

**Pikes Peak Continuum of Care
Regional Coordinated Entry System**

**VI-SPDAT Assessment Screening and Match Initiation Consent
Form Authorization to Participate in Housing Eligibility Survey**

Participant Last Name:	Participant First Name:	DOB (mm/dd/yyyy):
HMIS Client ID Number (If applicable):		Social Security Number:

We are here today to talk to you about your housing and service needs. If you give us permission, we will ask you questions about your health and housing for about 20-30 minutes. Participation in the VI-SPDAT Assessment and Match Initiation is completely voluntary. If you feel uncomfortable or upset during the interview, you may ask the interviewer to take a break, skip any of the questions, or stop the survey.

No one will be upset or angry if you decide not to be interviewed today. You will not be denied access to necessary services based on your refusal to participate in the assessment interview.

Please initial below if you agree with the following statements:

_____ I agree to allow my responses to VI-SPDAT Assessment and Match Initiation to be disclosed and received by the organizations that participate in the Pikes Peak Continuum of Care Coordinated Entry System and to be used to determine if I am eligible for participating housing, service and related programs. These organizations include but are not limited to:

- | | | |
|-------------------------------------|-------------------------------|------------------------------|
| Ascending To Health | Family Promise | The Salvation Army |
| AspenPointe | Greccio Housing | Springs Rescue Mission |
| Catholic Charities | CSPD Homeless Outreach Team | Tri-Lakes Cares |
| Coalition for Compassion and Action | Homeward Pikes Peak | Veterans Administration |
| Colorado Springs Housing Authority | Partners In Housing | Urban Peak, Colorado Springs |
| Colorado Division of Housing | Pikes Peak United Way | |
| Ecumenical Social Ministries | Rocky Mountain Human Services | |

A complete list of participating agencies is provided online at ppuw.org, or contact United Way 2-1-1.

_____ I understand that the information from this survey will be entered into Pikes Peak Continuum of Care Regional Coordinated Entry database. My personal information will be kept in accordance with all federal, state and local laws and regulations related to protecting personal information.

_____ I understand that the Pikes Peak Continuum of Care Regional Coordinated Entry databases operate over the Internet and use many security protections to ensure confidentiality. The information collected may either be kept in separate databases or in a joint HMIS database, and may remain in the database or databases past the expiration of this consent or after consent is withdrawn.

_____ I understand that the following information can be shared with participating agencies in the Pikes Peak Continuum of Care Region and other agencies as needed to help me find appropriate housing and/or services:

- | | |
|---|---|
| - Birth date, Gender | - Income |
| - Scanned copies of vital documents to assist with housing application requirements | - Contact information |
| - History of medical treatments | - Additional information used for matching me with suitable housing and/or services |
| - History of mental health treatment | - Alcohol and Drug Use History |
| - Housing and homeless history | - HIV/AIDS Status (only for targeted housing programs) |

_____ I allow my case manager or outreach worker to enter my personal information to the interview questions into a secure database. My signature below signifies my permission.

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

_____ I understand that participating in the Pikes Peak Continuum of Care Regional Coordinated Entry System does not guarantee that I will be eligible for, or admitted into, a housing program.

_____ I understand that the Pikes Peak Continuum of Care Regional Coordinated Entry System will act as the agency that matches my information against eligibility requirements of housing that becomes available and that I may be eligible for.

Important Rights and Other Required Statements You Should Know

- You may revoke this authorization at any time. To do so, please contact the Pikes Peak Continuum of Care Regional Coordinated Entry at Pikes Peak United Way at 719-955-0749.
- All participating organizations of the Pikes Peak Continuum of Care Regional Coordinated Entry System agree to use information provided **for the sole purpose of linking clients with housing or supportive service options.**
- This authorization will expire one year after the date it is signed by you.
- This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.
- You have a right to a copy of this authorization once you have signed it. To obtain a copy, please contact the Pikes Peak Continuum of Care Coordinated Entry System 719-955-0749

SIGN BELOW IF AGREEING TO BE INTERVIEWED

Your signature (or mark) below indicates that you have read (or been read) the information provided above, have received answers to your questions, and have freely chosen to be interviewed. By agreeing to be interviewed, you are not giving up any of your legal rights.

Date _____ Signature (or Mark) of Participant _____

Printed Name of Participant _____

Date _____ Signature (or Mark) of Guardian _____

Printed Name of Guardian _____