



Head of Household Assessment

Intervention Match	<input type="checkbox"/> FEMA	<input type="checkbox"/> FEMA +	<input type="checkbox"/> Back@Home	<input type="checkbox"/> SSVF	<input type="checkbox"/> TCLI
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**NCCEH Back@Home North Carolina
CLIENT RELEASE OF INFORMATION & SHARING PLAN**

SECTION 1 - Identifying Information

Last Name:	First Name:	Middle Initial:
Provider Completing Assessment:	Date of Birth:	Date of Assessment:

Introduction: Many North Carolina shelters and helping programs use a Smartsheet based By-Name-List and a Homeless Management Information System (HMIS) to keep information about people they help. This form defines which client data is entered into HMIS and how those data are shared between HMIS and the Back@Home NC group. The Back@Home NC group is a group that was created in response to recent disaster and works to identify households who need assistance in finding a housing solution and develop strategies for housing them.

The included agencies will collect personal information directly from you to provide the best service possible. They only collect personal information that is considered appropriate for getting you housed. The collection and use of all personal information is guided by strict standards of confidentiality.

Why do we collect information about you?

- To determine eligibility for benefits and services;
- To connect you with other helping agencies;
- To reduce the number of times you have to tell your story; and
- To prevent your information from being confused with someone else's.

The information shared within the Back@Home NC group will be used for the following purposes (see Section 2 for a full explanation of how information will be shared):

- To assess persons for eligibility.
- To identify people impacted by the disaster and get them housed as quickly as possible.
- To help case managers and staff at participating agencies to work together to meet your needs including, but not limited to, housing, case management, and financial assistance.

Basic identifying information (name, year of birth, **partial** Social Security Number, gender and your veteran status) can be seen by all North Carolina agencies that use HMIS. This information allows us to select the correct record and to better coordinate services for you. All persons using HMIS are trained and certified in privacy.

SECTION 2 – Coordination of Care and Back@Home NC Sharing Plan

Who will be sharing information about the individual?

The following person(s) or entities may use or disclose the information: All agencies involved in the Back@Home NC disaster rehousing program. The list of providers can be found at www.backathome.org/partners.

What information is shared about you?

- | | |
|--|---|
| <ul style="list-style-type: none">• Name• Date of Birth• Gender• Race• Ethnicity• Social Security Number• Contact information• Services provided• Reasons for homelessness• Income information• Disability Information• Legal history | <ul style="list-style-type: none">• Veteran Status• Homeless Status• Needs and Services• Entry/Exit assessment information• Contact information• Family composition• Homeless history• Benefits received• FEMA registration information• Employment history• Back@Home assessment information |
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Your Rights

Instructions: Put your initials next to the statements that you understand and agree to:

- ____ I have received a copy of the NC HMIS Privacy Notice that explains NC HMIS and my rights and responsibilities associated with how information is kept and shared through this system.
- ____ If I have a specific privacy concern I can ask to close this information so that only Back@Home NC can see this information.
- ____ I understand that Agencies included in this sharing plan must follow strict privacy guidelines.

- ☐ I understand that my written consent allows the information listed above to be shared among the agencies discussed in this sharing agreement. All sharing agencies where I am receiving services may update that information as I provide additional or new information. The purpose of sharing my information is to better coordinate care for me and my family.
- ☐ I understand that the confidentiality of my records is protected by law. I understand that this agency will never give information about me to anyone outside the agency without my specific written consent through a Sharing Plan or as required by law (The regulations are the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPPA), 45 CFR, Parts 160 & 164) and certain North Carolina laws.
- ☐ I can withdraw my consent to share at any time by writing to the agency listed at the top of this document. However, any information already shared with another agency cannot be taken back. I also understand that the request to discontinue sharing will have to be coordinated between sharing partners. I should tell all agencies that I work with that are included on the Plan when I withdraw my consent.
- ☐ I understand that I have the right to see my information, request to change it, and to have a copy of that information from the servicing agency by written request. An agency can refuse to change information in my record, but must provide me with a written explanation of the refusal within 60 days of the request. Agencies are allowed to charge for reproducing a record.
- ☐ I understand that my refusal to share information in this system will not be used to deny me services such as emergency assistance, outreach, shelter, or housing assistance.
- ☐ I understand that any information I provide related to race, color, religion, sex, national origin, disability, familial status, and actual or perceived sexual orientation, gender identity, or marital status will not be used in any way that would discriminate against me or prevent me from receiving services or housing assistance. I understand that I can file a complaint if I feel that I have been discriminated against.
- ☐ I understand that some of my information may be disclosed for academic research purposes without identifying information included. My name and other identifying information may be used to match records but will not be released to be used directly in the research unless I sign a separate consent when identifying information is a requirement for the Study (example: so a researcher can contact me).

Instructions: Check the box next to the statement that you understand and agree to:

I agree to have all of my information listed above to be visible to all helping agencies listed above.

☐ Yes, I agree to share according to this sharing plan.

☐ No, I do not agree to this sharing plan (Only our agency will be able to see all your detailed information.)

