

# Brevard County HUD/HMIS Basic Data Form

Name Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Gender:  Male,  Female Are you disabled?  Yes,  No Are you a veteran?  Yes,  No

Specify Racial Group Check all that apply	Yes	No
Alaskan Native or American Indian?		
Asian?		
Black or African American?		
Hawaiian or Pacific Islander?		
White?		
Other Race?		

Marital Status?  Married  Divorced  
 Never Married  Separated

Are you applying for:  Individual (or)  Family/Household

Are you of Hispanic Ethnicity?  Yes,  No

What is your Primary Racial group? \_\_\_\_\_

What was your situation prior to applying for this program [Over the past 30 Days]? [Check only one]	
<input type="checkbox"/>	Place not for habitation [streets, car, boat, park, camp]
<input type="checkbox"/>	Emergency Shelter
<input type="checkbox"/>	Transitional Housing
<input type="checkbox"/>	Permanent Housing Program for Former Homeless
<input type="checkbox"/>	Psychiatric Facility or Hospital
<input type="checkbox"/>	Substance Abuse Treatment Facility
<input type="checkbox"/>	Hospital [Non-Psychiatric]
<input type="checkbox"/>	Jail, Prison or Juvenile Detention
<input type="checkbox"/>	Domestic Violence Situation
<input type="checkbox"/>	Living with Family or Relatives
<input type="checkbox"/>	Living with Friends
<input type="checkbox"/>	A rented: Room, apartment or house [Renter]
<input type="checkbox"/>	Hotel or Motel [NOT Paid by Voucher]
<input type="checkbox"/>	Apartment or House [Owned by Client]
<input type="checkbox"/>	Foster Care Family or Group Home
<input type="checkbox"/>	Other Describe:

What was the duration of the living or housing situation? [Check only one]			
<input type="checkbox"/>	1 Week or Less	<input type="checkbox"/>	Over 3 Months but Under 1 Year
<input type="checkbox"/>	Over 1 Week to 1 Month	<input type="checkbox"/>	1 Year or Longer
<input type="checkbox"/>	1 to 3 Months		

What is the zip code of your last permanent address? \_\_\_\_\_

## HUD/HMIS Client Release

I understand and acknowledge that this agency is a member of the HUD/Homeless Management Information System, hereafter known as "HUD/HMIS", and I consent to and authorize the collection of data and information maintained by this agency to "HUD/HMIS" and affiliated agencies, provided such agency is a party to the "HUD/HMIS" agency agreement under which the agency has specifically agreed to share information. These agencies include, but are not necessarily limited to participants in the "HUD/HMIS" grant, and the United Way Outcome Measures Pilot Project. The data, information and records gathered and prepared by the Agency and "HUD/HMIS" will be included in the database and may be utilized by "HUD/HMIS" and affiliated agencies to: a) provide individual case management; b) produce reports regarding utilization of services; c) track individual program outcomes; d) provide accountability for individuals and entities that provide funds for use in providing services in Brevard County; e) identify unfilled service needs and plan for the provision of new services; f) allocate resources among agencies engaged in the provision of services in Brevard County and g) be used for all other uses to be deemed appropriate by "HUD/HMIS". I understand and acknowledge that my data and information may be used in aggregate data along with information of other individuals served by the Agency for the purposes described above. I understand and acknowledge that data, information and records pertaining to the services provided to me by the Agency will only be disclosed to agencies, individuals and entities other than "HUD/HMIS" only with my written authorization.

I understand and acknowledge that the data pertaining to the services provided to me may include medical/health information and other information the privacy of which may be protected by federal or Florida State laws and expressly consent to the release of such information in accordance with these protections.

I understand and acknowledge that I have the right to a) inspect, copy and request amendment of all records maintained by the Agency related to the provision of services and to receive a paper copy of this form; and b) to file a grievance if I believe my privacy rights have been violated. This grievance must be submitted writing to the agency's complaints manager and will be responded to in accordance with the Agency's Privacy Policies and Procedures.

I understand and acknowledge that I have the right to opt out of having my data, information and records disclosed to "HUD/HMIS" and affiliated agencies by providing notice to the Agency and that I am entitled to services regardless of my decision. I further understand and acknowledge that I may revoke this consent at any time by providing written notice to the Agency.

Client Name (Print): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_