# St. Louis County Continuum of Care

## Coordinated Entry Participant Agreement

[This agency] participates in a Coordinated Entry System with the St. Louis County Continuum of Care. Coordinated Entry is the process that our community uses to assist people experiencing a housing crisis. Coordinated Entry ensures that those in crisis are quickly identified, assessed, referred for, and connected to housing and/or assistance based on their strengths and needs.

In accordance with requirements from the U.S. Department of Housing and Urban Development (HUD), the Coordinated Entry System must obtain written consent from clients before they can be assessed and considered for available housing openings. On the other side of this page, you have the ability to determine how much information is shared during this process. We may house such information in a data network maintained by a third-party service provider but only make such information available to other participating agencies consistent with your preferred level of disclosure as specified on this form. This form allows you to specify how/if your information is shared for the purpose of coordinating housing referrals with other participating agencies in the Coordinated Entry System.

You have the right to review the list of agencies participating in the Coordinated Entry System before signing this form. The list of participating agencies may change. The most up to date list is available at [www.icalliances.org/stlouisce](http://www.icalliances.org/stlouisce).

To refer you to housing available through the Coordinated Entry System, information about you and your household may be shared with other participating agencies during “Housing Matching” meetings as indicated by your preferred level of disclosure on the reverse side of this form. As the name suggests, Housing Matching meetings allow participating agencies to “match” eligible persons in need of housing to appropriate openings in housing programs in the Coordinated Entry System.

Many housing programs in the coordinated entry system have eligibility requirements based on age, gender, veteran status, disability status, and last permanent address; therefore, if you consent to participate in coordinated entry, this information will be included in the database containing all participants in coordinated entry which is used during Housing Matching meetings. Some programs have specific eligibility requirements including a mental health diagnosis, current or past substance abuse, developmental disability diagnosis, and/or HIV/AIDS diagnosis. On the reverse of this form, you have the option to select a level of disclosure:

1. Authorize [This agency] to share your age, gender, veteran status, disability status, and last permanent address, plus information regarding mental health status, history of substance abuse, developmental disability status, and HIV/AIDS status during Housing Matching meetings with agencies who may have housing opportunities to determine eligibility for you without any other written authorization.
2. Authorize [This agency] to share your age, gender, veteran status, disability status, and last permanent address without additional written authorization. However, if the project requires a mental health diagnosis, history of substance use, a developmental disability, or an HIV/AIDS diagnosis, you may require [This agency] to gather additional written consent to disclose the minimum required eligibility information to specific housing providers that have possible housing match openings.

In addition, you also have the option to permit agencies in the coordinated entry system to utilize your name during Housing Matching meetings. If you authorize use of your name during Housing Matching meetings, it will be utilized only to coordinate your services.

You may also choose to opt-out of coordinated entry services. However, this means that you and your household **will not** be considered for housing openings available through the Coordinated Entry System.

You do not have to be an active client of [This agency] to be considered for openings in housing programs through the Coordinated Entry System once an assessment is completed and this consent form is signed. You have the right to terminate from services with [This agency] at any time.

You also have the right to revoke or amend this consent form at any time.

***--Over for Signature –***

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| **Please initial your preferred level of disclosure and participation in coordinated entry:**  \_\_\_\_\_ **Share all eligibility information:** I authorize [This agency] to share the following information about me and my household members during Housing Matching meetings in order to determine eligibility for housing openings: age, gender, veteran status, disability status, household size, last permanent address, mental health diagnosis, current or past substance abuse, developmental disability diagnosis, and HIV/AIDS status. This information will also be shared in the system database to facilitate my household’s stay in the coordinated entry system. In the event information is required to establish eligibility using information not outlined above, [This agency] will be required to obtain additional written consent.  \_\_\_\_\_ **Share only limited eligibility information:** I authorize [This agency] to share the following information about me and my household members during Housing Matching meetings in order to determine eligibility for housing openings: age, gender, veteran status, disability status, household size, and last permanent address. All eligibility information will still be shared in the system database to facilitate my household’s stay in the coordinated entry system. In the event information not listed above is required to establish eligibility, [This agency] will be required to obtain additional written consent.  \_\_\_\_\_ **Opt-out of coordinated entry:** I do not want to be considered for housing opportunities via coordinated entry. I understand that I **will not** be considered for housing openings available through the coordinated entry system. |
| **Please initial how you wish to be identified during weekly housing matching meetings:**  \_\_\_\_\_ **Use my/our names**: I authorize my name (and the names of my household members) to be included in the database of clients seeking housing via coordinated entry. In the event that I cannot be located when a housing opening becomes available, my name (and the names of my household members) may be used during Housing Matching meetings to develop a plan for locating me to notify me of the opening.  \_\_\_\_\_ **Use a case number:** I DO NOT authorize my name (and the names of my household members) to be used during housing matching meetings. I understand that a case number will be utilized to identify me during housing matching meetings. I also understand that using a case number instead of my name (and the names of my household members) may limit participating agencies’ ability to locate me and notify me of available openings. |

I have read (or someone has read to me) the information within this release form. I have been given the opportunity to ask questions and my questions have been answered to my satisfaction. I have indicated my preferences with my initials above. By signing this form, I agree to the level disclosure of described next to my initials. I understand that I can revoke or amend this Coordinated Entry Participation Agreement at any time.

* First and Last Name of Head of Household (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date of Birth (Head of Household) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Head of Household Signature Date (MM/DD/YYYY)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [This agency]

Agency Representative Name (Printed) Agency Name

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Agency Representative Signature Date (MM/DD/YYYY)

This authorization (unless expressly revoked earlier) expires on: \_\_\_ / \_\_\_\_ / \_\_\_\_

(If the date is blank, it will expire one year from the date signed by the head of household.)

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| **REVOCATION  I hereby revoke this participation agreement and my consent for the release of the previously stated information.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Head of Household Signature Date (MM/DD/YYYY) |