

**Capital Area Coalition on Homelessness**

**Capital Area Coalition on Homelessness (CACH)**

 **CACH Client Information Management System (CCIMS) & Coordinated Entry**

 **Veteran Consent for Data Collection and Release of Information**

The CACH Client Information Management System (CCIMS) is a data system that stores information about homelessness services in Dauphin County. The Capital Area Coalition on Homelessness (CACH) manages the CCIMS for the County. The purpose of the CCIMS is to improve services that support people who are homeless to get housing and have better access to those services while meeting requirements of funders such as the U.S. Department of Housing and Urban Development (HUD).

This form gives permission to share information collected with Partner Agencies in the County that provide housing and services. Those partner Agencies are:

* Lebanon VAMC
* Volunteers of America
* YWCA of Greater Harrisburg

This form also gives permission to use CCIMS as the data system by which to record and/or share this information.

Any personal information we collect is important to operate and coordinate our ability to serve and offer you with housing and service opportunities in the best way possible, and we only collect information that we consider appropriate.

I may refuse to sign this release. If I refuse, I will not lose any benefits or services. However, we may still be required to collect some personal information by law, or by organizations that give us money to operate this program.

**By signing this form, I authorize** to share my information with Partner Agencies. This may be done through the CCIMS database or within the Homeless Veterans Committee that consists of representatives from the partner agencies listed above.

The information that may be collected and shared include:

* Name
* Gender
* Race
* Ethnicity
* Date of Birth
* Veteran Status
* Proof of Homelessness
* Income
* Insurance
* Disabilities

I understand that CACH and Partnering Agencies will keep my information private using strict privacy policies.

If I have questions about my privacy rights, my information, or am concerned that my information has been misused, I can contact the CCIMS Administrator at 717-255-6587.

This consent will end one year from the date it is signed.

I may revoke my consent at any time by contacting the Administering Agency on this form.

My information may be viewed by auditors or funders who review the work of partnering agencies, including HUD, Dauphin County Human Services, the Department of Veterans Affairs, and The Department of Health and Human Services.

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Signature of Consumer/Participant or Representative Date

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Printed Name

Contact Information (Phone or Email)

Administering Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Email:

CACH 10 North Second Street, Suite 405, Harrisburg, PA 17101 (717) 255-6587

[www.cachpa.org](http://www.cachpa.org)