

**HOUSING AND FAMILY SERVICES
Information Sheet**

Name _____ Phone/message _____ Today's Date _____
 Address _____ City _____ Zip _____
 County _____ Social Security Number _____ DOB _____

Are you a Newaygo County Resident? Yes No **How Long?** _____

Have you been to TrueNorth Community Services under a different name/with a different household?
(If so, please list) _____

Household type:

Female Single Parent Two Parent Family Foster Parents
 Male Single Parent Couple with no Children Grandparent and Child
 Non-custodial care giver Single Adult Other _____

What services are needed today? *(Services may vary by county)*

Rental/Mortgage Assistance Housing Weatherization/Home Repairs
 Utilities Food Other _____

Household Information (Please list all household members who reside in your home, including yourself)

Names of <u>All</u> Household Members	Please place X next to Head of Household	Relationship to Head of Household	Date of Birth	Last 4 Digits of Social Security Number	Sex	Ethnicity/ Race	Employer/ Source of Income	Gross Monthly Income	Domestic Violence Survivor?	US Military Veteran?
First and Last Name		Self, Husband, Wife, Son, Daughter, Father, Mother, Significant Other, Friend, etc.			Male, Female, Transgender	Hispanic, Nat. American, Afr. American, White, Asian, etc.	Cash Assistance, Earned income, SSI, SSDI, Soc. Sec., Unemployment, Child support, etc.		Yes or No	Yes or No

For Office Use Only:

Time in _____ ROI Update _____ Household _____ Address _____
 I.D. _____ 30 Days _____ Photo _____ Income _____
 Signatures _____ County _____ Service Trans. _____ Entered by _____

HOH HMIS# _____ **New or Updated**

Disability Information (Please list all **Disabled** household members who reside in your home, including yourself)

Only list names of Disabled Household Members First and Last Name	Disability Type Learning, Drug/Alcohol Abuse, Physical, Mental, HIV/AIDS, Cognitive, Developmental, Speech, Hearing, Vision, Dual Diagnosis, Other	Disability Approval/ Determination (check one)		Currently receiving services or treatment?(check one)		Start Date	Is the disability a Long Term Condition? (check one)		Applied for SSI or SSDI? (check one)		Outcome of SSI or SSDI application Accepted, Denied, Pending	How long did process take?
		Yes	No	Yes	No		Yes	No	Yes	No		

Housing Status Information

Where did you sleep last night? Own Home Rent Home Doubled Up
 Hotel/Motel Shelter Other _____

How long have you been sleeping at that location? One week or less One to three months One year or more
 More than a week, but less than a month More than 3 months, but less than a year

Rent Payment \$ _____ or Mortgage Payment \$ _____

Are utilities included? Yes No

Do you have utility shut off notice or are your utilities off currently? Yes No

Are you homeless? Yes No

If you are currently homeless, what is the zip code of your last permanent address? _____

How long have you been homeless? _____

Including this instance, how many times have you been homeless? First time homeless Chronic: 4 times in past 3 years
 1-2 times in the past Long Term: 2 years or more

How long were you homeless each time? _____

Current reason for homelessness (check all that apply): Eviction Domestic Violence Divorce
 Home Condemned Loss of Job Foreclosure
 Housing too Expensive Doubled up Jail/Prison

General Information

Are you employed? Yes No If employed, how many hours worked last week? _____

If unemployed, are you looking for work? Yes No

DHS Caseworkers Name _____ DHS County _____ Referred by _____

Do you pay court-ordered child support? Yes No If so, how much per month? \$ _____

Monthly Food Assistance \$ _____

The information I have provided is true and accurate.

Signature of authorized representative

Date



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**Consent for the Release of
Confidential Information
Housing and Family Services**

Name: _____ Last 4 Digits of SS#: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____ Phone Number: _____

In order to plan for and provide the best possible care for myself and/or my family, various agency professionals will need to share information. I give my permission to share my and/or my family's personal information as needed. I understand that this information will be used to help determine if I and/or my family are eligible for services and benefits and how best to coordinate services. The agencies ***I have initialed below*** have my permission to share information about myself and/or my family. This consent is valid until I notify TrueNorth Community Services in writing that I wish to cancel consent

Please initial yes in the appropriate box

Agency	Yes	Instructions	Agency	Yes	Instructions
Transitional Supportive Housing I.S.T.			Landlord -		
Community Mental Health			Consumers Energy or Great Lakes		
DHS/ FIA			DTE		
Health Department			Propane Provider -		
TrueNorth Community Services			Five Cap		
Local School Districts			Love Inc.		
Webster Home			Michigan Works		
Department of Corrections			Salvation Army		
Health Care Provider -			Other -		
United Way			Other -		
Physician			Other -		

Note: This form does not permit information about AIDS or HIV, TB, Hepatitis or substance abuse to be shared.

A separate Authorization to Share Specific Information form must be used for this type of information.

Consent applies to minors (youth under age 18) living in the household. **List names of minor children, initial and date:**

Minor _____ Parent/Guardian Initials _____ Date _____
 Minor _____ Parent/Guardian Initials _____ Date _____
 Minor _____ Parent/Guardian Initials _____ Date _____
 Minor _____ Parent/Guardian Initials _____ Date _____

- I understand that my treatment records are protected under state and federal regulations governing confidentiality of patient records.
- The regulations are the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, Parts 160 & 164.
- I understand that I may end this consent upon written notice.
- I understand that there may have been information shared and services provided based on this consent when it was in effect. Ending this consent cannot change that. Any notice to end this consent must be in writing.
- I understand that generally TrueNorth Community Services may not condition my assistance on whether I sign a consent form, but in certain circumstances I may be denied assistance if I do not sign a consent form.
- I have read and understand the information and that this information provided is true and accurate. and my signature indicates that I give my full permission to share information.

Signature _____ Date _____
 (Signature of parent, guardian, or authorized representative)



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MSHMIS Client Release of Information

This form is about the Michigan Statewide Homeless Management Information System. We call this MSHMIS. Many shelters and other helping programs use the MSHMIS system. The MSHMIS System keeps information about clients that get help here.

We collect personal information directly from you for reasons that are discussed in our privacy notice. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services, and to better understand your needs. We only collect information that we consider to be appropriate. The collection and use of all personal information is guided by strict standards of confidentiality.

The information you give may also be used by other helping agencies in the system, but first you must agree to share information, before any sharing can occur.

When I sign below, it means:

- I was told about the MSHMIS System and I received a copy of the Privacy Notice. I know there are both benefits and risks when I agree to share my information.

- I know that the only information other agencies can see without my permission are my name, year of birth, gender and the last 4 digits of my Social Security number. My personal information lets other agencies know that I have been helped by an agency in the system. It does not identify which agency or what services I received.

- I know that there is a list of all the agencies in the MSHMIS System that I can find on the Internet at www.mihomeless.org. These agencies must follow strict privacy laws. The agencies in the system may change from time to time.

-There may be a reason why sharing my name, year of birth, gender or partial Social Security Number on the open part of the system may put a family member or me at risk. If that is true, I have initialed below which information should **NOT** be left visible.

Name, Year of Birth, Gender: _____, Partial SS#: _____.

-I know that if I have already received services from an organization using the System and I have left my name visible, I will have to ask that organization to close my "Profile/Name". The name is usually left visible in our System to allow us to better coordinate services.

- I know that no restricted information about my health, medical needs, mental health or domestic violence can be shared unless I sign a separate agreement.

Client signature: _____, Date: _____,

Guardian signature: _____ Relationship to client: _____,