SECTION 3 – Outreach Sharing Plan

Sharing Plan for the purpose of improving outreach to individuals who may qualify for benefits

Veterans Administration:

If you have served in the military and been on active duty, the VA Medical Center would like to contact you about potential housing. With your permission, they will use the information you give this agency (recorded in the HMIS) to contact you. Information that will be shared includes: Name, date of birth, homeless status, veteran status, housing history, contact information, chronically homeless status.

I agree to share my NC HMIS data for Housing Prioritization with the VA Medical Center:

(Circle Response): ☐ Yes ☐ No ☐ N/A

Transitions to Community Living Initiative

If you have lived in an adult care home the North Carolina Transitions to Community Living Initiative would like to contact you about potential housing. With your permission, they will use the information you give this agency (recorded in the HMIS) to contact you. Information that will be shared includes: Name, date of birth, homeless status, housing history, contact information, health status, disability status.

I agree to share my NC HMIS data for Housing Prioritization with TCLI:

(Circle Response): ☐ Yes ☐ No ☐ N/A

This Release is active for 1 year effective on the date of signature.

Client signature: _____, Date: _____,

Signature of guardian or authorized-representative (when required): _____

Relationship to client: _____ Date signed by guardian/authorized representative: _____

DRH Assessment - Head of Household

Date of Assessment: _____

Shelter Name: _____

Assessment Location: _____

County: _____

HMIS #: _____

Assessor Name: _____

A. Identification Data

1. First Name

Last Name

Middle Initial

2. Name(s) of other household members:

3. HoH Cell Phone Number: _____

4. Gender: ☐ Male ☐ Female ☐ Trans Female ☐ Trans Male

☐ Gender Non-Conforming

☐ Client does not know

☐ Client refused

5. Social Security Number:

6. Date of Birth: ____/____/____

Age: _____

7. Ethnicity: ☐ Hispanic/Latino

☐ Non-Hispanic/Non-Latino

☐ Client does not know

☐ Client refused

8. Race:

☐ American Indian/Alaskan Native

☐ White

☐ Asian

☐ Client does not know

☐ Native Hawaiian or Other Pacific Islander

☐ Client refused

☐ Black/African American

9. Are you a US Citizen? ☐ Yes ☐ No ☐ Client does not know ☐ Client refused

10. Have you served in the US Military? ☐ Yes ☐ No (go to B1)

11. If yes, how many months of active duty? _____

12. What was your discharge status?

☐ Honorable

☐ Other than Honorable

☐ General under honorable conditions

☐ Under other than honorable conditions

☐ Bad Conduct

☐ Dishonorable

☐ Uncharacterized

☐ Client does not know

☐ Client refused

B. Disaster Recovery

1. Have you registered with FEMA? ☐ Yes ☐ No (go to B5)
2. What is your FEMA ID number? _____
3. What is your FEMA application status: ☐ Denied ☐ Approved ☐ Pending
4. What was your address before the disaster?

5. Is your pre-disaster housing available to return to? ☐ Yes ☐ No
6. Are you having trouble finding new housing to go to? ☐ Yes ☐ No
7. Were you displaced from your housing by hurricane Matthew two years ago? ☐ Yes ☐ No

C. Family Unit

1. How many people will be in your home? _____ Adults _____ Children
2. How many rooms will you need in your home? _____
3. Will you need a first-floor unit? ☐ Yes ☐ No

Do you have Access or Functional needs? ☐ Yes ☐ No

☐ Client does not know ☐ Client refused

If yes, do you need an ADA unit? ☐ Yes ☐ No ☐ Client does not know ☐ Client refused
4. Do you have pets in your household? ☐ Yes ☐ No
5. Have you been a victim of domestic violence, dating violence, sexual assault, or stalking?
☐ Yes ☐ No (go to C8) ☐ Client does not know (go to C8) ☐ Client refused (go to C8)
6. When did the experience occur?
☐ In the past 3 months ☐ More than 1 year
☐ 3-6 months ago ☐ Client does not know
☐ 6-12 months ago ☐ Client refused
7. Are you currently fleeing or trying to flee domestic violence?
☐ Yes ☐ No ☐ Client does not know ☐ Client refused

8. Have you ever been referred to or stayed in an adult care home?
☐ Yes ☐ No ☐ Client does not know ☐ Client refused

D. History of Housing

1. Are you currently staying in a disaster shelter? ☐ Yes ☐ No
2. If you are not currently staying in a disaster shelter, where did you stay last night?

