

**MAINE Continuum of Care (MCoC) COORDINATED ENTRY SYSTEM (MCES) & Service Hub
Case Conferencing Release of Information**

Agency Name: _____

This Agency is part of a group called the Maine Continuum of Care (MCoC) Coordinated Entry and Service Hub _____, which is a group of agencies working together to provide housing resources to people experiencing homelessness. A list of all member agencies in the MCoC and Service Hubs is available online at www.mainehomelessplanning.org.

Purpose: The purpose of this form is to obtain consent to share your information at service hub case conferencing meetings and to place your name on the Service Hub By Name List (BNL). By doing this, Service Hub agencies will work to refer you to housing available through the Coordinated Entry System.

This form allows you to choose how information will be shared during case conferencing. Service Hub case conferencing is defined as meetings of Service Hub members to best match individuals experiencing homelessness to available resources. Case conferencing meetings will also use a By Name List, which is a comprehensive list of individuals who have been identified as experiencing homelessness in our community.

By signing this release, you allow MCES and Service Hub _____ member agencies to share information about you and your household. This helps agencies focus on your housing needs and work toward your household's identified goals.

You may decline to allow any of your information to be shared with other agencies. If you choose not to share your information, you and your household may have fewer housing opportunities through CES. You or your household will never be denied services if you decline to share information.

Case conferencing meetings will focus on how providers can best meet your needs and end your homelessness as quickly as possible, including providing outreach services to you and connecting you to housing resources. Types of information that might be shared on the By Name List during case conferencing meetings include:

- Personal identifying information for you and your household (examples: name, date of birth, gender, etc.)
- Past or current participation in other housing and supportive service programs
- Contact information
- Information about your military service and VA eligibility
- Housing history and housing status
- Household income, financial assistance and source(s)
- General disability information relevant to housing

I, _____ (Printed Name of Participant) agree to share information with the Maine Service Hub _____ and MCES and its participating member agencies as detailed below.

Please initial your preferred level of disclosure and participation in Service Hub Case Conferencing:

_____ **Share my information:** I authorize _____ (Name of Agency) to share the above listed information about me and my household members during case conferencing to determine eligibility for housing openings and connect me to other services, as applicable.

_____ **Share my information using a case number:** I authorize the agency listed above to share the following

information about me and my household members during case conferencing: age bracket, veteran status, disability status, household size, length of time homeless and housing history. Instead of sharing my name during case conferencing, I understand that a case number will be utilized to identify me and my household members. *

_____ **Do not share my information:** I do not wish to have any of the above listed information discussed at case conferencing. I understand that not authorizing the sharing of this information may limit participating agencies' ability to locate me and notify me of available openings.

***PLEASE NOTE: PERSONS UTILIZING DOMESTIC VIOLENCE RESOURCE CENTERS AND ARE FLEEING DOMESTIC VIOLENCE, SEXUAL ASSAULT AND/OR HUMAN TRAFFICKING WILL AUTOMATICALLY BE REFERRED BY CASE NUMBER, ASSIGNED BY THE VICTIM SERVICES AGENCY.**

By signing below, you acknowledge that you have read, or have had read to you, all the information above and have chosen to sign this form voluntarily. Your signature also indicates you understand that:

- Participation in the MCES does not guarantee you housing assistance
- Additional information and documentation may be required by an agency that is offering housing or supportive services before entering the housing or supportive services program
- This consent is valid for one (1) year from the effective date of your signature below
- You can cancel your consent any time by written request
- You have a right to request a copy of this consent form after you have signed it

Participant Printed Name: _____
Participant Signature: _____ Date: _____

Participant Representative Printed Name: _____
Representative Relationship to Participant**: _____
Representative Signature: _____ Date: _____

Agency Witness Printed Name: _____
Agency Witness Signature: _____ Date: _____

**Examples of authorized representative are: guardian, power of attorney and others as defined by law.

For Agency Use only (please initial)

_____ The participant above received a telephonic explanation of this form. On behalf of the participant, staff at this Agency served as the representative.

_____ The Consent was read in its entirety.