

All Doors Lead Home Coordinated Entry Housing Prioritization Team Authorization for Release of Information

All Doors Lead Home Coordinated Entry is a collaborative approach to finding and connecting homeless persons as quickly as possible to the most appropriate and effective housing. This form allows your HMIS Client Profile, Client Services Summary, and Coordinated Entry/VI-SPDAT Assessment to be shared by housing providers and at Housing Prioritization Team Meetings in order to identify the housing which best fits your needs. This process is designed to assist in finding you housing as quickly as possible but it does not guarantee that you will receive housing. If you are currently fleeing from domestic violence and need emergency shelter and/or services please see the attached information on local resources.

Client Name (Print) _____

Date of Birth _____

I Understand That:

- My consent to share information is voluntary, and that failure to provide consent will not result in any adverse decisions about my rights, benefits or services, other than limiting the ability of the organizations to work together on my behalf.
- I have the right to anonymously access these housing options. [This may be important if you are currently fleeing a domestic violence situation. If you are interested in information about local domestic violence resources, for instance if a partner has ever threatened to hurt you, made you afraid, or hit, slapped, kicked or otherwise physically hurt you or made you do something you did not want to, a domestic violence advocate can help you fill out this survey, the answers you give will be kept confidential.]
- I understand with this release I have been asked to permit the disclosure of my information on the HMIS Client Summary, Client Profile, and VI-SPDAT Assessment; that I have previously authorized to be entered into the HMIS between housing and homeless service providers in the Lincoln and Balance of State CoC. I have been informed of the main benefits to such disclosure. I further understand that I may revoke this consent at any time, in writing, and no **NEW** information will be shared.

I hereby authorize both:

1. The All Doors Lead Home Coordinated Entry -housing provider agencies and housing related services provider agencies
- AND
2. Other agencies that provide housing and housing assistance -through **All Doors Lead Home** which include: Nebraska Department of Health and Human Services Homeless Assistance Program, U.S. Department of Veterans Affairs (if U.S. Military Veteran), -and Other Permanent Housing Providers in the Balance of State and Lincoln CoCs

To use, disclose to each other, and otherwise share with each other at the Housing Prioritization Team meeting- and through the Nebraska HMIS, information from my HMIS Client Profile, Client Services Summary, Coordinated Entry and VI-SPDAT assessment stored in the Nebraska HMIS. -This information is to be used for the sole purpose of assisting me in finding the most appropriate housing and housing related services.

- I consent to the use, disclosure, and sharing of my information between the Nebraska Balance of State and Lincoln CoC and housing related service provider agencies and the other agencies identified above -for the purposes identified above.
- I consent to an anonymous referral to the Coordinated Entry system (via Safety Protocol through the Coordinated Entry Manager at UNL CCFL).

Signature of Consumer

Print Consumer's Full Name

Signature of Witness

Print Witness's Full Name

Written Verbal Dated and effective as of _____ (Day/Month/Year)

This authorization will expire 1 year from the date I sign the authorization. -I may revoke this authorization in writing at any time; however, any revocation will not be effective retroactively for information disclosures that have already occurred.

This release does not supersede or allow entities subject to 42 CFR Part 2 or 45 CFR Parts 160 and 164 to share any information they are prohibited from sharing; without an additional agency specific release.:

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Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)

I confirm that this release is still valid, and I would like to extend the release until _____
New Date New Time

Signed: _____ Date: _____ Witness: _____

Please note: Upon discontinued contact with active ADLH Coordinated Entry provider, individuals/families remain in the CE prioritization for 90 days. It is key to update the referring provider if housing status has changed or the participant moves.

Authorizations for those 24 and under and are located in or wish to relocate to the Balance of State (areas outside of Lincoln, Omaha, and Sarpy County) :

The Balance of State implemented a Youth Homelessness Demonstration Program (YHDP), all youth 24 and under will be assessed and identified for YHDP. With this project, the data shared will include Entry/Exits, services, needs, and ADLH Assessment between YHDP providers.

I (a youth 24 and under) consent to participate in the Youth Homelessness Demonstration Program system by signing below:

Youth Signature Date

Guardian Signature (for those 17 and under) Date

Authorizations for those Fleeing DV, SA, Trafficking:

This authorization will expire _____ -from the date I sign the authorization. -I may revoke this authorization in writing at any time; however, any revocation will not be effective retroactively for information disclosures that have already occurred.