☐ Unsheltered☐ Homeless emergency shelter☐ Hotel/Motel☐ Temporary/Transitional Housing☐ At-risk of homeless (must leave current housing in 14 day☐ Housed

3. If you are not currently in a disaster shelter, have you stayed in one since 9/14? ☐ Yes ☐ No

4. Which disaster shelter did you stay in? _____

5. What NC County were you living in immediately prior to the natural disaster/storm?

6. Where did you stay the night immediately prior to the natural disaster/storm? (Literally Homeless, Institutional, Transitional/Permanent Housing)? (Choose one, below)

Literally Homeless Situation	Transitional and Permanent Housing Situation	Missing
<input type="checkbox"/> Place not meant for habitation (e.g., vehicle, abandoned building, bus station/airport or anywhere outside)	<input type="checkbox"/> Hotel or motel paid for <i>without</i> emergency shelter voucher	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for <i>with</i> emergency shelter voucher	<input type="checkbox"/> Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Client refused
<input type="checkbox"/> Interim Housing (PSH Use Only)	<input type="checkbox"/> Owned by client, with ongoing housing subsidy	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Place not meant for habitation (e.g., vehicle, abandoned building, bus station/airport or anywhere outside)	<input type="checkbox"/> Permanent housing for formerly homeless persons (such as CoC PH; HUD legacy; or HOPWA PH)	
Institutional Situation	<input type="checkbox"/> Rental by client, no ongoing subsidy	
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Rental by client, with VASH subsidy	
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Rental by client, with GPD TIP subsidy	
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Rental by client, with other ongoing housing subsidy	
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Residential project or halfway house with no homeless criteria	
	<input type="checkbox"/> Staying or living in a family member's room, apartment, or house	
	<input type="checkbox"/> Staying or living in a friend's room, apartment, or house	
	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	

7. How long did you stay there?

☐ A day or less☐ More than 3 months but less than a year☐ Two days to a week☐ A year or more☐ More than one week, but less than a month☐ Client does not know☐ One to three months☐ Client Refused

8. How many times have you been "literally homeless" in the past three years?

☐ One time☐ Four or more☐ Two times☐ Client does not know☐ Three times☐ Client refused

9. Do literally homeless episodes add twelve (12) months in the last three (3) years? ☐ Yes ☐ No

E. Health History

1. Are you currently covered by health insurance? ☐ Yes ☐ No (go to E4)

☐ Client does not know (go to E4) ☐ Client refused (go to E4)

2. If you have health insurance, what type is it? _____

3. If Medicaid, what is your managed care organization? _____

4. Do you have a disabling condition?

☐ Yes ☐ No ☐ Client does not know (go to F1) ☐ Client refused (go to F1)

5. If yes, select all that apply:

☐ Physical ☐ Developmental ☐ Chronic Health Condition ☐ HIV/AIDS

☐ Mental Health Diagnosis

6. Do you currently use alcohol or other substances on a daily basis?

☐ Yes ☐ No ☐ Client does not know ☐ Client refused

F. Legal History

1. Have you been convicted of a Felony in the past 5 years?

☐ Yes ☐ No (go to F3) ☐ Client does not know (go to F3)

☐ Client refused to answer (go to F3)

2. If yes, what are the charges? _____

3. Have you been convicted of a Sex Offense?

☐ Yes ☐ No ☐ Client does not know ☐ Client refused

G. Economic History/Employment

1. Are you currently employed? ☐ Yes ☐ No

2. Source and amount of income before the natural disaster/storm

☐ Earned Income \$ _____ ☐ Unemployment Benefits \$ _____

☐ Supplemental Security Income \$ _____ ☐ Social Security Disability \$ _____

☐ VA Service-Connected Disability \$ _____ ☐ VA Non-Service Connected Disability Pension \$ _____

☐ Private disability insurance \$ _____ ☐ Worker's Compensation \$ _____

☐ TANF \$ _____ ☐ General Assistance \$ _____

☐ Social Security Retirement \$ _____ ☐ Pension or Retirement from former job \$ _____

☐ Child Support \$ _____ ☐ Alimony or Spousal Support \$ _____

☐ Other income \$ _____

Total: \$ _____

3. Have you received any mainstream benefits in the past 30 days?

☐ Yes ☐ No (go to H1) ☐ Client does not know (skip to H1)

☐ Client refused to answer (skip to H1)

4. What kind of benefits?

☐ SNAP ☐ WIC ☐ TANF - child care ☐ TANF – transportation ☐ TANF-other

☐ Section 8, public housing or other assistance for rent ☐ Other: _____

H. Service Needs

1. After being housed can you use any of the following services:

☐ Mental health ☐ Medicaid ☐ Employment
☐ Childcare ☐ Substance Use ☐ Social Security Benefits
☐ Food stamps ☐ Child care ☐ Legal
☐ Domestic Violence Services ☐ Health Services

Assessor: _____

Signature: _____

Participant: _____

Signature: _____



Date: ____/____/____
mm / dd / yyyy

To Whom it May Concern:

This letter is to verify that: _____
name of head of household

☐ Is currently residing in a disaster shelter _____
list disaster shelter name

OR

☐ Resided in a disaster relief shelter on or after 9/14/2018 but is now:
☐ unsheltered ☐ in a homeless shelter ☐ in a homeless transitional housing.

The household resided in _____
name of disaster shelter

from ____/____/____ to ____/____/____
mm / dd / yyyy mm / dd / yyyy

Additional Household Members:

This household has minimal financial resources (ie: give income source) or no financial resources at this time and is in need of a more supervised, structured, and supportive environment. Without your services this individual will be homeless.

Back@Home Representative Signature

Date

Back@Home Representative Name