



RELEASE OF INFORMATION (ROI)
FL-511 Continuum of Care
Program Management Information System of the Southeast (PromisSE)

Applicant Name: _____ **Date:** _____ **Client ID:** _____

| | Name | Relation To HOH | DOB | SSN | Gen | Race | Hisp/ Lat Y/N | Disability Y/N | Vet Y/N |
|---|------|-----------------|-----|-----|-----|------|---------------|----------------|---------|
| 1 | | HOH | | | | | | | |
| 2 | | | | | | | | | |
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* The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security number is voluntary under this record-keeping system. This system was authorized pursuant to directives from Congress and the Department of Housing and Urban Development (HUD). The Social Security number is used to verify identity, assure timely delivery of services, prevent duplication of services, and generate accurate required reports to HUD.

PromisSE is a shared, computerized record keeping system that captures information about people experiencing homelessness or near homelessness, including their service needs. Fearless Community Inc. is participating in PromisSE that collects information on clients served by its member agencies and the services they provide.

I understand that all information gathered about me is personal and private and that I do not have to share information collected in PromisSE. It has been explained to me that all information collected will serve for reporting purposes and as a precaution to prevent duplication of services to ineligible individuals and families. I have had an opportunity to ask questions about PromisSE and to review the identifying information, which is authorized by this release for the PromisSE Member Agencies to share. I also understand that information about non-confidential services provided to me by human service agencies in the CoC may be shared with other participating PromisSE agencies.

This Release of Information will remain in effect for 5 (five) years and will expire on _____ unless I make a formal request to this Agency that I no longer wish to participate in PromisSE. To reduce visibility of your information -or- to recede your participation in PromisSE, please email security@openingdoorsnwl.org.

Upon a life-threatening emergency or death, my System information will be used for identification purposes.

Upon written consent, a community partner that is a non-System participating agency, including many state or local service agencies can utilize your System information to provide additional services. **This is dependent upon the receipt of a signed document verifying your consent to release your information to a Community Partner.**

Based on the above information, I authorize Fearless Community Inc., as a PromisSE Member Agency, to share my information between all participating PromisSE agencies and authorize Fearless Community Inc. to capture my likeness in all medium and agree to release the CoC FL-511 from all liability related to the recordings and waive any claims or rights of compensation or ownership regarding such uses, and agree and understand that all such recordings shall remain the property of the CoC. I authorize the use of a copy of this original to serve as an original for the purposes stated above.

 Primary Client's Printed Name

 Agency Staff Printed Name

 Primary Client's Signature

 Agency Staff Signature

 Date (mm/dd/yyyy)

 Date (mm/dd/yyyy)