[Please note that the Violence Against Women Act (VAWA) and the Family Violence Prevention and Services Act (FVPSA) require funded programs to adhere to specific, time-limited releases of information when working with victims of domestic violence, dating violence, sexual assault, or stalking. It is best practice to start with a short time period (not more than 30 days) since the release can be reaffirmed and extended if the victim/survivor confirms that the release is still valid and authorizes a new expiration date.]

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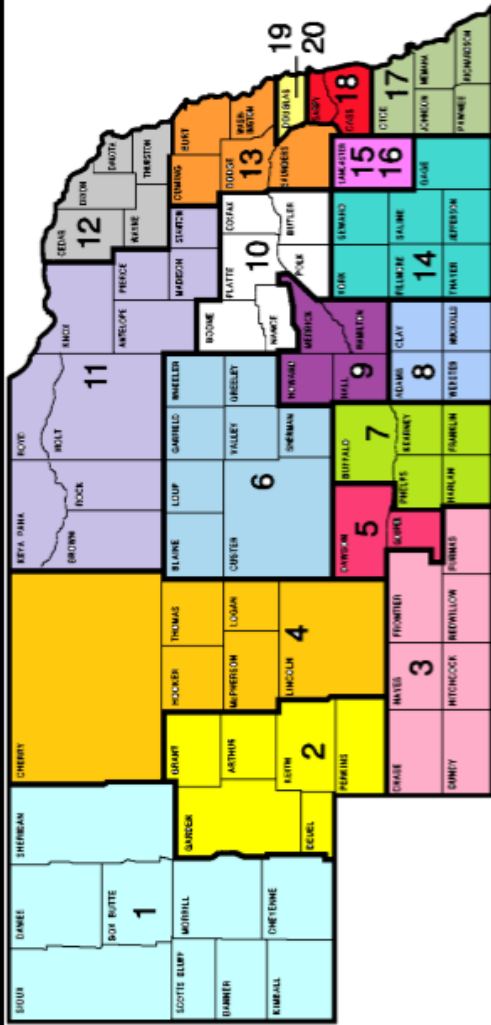
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Nebraska's Network of Domestic and Sexual Violence Programs



Crisis Line
 877-379-3798
 800-440-4633
 888-721-4340
 877-388-4673
 402-475-7273
 402-437-9302
 800-456-5764
 800-523-3666
 402-558-5700
 402-345-7273

11. Bright Horizons (Norfolk)
12. Haven House (Wayne)
13. The Bridge (Fremont)
14. Hope Crisis Center (Fairbury)
15. Voices of Hope (Lincoln)
16. Friendship Home (Lincoln)
17. Project Response (Auburn)
18. Heartland Family Service - Domestic Abuse Program (Papillion)
19. Catholic Charities—The Shelter (Omaha)
20. Women's Center for Advancement (Omaha)

Crisis Line
 866-95-DOVES
 308-284-6055
 877-345-5534
 888-534-3495
 800-215-3040
 866-351-9594
 800-942-4040
 877-237-2513
 877-322-7272
 866-995-4422
 800-658-4482

1. DOVES Program (Gering)
2. SCIP (Ogallala)
3. DA/SA Services (McCook)
4. R/DAP (North Platte)
5. Parent-Child Center (Lexington)
6. Healing Hearts and Families (Broken Bow)
7. SAFE Center (Kearney)
8. SASA Crisis Center (Hastings)
9. The Crisis Center (Grand Island)
10. Center for Survivors (Columbus)

Línea de Crisis en Nebraska: 1-877-215-0167 (statewide hotline in Spanish)
 National Domestic Violence Hotline: 1-800-799-SAFE (7233)
 Rape, Abuse, Incest National Network (RAINN): 1-800-656-HOPE (4673)
 National Teen Dating Abuse Helpline: 1-866-331-9474
 StrongHearts Native Helpline: 1-844-7NATIVE (762-8483)

For more information, contact the Nebraska Coalition to End Sexual and Domestic Violence at 402-476-6256 or visit nebraskacoalition.org.