



YOLO COUNTY HOMELESS AND POVERTY ACTION COALITION VI-SPDAT CONSENT FORM

AGENCY CONDUCTING THE VI-SPDAT

- City of Davis
- City of West Sacramento
- City of Woodland
- CommuniCare Health Centers
- Davis Community Meals and Housing
- Downtown Streets Team
- Empower Yolo
- Fourth and Hope
- Interfaith Rotating Winter Shelter (IRWS) - Davis
- Yolo Community Care Continuum
- Yolo County Children's Alliance
- Yolo County Health and Human Services Agency

GENERAL UNDERSTANDINGS

I, _____, understand that the agency indicated above is here today to talk about my housing and service needs. By signing this form, I acknowledge that I will be asked questions about my health and housing. This survey will take about 20-30 minutes. I understand that participation in the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) and the services match initiation is voluntary. I understand that if I feel uncomfortable or upset during the interview, I can ask the interviewer to take a break, skip any of the questions, ask for clarification of a question, or can ask to stop the survey.

WHAT IS THE BENEFIT OF PROVIDING CONSENT?

To improve access and service alignment by assessing various health and social needs, and then to match those assessed with the most appropriate housing interventions available. The VI-SPDAT is a tool to help guide those assessed to the appropriate services and housing assistance.

PLEASE INITIAL BELOW IF YOU AGREE WITH THE FOLLOWING STATEMENTS:

_____ I allow the surveyor to enter and share my and/or my household dependents' personal and non-personal information into a database called the Homeless Management Information System (HMIS). Sacramento Steps Forward, YCCC, and Yolo County HHSA maintain HMIS. This database helps the region to better understand homelessness, to improve service delivery to the homeless, and to evaluate the effectiveness of services provided to the homeless. Participation in data collection and release, although optional, is a critical component of our community's ability to provide the most effective services and

housing possible. The information that is collected in the HMIS database is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with the standards set forth by federal, state, and local regulations governing confidentiality of client records. Every person and agency that is authorized to read or enter information into this database has signed an agreement to maintain the security and confidentiality of the information.

_____ I agree to allow my responses to the VI-SPDAT screener and match initiation to be used by the service providers that participate in the Yolo County Coordinated Entry System to determine if I am eligible for participating housing, services and related programs. These organizations include, but are not limited to:

- City of Davis
- City of West Sacramento
- City of Woodland
- CommuniCare Health Centers
- Davis Community Meals and Housing
- Downtown Streets Team
- Empower Yolo
- Fourth and Hope
- Interfaith Rotating Winter Shelter of Davis
- Yolo Community Care Continuum
- Yolo County Children’s Alliance
- Yolo County Health and Human Services Agency

_____ I understand that my information may be shared during case conferencing to assist in finding suitable housing resources.

_____ I understand that the following information will be shared with participating agencies that are using HMIS and service providers that participate in the Yolo County Coordinated Entry System as needed to help me find appropriate housing and services:

- Name
- Date of Birth
- Social Security Number
- Gender
- Ethnicity and Race
- Photo (Optional)
- Program Entry Date
- Program Exit Date
- Residence Prior to Project Entry
- Homeless History
- Zip Code of Last Permanent Address
- Family Composition
- Employment Status
- Veteran Status
- HIV/AIDS, Mental Health
- Domestic Violence
- Mental Health
- Disabling Condition
- Alcohol and Drug
- Legal History and Information
- Cash Income and Non-Cash Benefits information
- Contact Information (may include address, phone number and email address)
- History of Medical and/or Mental Health Treatment
- Additional information used strictly for matching me with suitable housing and/or services
- All information contained within the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT), including:
 - History of Housing and Homelessness
 - Risks
 - Socialization and Daily Functioning
 - Wellness

_____ I agree to have my photo taken and uploaded in HMIS. I understand use of my likeness in a photograph will be viewable by other HMIS participating agencies and may be cropped or edited, as needed. I waive the right to approve or inspect the finished photograph.

_____ I, or my outreach worker/case manager, can be contacted about my survey.

IMPORTANT RIGHTS AND OTHER REQUIRED STATEMENTS YOU SHOULD KNOW

The providers participating in HMIS and the Yolo County Coordinated Entry System who may see client information have signed agreements to maintain confidentiality regarding the information and to use the information provided only to link clients with housing or supportive service options.

I understand that participating in the Yolo County Coordinated Entry System does not guarantee that I will be called for a housing program.

This consent will remain in effect until I revoke it in writing. I may revoke this authorization at any time by contacting Yolo County HHSA. If I revoke this authorization, it will not apply to information that has already been used or disclosed.

This release is valid for seven years from the date of the signature below.

I understand that Yolo County HHSA will act as the agency that matches survey information against eligibility requirements of housing that becomes available for which I may be eligible. Service providers may require additional assessments.

This authorization is voluntary, and I do not have to agree to authorize any use or disclosure.

I have a right to a copy of this authorization once I have signed it, and must contact Yolo County HHSA to obtain a copy.

I acknowledge that auditors or funders who have legal rights to review the work of this agency, including the U.S. Department of Housing and Urban Development may see my information.

Bitfocus, Inc. is Yolo's HMIS Vendor. When Bitfocus works on the system, they may see my information.

My signature or mark below indicates that I have read (or been read) the information provided above, have received answers to my questions, and agree to participate in the VI-SPDAT survey and the Yolo County Coordinated Entry System. By agreeing to be interviewed for the Yolo County Coordinated Entry System, I am not giving up any legal rights.

Client's Signature

Date

Agency Personnel's Signature

Date