



**Description of Information Shared through the Coordination of Care Sharing Plan**

Evaluation/Assessment Information Related to:	
<b>Client Profile – Search Screen Shared with all users</b> (Name, Yr of Birth, M/F, partial SS#)	Intake Screening Assessment (risk factors and strengths related to getting or retaining housing such as eviction history, credit or criminal history, currency on rent and utility payments, any recent trauma(s) such as medical debt or current eviction, landlord relationship, etc)
<b>Basic Demographics (Date of Birth, Race, Gender, Ethnicity, family members etc)</b>	Housing Plan that includes the specific tasks you are working on with your Case Manager, and case notes and action steps related to the housing plan (only applies if receiving rental subsidy).
<b>Homeless Information (prior living situation, extent of homelessness, etc)</b>	Health and Disability <i>Note: Only that information required to coordinate services will be shared.</i>
<b>Veteran’s Status</b>	Program Entry and Exit Information
<b>Income and Employment History</b>	Needs and Services

Agencies Participating in Sharing
<ul style="list-style-type: none"> <li>• Ann Arbor Housing Commission</li> <li>• Avalon Housing Inc.- Washtenaw County</li> <li>• Catholic Social Services- Washtenaw County MPRI</li> <li>• Department of Health and Human Services- Washtenaw County</li> <li>• Interfaith Hospitality Network- Washtenaw County</li> <li>• Michigan Ability Partners (MAP)- Washtenaw County</li> <li>• Oakland Livingston Human Service Agency (OLSHA) Support Services for Veterans Families (SSVF) Program</li> <li>• Ozone House* <i>Exempt from sharing in HMIS</i></li> <li>• POWER, Inc</li> <li>• Saint Joseph Mercy Hospital Social Work and Case Management Department</li> <li>• The Salvation Army of Washtenaw County</li> <li>• Shelter Association of Washtenaw County</li> <li>• S.O.S Community Services- Washtenaw County</li> <li>• University of Michigan Complex Care Management</li> <li>• Veteran Administration Ann Arbor Health System</li> <li>• Washtenaw County Community Mental Health (WC CMH)</li> <li>• Washtenaw County Office of Community and Economic Development</li> <li>• Washtenaw County Continuum of Care</li> <li>• Washtenaw Housing Alliance</li> <li>• Ypsilanti Housing Commission</li> </ul>

**SECTION 3 – OUTREACH SHARING PLAN**

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

This sharing plan allows agencies to determine if you qualify for housing resources and additional supports. **Please read each statement below and circle your response(s).**

- US Military Veteran:** 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.

**Yes I agree to share my HMIS data for the Veteran’s Project: (Circle Response): Yes/No/NA**

- Experiencing Homelessness:** If you are experiencing homelessness, you may be eligible for housing resources in our community. We have a Community Housing Prioritization Committee (CHP) consisting of representatives from the agencies listed on page two of this ROI. With your permission, a representative from the agencies listed on page 2 of this ROI may contact you to determine eligibility for housing services.
  - Information that will be shared includes:** Information contained on page two of this ROI may be discussed during the CHP Committee meetings to assess consumers housing need, eligibility and assign available resources.

**Yes I agree to share my HMIS data for Housing Prioritization: (Circle Response): Yes/No/NA**

- Documenting Homelessness:** We may need to document your homeless history to see if you are eligible for specific community programs. Your case manager may contact a representative from the Michigan Coalition against Homelessness (MCAH) (MSHMIS lead agency) to view data recorded in HMIS in order to complete a housing history document. With your permission, the MCAH representative will share information with your case manager.
  - Information that will be shared includes:** HMIS number, Name, date of birth and Social Security Number, housing history

**Yes I agree that MCAH may share data with my Case Manager: (Circle Response): Yes/No/NA**

- Young Adults:** For clients that received services prior to age 18, we may need to document your homeless history to see if you are eligible for specific community programs. Your case manager will contact a Representative from the Michigan Coalition against Homelessness (MSHMIS lead agency) to view data recorded in the HMIS in order to complete a housing history document. **If you are a youth under the age of 24 and have received services from a youth provider while you were under the age of 18,** do you give permission for these Representatives to complete the housing history document to be given to your case manager.
  - Information that will be shared includes:** HMIS number, Name, date of birth and Social Security Number, housing history

**Yes I agree that MCAH may share data with my Case Manager: (Circle Response): Yes/No/NA**

<p><b>This Release is active for one year effective the date of the Signature.</b></p> <p>Client signature: _____, Date: _____,</p> <p>Signature of guardian or authorized-representative (when required): _____</p> <p>Relationship to client: _____ Date signed by guardian/authorized representative: _____</p>
--

**FOR STAFF USE ONLY**

I, \_\_\_\_\_, certify that I have conveyed the information in the SERVICEPOINT Privacy Notice and this ROI to the client named above.

SIGNATURE OF STAFF WITNESS \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
SECOND WITNESS (FOR VERBAL RELEASE) \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

SP ROI 4/1/2016