

**Washtenaw County ServicePoint
CLOSED PROFILE REQUEST
for
{Enter Your Agency Name Here}**

Agencies in Washtenaw County participate in ServicePoint to coordinate services and referrals for clients between helping agencies in Michigan.

By signing this form, I _____ /_____/_____
Client's Printed Name Date of Birth

understand that

- I am requesting that my profile and those belonging to minor dependants be "closed". This means that no information about me or my minor dependants will be shared with other agencies using the ServicePoint system in Michigan.
- If I have previously received services from an agency that uses ServicePoint and I have given them permission to share my personal information, this information will remain visible to any agency that provided services to me or my minor dependants.
- The information collected by this agency will still be entered into the ServicePoint system; however, it will not be visible to other agencies using the system.

Client Signature: _____ Date_____

If this request includes minor dependants, please list their names and dates of birth below:

_____/_____/_____ Name DOB	_____/_____/_____ Name DOB
_____/_____/_____ Name DOB	_____/_____/_____ Name DOB
_____/_____/_____ Name DOB	_____/_____/_____ Name DOB

FOR STAFF USE ONLY

I understand that I must provide a copy of this form to the Washtenaw County HMIS System Administrator within 48 hours. Fax: 734.222.6531 or Mail: HMIS System Administrator, Office of Community & Economic Development, PO Box 8645, Ann Arbor, MI 48107

Staff Signature: _____ Date_____

Additional information about this request: