verbally to collaborate more quickly and efficiently to provide comprehensive and coordinated services for homeless and low-income households at risk of homelessness in Ventura County.

As a participant in our program, the information you provide will be collected and entered into VCHMIS and shared with Partner Agencies electronically and through case conferencing and collaborative efforts to better connect you with services to help you achieve your goals. Please note that only authorized staff of Partner Agencies will be able to see your information. VCHMIS has many security protections to ensure confidentiality of participant information from all but authorized staff of VCHMIS and of Partner Agencies. (Partner Agencies are listed on reverse side.)

You may refuse to provide information about yourself, and you may cancel this authorization to share information at any time by completing a Client Revocation of Consent to release information to VCHMIS. Refusing to share data will not prevent you from receiving services but may delay your access to some programs within the community service system.

Please initial one of the following levels of consent which will be valid for one year from date signed:

_____ I give authorization on behalf of me and my dependents for protected personal and relevant information to be entered into the VCHMIS and shared between partner agencies through case conference meetings and communication between providers on referrals.

_____ I give authorization on behalf of me and my dependents for personal and relevant information to be entered into VCHMIS, but not shared between Partner Agencies.

_____ I do not consent to the entry of personal information about me and any dependents into VCHMIS.

NAME of Client/Guardian (printed)

Signature of Client or Guardian

Date

Witnessed by (Print Staff Member's Name)

Staff Member's Signature

Agency Name

Expiration Date (one year from date signed)

VCHMIS Participating Agencies

- City of Oxnard Housing Authority
- City of Ventura- City Proactive Outreach Program
- Community Action of Ventura County
- County of Ventura Health Care Agency, Behavioral Health PATH/ R.I.S.E.
- County of Ventura Health Care Agency, Behavioral Health Adult Clinics
- County of Ventura Health Care Agency, One Stop/Whole Person Care/Hospital Case Management
- County of Ventura Human Services Agency, Homeless Services
- County of Ventura Human Services Agency, VCHMIS
- County of Ventura Human Services Agency, RAIN Transitional Living Center
- Downtown Ventura Partners- City Proactive Outreach Program
- Federal Emergency Management Agency
- Gold Coast Veterans Foundation
- Harbor House
- Housing Authority of the City of San Buenaventura
- Help of Ojai
- Interface Children and Family Services – 2-1-1
- Interface Children and Family Services—Youth and Runaway Shelter Program
- Kingdom Center, Gabriel's House
- LA Family Housing
- Lutheran Social Services
- Many Mansions
- Mercy House
- Pacific Clinics TAY Tunnel
- National Health Foundation
- Project Understanding
- Samaritan Center
- The Salvation Army Southern California Division, Ventura Social Services
- The Salvation Army Southern California Division, Supportive Services for Veterans Families
- The Spirit of Santa Paula
- Turning Point Foundation
- Ventura County Area Agency on Aging
- Ventura County Continuum of Care

VCHMIS Client Revocation of Consent

I hereby revoke permission for this Participating Agency _____ to share my personal and household information in the Ventura County Homeless Management Information System (VCHMIS), a project of the Ventura County Continuum of Care (VCCoC).

I understand that the information will remain in the VCHMIS, but the information will no longer be available to any other participating agency.

NAME of Client/Guardian (printed)

Signature of Client or Guardian

Date signed