

RELEASE OF INFORMATION

Housing, Case Conferencing



This Release of Information (ROI) allows agencies participating in Coordinated Entry to discuss your information to determine suitability for available housing. This information includes personal health information such as:

- Age
- Gender
- Veteran status
- Disability status
- Last permanent address
- Past or present mental health information, problems or diagnoses
- Past or present physical health problems
- Past or present problems with social supports
- Past or present interactions with first responders
- Past or present substance abuse problems or diagnoses (including alcohol and drug treatment records)

Information related to substance abuse information (which includes alcohol and/or drug treatment records) and psychiatric treatment (which includes mental health information) is protected under 42 CFR, Part 2, and 45 CFR, parts 160 & 164, and cannot be disclosed without your written consent unless otherwise provided for by the regulations.

The list of agencies participating in Coordinated Entry can change over time, and a current list can be found online at https://beta.juneau.org/housing/ce_participants. This may include Aiding Women in Abuse and Rape Emergencies (AWARE), Alaska Legal Services Corporation, Bartlett Regional Hospital, Catholic Community Service, Central Council Tlingit Haida Indian Tribes of Alaska, The Front Street Community Health Center, Gastineau Human Services Corporation, The Glory Hall, Haven House, Juneau Alliance for Mental Health, Inc (JAMHI), Juneau School District, Juneau Public Health Center, Juneau Youth Services, Inc., NAMI Juneau, Polaris House, Rainforest Recovery Center, SERRC - Alaska's Educational Resource Center, St. Vincent de Paul, Southeast Alaska Independent Living (SAIL), Tlingit and Haida Regional Housing Authority, and Zach Gordon Youth Center.

You may limit how this information is shared in the manner provided below. Please initial next to one selection:

_____ You are authorized to share my name and information in Coordinated Entry.

_____ You are **NOT** authorized to share my name, but you are authorized to use a case number or other anonymous identifier. You may share my information in Coordinated Entry.

_____ I do **NOT** authorize you to share my name or information, and I choose not to participate in Coordinated Entry. I understand without access to my information, I will not be considered for housing openings in the Coordinated Entry system.

RIGHT TO REVOKE

*I understand I have the right to revoke this ROI at any time by submitting a written revocation to an Agency participating in Coordinated Entry. I understand the revocation will not apply to information that has already been release in response to this authorization.

* I understand if I refuse to sign this ROI or later revoke it, my refusal will not affect my ability to obtain treatment with the participating agency. My refusal will only impact my ability to have my case considered for Coordinated Entry.

*I understand that I may, upon request, inspect the information to be disclosed under this ROI.

*I understand that once information is released as specified under this authorization, the participating agency cannot prevent re-disclosure of that information. However, I understand that Agencies participating in Coordinated Entry keep information protected in a confidential environment and no unauthorized third party will be allowed to attend meetings in which information is disclosed.

RELEASE OF INFORMATION

Housing, Case Conferencing



By signing below, you agree that:

- You've read through this form, or had someone read it to you.
- You've been given the opportunity to ask questions, and understand the answers.
- You agree to share information as outlined above.

Name of Participant or Legally Responsible Party (full name, print): _____ DOB: _____

Participant or Legally Responsible Party signature: _____ Date: _____

If Legally Responsible Party, relationship to Participant: _____

Agency Representative (full name, print): _____

Agency Representative signature: _____ Date: _____

EXPIRATION OF AUTHORIZATION

This Authorization for Release of Information shall expire on the following date, event or condition: _____

Unless a different date is otherwise specified above, this consent expires (check one): one year five years after the date of signature if not previously revoked.

*I understand if I am signing as a Legally Responsible party for a minor under the age 18, this authorization will expire upon the participant reaching the age of 18. Unless otherwise under the legal guardianship of the legally responsible party, the 18 year old participant will need to sign a new authorization in their name.

ADDITIONAL HOUSEHOLD MEMBERS

The Legally Responsible Party, _____ is signing for the release of information for the following household members who are under 18 years of age:

(full name, print): _____ DOB: _____

(full name, print): _____ DOB: _____

(full name, print): _____ DOB: _____

(full name, print): _____ DOB: _____

(full name, print): _____ DOB: _____

(full name, print): _____ DOB: _____

(full name, print): _____ DOB: _____

**Note that household members 18 years of age or older must sign an ROI to release their information.

Current Community "In what area do you currently live?"

- Anchorage Homer Kenai Kodiak Nome Other:
- Fairbanks Juneau Ketchikan Mat-Su Valley Soldotna _____

"Where did you sleep last night?" (Select only one.)

- Homeless Situation Institutional Situation Transitional and Permanent Housing Situation

Homeless Situation

Place not meant for habitation

Emergency shelter, including hotel or motel paid for with emergency shelter voucher

"How long have you been in this current homeless situation?"

One night or less

One month or more, but less than 90 days

Two to six nights

90 days or more, but less than one year

One week or more, but less than a month

One year or longer

If Yes, Approximate Date Homelessness started: ____/____/____

**The approximate date that the client's current episode of homelessness started.*

Institutional Situation

Foster care home or foster care group home

Long-term care facility or nursing home

Hospital or other residential medical facility

Psychiatric hospital or other psychiatric facility

Jail, prison, or juvenile detention facility

Substance abuse treatment facility or detox center

"How long have you been in this institutional situation?"

