

WI Balance of State CoC Coordinated Entry (CE) Case Conferencing Release of Information (ROI)

This agency _____ participates in Coordinated Entry (CE) Case Conferencing with other agencies within the _____ Local Homeless Coalition that covers _____ Counties.

The purpose of CE Case Conferencing is for CE service providers and partner agencies to discuss individuals and families on the Coordinated Entry Priority List to assist in finding housing solutions.

Information shared may include, but is not limited to:

Personal Identifying Information: Name, Date of birth, Gender, Race, Ethnicity, Contact information, etc.

Assessment Specific Information: Information provided on the CE Pre-screen, including: Current living situation, Length of time in current living situation, Household size, Disability, Domestic violence victim/survivor, Military status, etc.

Please indicate your choice regarding sharing your information

Option 1: I agree to share my and my household's information during Coordinated Entry Case Conferencing meetings.

Option 2: I want to limit my and my household's information to exclude the following agencies and organizations: _____

Option 3: I do not want my or my household's information shared during Coordinated Entry Case Conferencing meetings.

Expiration Date: This authorization is good until one of the following:
(Please enter the date this ROI will expire)

For one year from date of signature _____

For only a specified amount of time: _____

For the entirety of being enrolled in the WI BOSCOE Coordinated Entry System

Right to Terminate: I understand that I have the right to terminate this ROI at any time for any reason, upon written notice.

Right to receive a copy: I understand I have the right to receive a copy of this ROI upon request.

I understand and agree to the above terms.

Client Name Printed: _____

Client Signature: _____

Date: _____

Verbal Consent

Agency Staff Name Printed: _____

Agency Staff Signature: _____

Date: _____