

Piedmont Regional Committee

Head of Household Full Name: _____ Birth Date: _____

I understand that I am signing this consent to release of information so that the organizations listed below can discuss my household's case and coordinate services.

I authorize the agencies and appropriate service groups in the Coordinated Assessment system to obtain the following information about my service use:

- VI-SPDAT screen, including information about:
 - History of Shelter Use
 - Barriers to housing
 - Brief medical history
- Eligibility for housing programs
- Names of current and past social service providers

The Piedmont Regional Committee Coordinated Assessment system includes:

- | | |
|---|---|
| • Opportunity House | • Family Endeavors |
| • Turning Point, Inc. | • Rowan Helping Ministries |
| • Union County Community Shelter | • Family Crisis Council of Rowan County |
| • Stanly Community Inn | • Community Link |
| • Esther House of Stanly County, Inc | • Cardinal Innovations Healthcare |
| • Homes of Hope, Inc. | • Salisbury VA Medical Center |
| • Crisis Ministries of Davidson County | • United Way of Forsyth County |
| • Family Services of Davidson County, Inc | |

I understand that:

- I have the right to refuse to sign this authorization.
- If I do not sign it, my household's services may not be fully coordinated. However, services will not be withheld if I don't sign this.
- I can change or cancel this authorization at any time by contacting any agency in the Coordinated Assessment system and asking that this form be rescinded.
- This authorization takes effect the day that I sign it and expires one year from the date I sign it.
- A copy of this authorization is as valid as the original.

Client Signature

Date