

## **Hamilton's Homeless-Serving System Consent for the Collection and Sharing of Personal Information**

### **What is "Hamilton's homeless-serving system"?**

- It is a group of agencies that works together to help you find and maintain a place to live.

### **What personal information is collected and shared and who will see it?**

- With your consent, any appropriate information collected at intake and any updates in your housing plan.
- It may be shared within Hamilton's homeless-serving system only for the purpose of getting you housed.
- This information may be shared for the purpose of connecting you with permanent housing with supports, such as a Housing First program. These programs aim to move individuals into housing with supports through the help of Intensive Case Managers.
- Only authorized staff will see your personal information.
- The types of community agencies with access to the list include:
  - Emergency Shelters
  - Street Outreach
  - Transitional Housing
  - OW/ODSP
  - Homeless Serving Agencies
  - City of Hamilton, Housing Services
  - Permanent Housing with Supports

### **What if you change your mind about your personal information being shared?**

- You can remove your consent at any time by speaking to staff at the City of Hamilton or one of the community agencies.
- If you have a concern, we will work with you to understand consent and access to the full options of our homeless-serving system.

### **Are there times when your personal information may be shared without your consent?**

Your information may be shared without your consent if:

- A person under 18 years old has experienced or may be at-risk of abuse or harm
- A person who is a threat to themselves or another person
- A court order requires information to be shared

- I have read or have had read to me the information contained on this form and I understand it.
- I consent to the collection of my personal information necessary for me to find and maintain a place to live.
- I also consent to the sharing of my personal information among agencies in Hamilton’s homeless-serving system for the purpose of helping me become housed.
  - (Optional) I wish to EXCLUDE the following agencies from receiving a referral on my behalf: \_\_\_\_\_
  - If I do not consent to the sharing of my personal information, or later choose to revoke my consent, we will work with you to understand consent and access to the full options of our homeless-serving system.

**Participant Signature:**

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First and Last Name - Print

Date of Birth

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First and Last Name Signature

Date Signed

*(Please have all additional people sign below, reprint if necessary)*

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First and Last Name - Print

Date of Birth

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First and Last Name Signature

Date Signed

**Witness Signature:**

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First and Last Name - Print

Name of Agency

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First and Last Name Signature

Date Signed