One night or less

One month or more, but less than 90 days

Two to six nights

90 days or more, but less than one year

One week or more, but less than a month

One year or longer

"If the stay was less than 90 days, on the night before entering the 'institutional situation,' were you **on the streets** or **in emergency shelter**?"

Yes

No

If Yes, Approximate Date Homelessness started: ____/____/____

**The approximate date that the client's current episode of homelessness started.*

Transitional & Permanent Housing Situation

Hotel paid for without voucher

Rental by client, GPD TIP subsidy

Owned by client, no ongoing subsidy

Rental by client, other subsidy including RRH

Owned by client, ongoing subsidy

Residential project, no homeless criteria

Permanent housing for homeless persons- no RRH

Staying or living with family

Rental by client, no subsidy

Staying or living with friends

Rental by client, VASH subsidy

Transitional housing for homeless persons

"How long have you been in this transitional or permanent housing situation?"

One night or less

One month or more, but less than 90 days

Two to six nights

90 days or more, but less than one year

One week or more, but less than a month

One year or longer

"If the stay was less than 7 nights, on the night before entering the 'transitional or permanent housing situation,' were you **on the streets** or **in emergency shelter**?"

Yes

No

If Yes, Approximate Date Homelessness started: ____/____/____

**The approximate date that the client's current episode of homelessness started.*

Living Situation **(Only complete if "Approximate Date Homelessness started" was answered above.)*

"Regardless of where you stayed last night, **how many times have you been **on the streets** or **in emergency shelter** in the last 3 years?"*

- One time Two times Three times Four or more times

"How many months** have you been **on the streets** or **in emergency shelter** in the last 3 years?"*

Select a number up to 12 months and then "more than 12 months":

In which communities are you interested in being housed? *(Select all that apply.)*

- Anchorage Homer Kenai Kodiak Nome Other: _____
 Fairbanks Juneau Ketchikan Mat-Su Valley Soldotna _____

Please note: *This does not guarantee housing in a client's preferred location, nor does it provide transportation to that community. If a client wishes to be housed in Anchorage, please contact ACEH (907-343-6371) in order to be placed on the Anchorage list.*

Administration

| | | |
|-----------------------------------|----------------------|---|
| _____ Interviewer's Name | _____ Agency | <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer |
| _____ Survey Date (mm/dd/yyyy) | _____ Survey Time | _____ Survey Location |

Basic Information

| | | |
|---|-------------------|---------------------------------|
| _____ First Name | _____ Nickname | _____ Last Name |
| In what language do you feel best able to express yourself? _____ | | |
| _____ Date of Birth (mm/dd/yyyy) | _____ Age | _____ Social Security Number |

Consent to participate: Y N

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)
- Shelters
 - Transitional Housing
 - Safe Haven
 - Outdoors**
 - Other (specify):** _____
 - Refused**
2. How long has it been since you lived in permanent stable housing? _____ Refused
3. In the last three years, how many times have you been homeless? _____ Refused

B. Risks

4. In the past six months, how many times have you...
- a) Received health care at an emergency department/room? _____ Refused
 - b) Taken an ambulance to the hospital? _____ Refused
 - c) Been hospitalized as an inpatient? _____ Refused
 - d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Refused
 - e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ Refused
 - f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ Refused
5. Have you been attacked or beaten up since you've become homeless? Y N Refused
6. Have you threatened to or tried to harm yourself or anyone else in the last year? Y N Refused

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y N Refused
8. Does anybody force or trick you to do things that you do not want to do? Y N Refused
9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? Y N Refused

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? Y N Refused
11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Y N Refused
12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y N Refused
13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y N Refused
14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? Y N Refused

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Y N Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? Y N Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Y N Refused
19. When you are sick or not feeling well, do you avoid getting help? Y N Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant? Y N NA or Refused
21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Y N Refused

22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Y N Refused
23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? Y N Refused
- b) A past head injury? Y N Refused
- c) A learning disability, developmental disability, or other impairment? Y N Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Y N Refused
25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Y N Refused
26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? Y N Refused
27. **YES OR NO:** Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse? Y N Refused
28. **YES OR NO:** Has your current period of homelessness been caused by any other trauma you have experienced? Y N Refused

Follow-Up Questions

| | |
|--|--|
| On a regular day, where is it easiest to find you and what time of day is easiest to do so? | Place: _____ Time: _____ Or <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night Are there other agencies you are in touch with that we could contact if we need to follow-up with you? If so, which ones? _____ |
| Is there a phone number and/or email where someone can safely get in touch with you or leave you a message? | Phone: _____ Email: _____ |
| Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused |

E. Supplemental Questions

| | Response | | |
|--|--|--------------------------|--------------------------|
| What is your gender? | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Other | | |
| What is your ethnicity? (choose as many as apply) | <input type="checkbox"/> African American/Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Mixed Race <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Latino/a <input type="checkbox"/> Unknown <input type="checkbox"/> Native American <input type="checkbox"/> Declined to State | | |
| | Yes | No | Refused |
| Are you a member of a Native Corporation or a Native Organization? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, which ones? _____ | | | |
| Have you ever served in the US Military? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When did you first move to this community? | Month _____ Year _____ | | |
| What was the zip code or name of the community where you previously lived? | _____ | | |
| Were you homeless when you moved here? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |