

**COMMUNITY INFORMATION AND REFERRAL, INC.
MARICOPA HMIS**

**CLIENT ACKNOWLEDGEMENT OF DATA ENTRY
INTO THE MARICOPA HOMELESS MANAGEMENT INFORMATION SYSTEM**

The Maricopa Homeless Management Information System (HMIS) is used by homeless provider agencies to record information about clients that they serve. This information helps the agencies to plan for and provide services to clients. This information also can be shared among agencies, if you, the client, agrees in order to improve the coordination and delivery of your services.

By signing this document you are:

- Acknowledging that demographic information about you and your family will be entered into the Maricopa Homeless Management Information System (HMIS) database

- Allowing basic demographic information about you / your family to be viewed by other homeless provider agencies. This includes name, age and social security number. Sharing of this information will allow you to be served by other agencies without repeating basic information about yourself / your family. IF THERE IS A REASON THAT PROVIDING YOUR NAME / NAME OF OTHER MEMBERS OF YOUR FAMILY WOULD PLACE YOU / YOUR FAMILY MEMBER AT RISK, PLEASE CHECK HERE TO REQUEST THAT THIS INFORMATION NOT BE SHARED WITH OTHER AGENCIES (A list of the agencies who may be provided is information can be provided by the person reviewing this form with you or can be viewed on the Maricopa HMIS Project Website, Contacts page at www.cirs.org/hmis/contacts.html.)

- No confidential information such as health, medical needs, mental health, domestic violence will be shared about me without my specific written approval.

Client's Signature

Other Party
(if client is minor or otherwise requires guardian)

Date Signed

Relationship to Client

Effective Date

End Date