



**CARES Housing Assistance Program Information Release**

I \_\_\_\_\_ authorize the CHAP program staff to contact my landlord/property manager, employer, agencies and individuals for information about my family or myself for the purpose of rental assistance, case management and referrals. This authorization includes all agencies and individuals with those I have worked or may work through referral by any agency. This authorization will be considered a mutual release.

The release of content includes but is not limited to information regarding rental history, rental amount, landlord information, income, employment, or other information needed to determine eligibility and process request for rental assistance.

\_\_\_\_\_  
**Applicant Printed Name**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature Agency Staff**

\_\_\_\_\_  
**Date**

# Nevada Community Management Information System (CMIS) Client Consent for Data Collection and Release of Information

## What is the CMIS?

The CMIS is a data system that stores information about homelessness services. Bitfocus, Inc. manages the CMIS for the CoCs within the state of Nevada. The purpose of the CMIS is to improve services that support people who are homeless or at risk of homelessness to get housing, and to have better access to those services, while meeting requirements of funders such as the U.S. Department of Housing and Urban Development (HUD).

## What is the purpose of this form?

With this form, you can give permission to have information about you collected and shared with Partner Agencies that help Nevada provide housing and services. A current list of Partner Agencies is available at <http://nvcmis.bitfocus.com/>.

**BY SIGNING THIS FORM, I AUTHORIZE** the state of Nevada and Bitfocus to share CMIS information with Partner Agencies. The CMIS information shared will be used to help me get housing and services. It will also be used to help evaluate the quality of housing and service programs. I understand that the Partner Agencies may change over time.

The information to be collected and shared includes:

- Name, date of birth, gender, race, ethnicity, social security number, phone number, address
- Basic medical, mental health, substance use, and daily living information
- Housing Information
- Use of crisis services, veteran services, hospitals and jail
- Employment, income, insurance and benefits information
- Services provided by Partner Agencies
- Results from assessments
- My photograph or other likeness (if included)

BY SIGNING THIS FORM, I UNDERSTAND THAT:

- Bitfocus and Partner Agencies will keep my CMIS information private using strict privacy policies. I have the right to review their privacy policies.
- I can receive a copy of this Consent and the Client Information Sheet
- I may refuse to sign this Consent. If I refuse, I will not lose any benefits or services.
- This Consent will expire 5 years from my last CMIS recorded activity.

I may revoke this Consent earlier at any time by returning a completed Revocation of Consent form, available at <http://nvcmis.bitfocus.com/>, to [nevada@bitfocus.com](mailto:nevada@bitfocus.com).

- The revocation will take effect upon receipt, except to the extent others have already acted under this Consent.
- My CMIS information may be viewed by auditors or funders who review work of the Partner Agencies, including HUD, The Department of Veteran Affairs, and The Department of Health and Human Services. I understand that the list of auditors and funders may change over time.
- My CMIS information may be shared to coordinate referral and placement for housing and services.
- My CMIS information may be further shared by the Partner Agencies to other agencies for care coordination, counseling, food, utility assistance, and other services.
- My CMIS information will be used to help evaluate the quality of social services.
- My CMIS information may be used for research; however, my identity will remain private.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINTED NAME

## Refusing Consent and De-Identification of Information

If you refuse consent to have your information shared with Partner Agencies, the following information will be entered into the system for your profile and will be deemed as anonymous or "de-identified".

1. Your Social Security Number will be entered as all 0s and the Social Security Number Data Quality field will be set to Client Refused;
2. Your Date of Birth will be entered as 01/01/[year of birth] and the Date of Birth Data Quality field will be set to Approximate or Partial DOB Reported;
3. Your First Name will be entered as Anonymous;
4. Your Last Name will be entered as the Unique Identifier automatically assigned by Clarity Human Services; and
5. The Name Data Quality field will be set to Client Refused.

### FOR AGENCY USE ONLY:

\_\_\_\_\_  
Client Opted Out (Refused Consent)

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Full Name, Social Security Number and/or Birthdate