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 Assessment to be shared by nd at Housing Prioritization Team Meetings in order to identify the housing which best fits your needs. This

housing providers and at Housing Prioritization assist in finding you housing as quickly as possiby violence and need emergency shelter and/or se	le but it does not guarantee that you will re	eceive housing. If you are	•
Client Name (Print)	Da	ate of Birth	
 benefits or services, other than limiting. I have the right to anonymously access you are interested in information about afraid, or hit, slapped, kicked or other help you fill out this survey, the answer. I understand with this release I have be Doors Lead Home Assessment; that I is 	een asked to permit the disclosure of my ir nave previously authorized to be entered in I have been informed of the main benefits t	gether on my behalf. rtant if you are currently f tance if a partner has eve mething you did not want oformation on the HMIS Cl to the HMIS between hou	fleeing a domestic violence situation. I r threatened to hurt you, made you to, a domestic violence advocate can lient Summary, Client Profile, and All using and homeless service providers in
AND 2. Other agencies that provide housing a Human Services Homeless Assistance Providers in the Balance of State and AND	Human Services Medicaid Program to confir hare with each other at the Housing Prioritiz Services Summary, Coordinated Entry and to in finding the most appropriate housing and of my information between the Nebraska B fied above for the purposes identified abov	ad Home which include: irs (if U.S. Military Veteral m chronic homelessness fation Team meeting and the assesment stored in the land the land fation related services. alance of State and Lincole.	Nebraska Department of Health and n), and Other Permanent Housing for Prime benefits through the Nebraska HMIS, he Nebraska HMIS. This information is n CoC and housing related service
Signature of Consumer	Print Consumer's Full	Name	
Signature of Witness	Print Witness's Full Na	ame	
☐ Written ☐ Verbal Dated and e	ffective as of (Day/M	lonth/Year)	
This authorization will expire 1 year from the dawill not be effective retroactively for information Part 2 or 45 CFR Parts 160 and 164 to share any	n disclosures that have already occurred. The	his release does not supers	sede or allow entities subject to 42 CF
Reaffirmation and Extension (if addi			
·	Date: Witness:	New Date	New Time

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.] 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. Signature of Consumer Print Consumer's Full Name Signature of Witness Print Witness's Full Name Dated and effective as of ______ (Day/Month/Year) ☐ Written □ Verbal 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** ______ Date:______ Witness:_____ Signed: ___ 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. 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

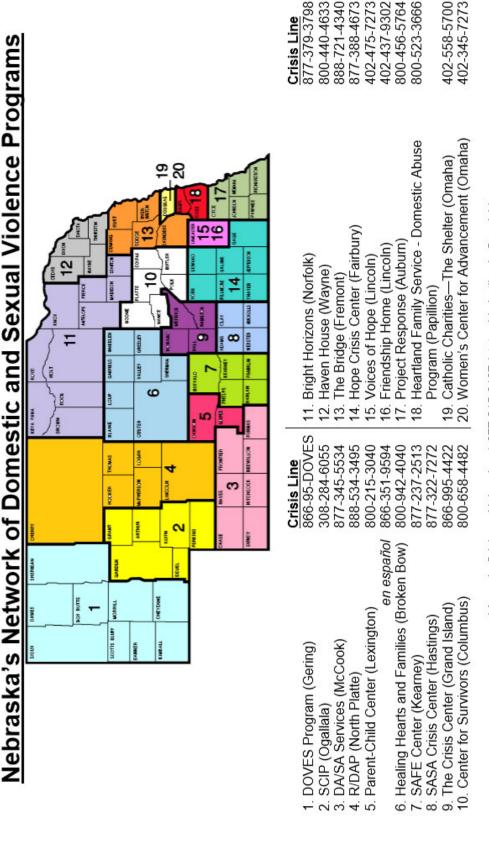
Date: Witness:

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Signed:

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:					
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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)

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