

HOMELESSNESS VERIFICATION AND RELEASE OF INFORMATION

By signing this form, I, the **intake staff member**, certify that:

- The head of household meets all program eligibility requirements and the HUD definition of homeless as reflected by the responses in this application.
- The responses in this form are accurate observations made by me, the intake staff member, based on verbal confirmation from the head of household.

Intake Staff Signature: X _____ Date: _____

By signing this form, I, the **head of household**, certify that:

- The responses in this application are an accurate representation of my situation.
- I plan to work on the stability goals agreed upon with the intake staff member.
- I authorize the referral organization and Adams County Community Safety & Well-Being to engage in:
 - 1) Verbal/written communication with the person or location in which I am staying with.
 - 2) Verbal/written communication, verbal/written collection of personal information, and release of records to Homeless Management Information System (HMIS) partner agencies to coordinate housing and homelessness resources on your behalf. Information that may be collected and/or shared includes information related to my housing crisis (arrear, payment needed, reason for housing crisis, assistance needed, etc.), demographics, contact information, employment, income, basic medical information, benefits eligibility, and other information shared on this intake form.

Head of Household Signature: X _____ Date: _____

Verbal Consent: Complete this section only if written consent cannot be obtained.

*In the extraneous circumstance that consent and release of information cannot be completed in writing by the head of household, **verbal consent** may be used. Read the above information verbatim to the head of household, mark the checkboxes, and add your initials.*

Intake Staff Member Initials: _____

Complete this section only if an **authorized representative** is signing on behalf of the client.

Authorized Representative Signature: X _____ Date: _____

*An **Authorized Representative** can sign on behalf of the client in the extreme circumstance when the client is unable to sign the document directly but has been read the form in entirety by their case manager, navigator, or outreach worker and has consented to them signing on their behalf.*

Authorized Representative Name _____

Authorized Representative email _____

Authorized Representative phone number _____