



**NW Social Service Connections' HMIS/CMIS  
Client Consent to Release of Information for Data Sharing in Multnomah County**

Northwest Social Service Connections' Homeless Management Information System / Client Management Information System (HMIS/CMIS) is a computer system that is used to collect and share information on homelessness and social services throughout Multnomah County. The information gathered by HMIS/CMIS allows agencies to plan and deliver services that help people in need. By sharing information with each other, agencies are able to simplify service delivery by coordinating services and referrals across agencies.

**Maintaining the privacy and safety of those using our services is very important to us.** The HMIS/CMIS runs in compliance with all Federal and State laws and codes, including Health Insurance Portability and Accountability Act (HIPAA). Every person and agency that is authorized to read or enter information into the database has been trained on client confidentiality policies and has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights ended and may be subject to further penalties.

Services will not be denied should you choose not to share information. Information will still be collected and entered because of our federal and state requirements. **Certain minimum client information is shared throughout our HMIS/CMIS in order to avoid creating duplicate client records.** Authorized HMIS/CMIS persons at participating community agencies will be able to see the following data elements of all client records:

- |                 |   |
|-----------------|---|
| • First Name    | • Veteran Status  |
| • Last Name     | • Gender  |
| • Date of Birth | • Social Security Number (required for specific services) |

**Please read the following statements and consult with your agency staff if you have any questions:**

**I UNDERSTAND THAT:**

- I will not be denied services if I decline to share my data beyond the minimum requirements.
- The release of my information does not guarantee that I will receive assistance.
- The partner agencies will share my basic identifying information (Name, DOB, Veteran Status, Gender, SSN) in order to improve service delivery and reduce duplicate data collection.
- Any details about the programs I participate in or information I share with agency staff will not be disclosed to any third party unless I give written authorization or it is otherwise required by law. We must still report some information because of our federal, state or funder requirements.
- This authorization will remain in effect for 7 years unless I revoke it in writing by signing a written statement or Revocation form.
- I understand that I may cancel my consent to data sharing at any time. However, doing so will not change information that has already been given out or actions already taken. Revocation will be effective as of that date.
- I have the right to see my HMIS/CMIS record, ask for changes, and to have a copy of my record from this agency upon written request.
- I have the right to file a complaint if I feel I have been harmed in some way by the use of HMIS/CMIS.
- I have the right to receive a copy of the HMIS/CMIS Notice to Clients of Uses and Disclosures.



Maintaining the privacy and safety of those using our services is very important to us. Your record will only be shared if you give us permission to do so. There may be risks and/or benefits for you to consider before you decide whether or not to consent to the release of information.

**By writing your initials below, you agree to share the following level of information for yourself and all household members listed below with other Northwest Social Service Connections' HMIS/CMIS partner agencies:**

- \_\_\_\_\_ 1) In addition to the minimum required data elements (Name, DOB, Gender, Veteran Status, SSN), **I agree to share** additional demographic information (including Race and Ethnicity), program enrollment and exit Information, information about the nature of my situation, services and referrals I receive, and contact information via the Northwest Social Service Connections' HMIS/CMIS with other Northwest Social Service Connections' HMIS/CMIS partner agencies.
- \_\_\_\_\_ 2). Beyond the minimum required data elements (Name, DOB, Gender, Veteran Status, SSN), **I DO NOT agree to share** any additional information through the Northwest Social Service Connections' HMIS/CMIS with other Northwest Social Service Connections' HMIS/CMIS partner agencies.

**Please list the names and dates of birth of all household members participating in services:**

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\_\_\_\_\_  
Client/Parent or Guardian Name (*please print*)

\_\_\_\_\_  
Client/Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Personnel Name (*please print*)

\_\_\_\_\_  
Agency Personnel Signature

\_\_\_\_\_  
Date



## JOINT OFFICE OF HOMELESS SERVICES

FORM: Household Level Attestation of Experiencing or at Imminent Risk of Long-Term Homelessness

Please note: This form has an HMIS data entry requirement. Agencies attesting to serving only Population A must still complete the check box in HMIS for every client they screen into services.

### Experiencing or at Imminent Risk of Long-Term Homelessness

Name of Head of Household: \_\_\_\_\_ Date of screening: \_\_\_\_\_

1. ☐ Agency only serves households/individuals earning between 0-30% Area Median Income (AMI); **AND**

#### Area Median Income Percentages 2024

1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
\$24,780	\$28,320	\$31,860	\$35,400	\$38,250	\$41,070	\$43,920	\$46,740

2. ☐ All individuals served have a disabling condition. This can include a physical, psychological, or cognitive disability, a chronic illness, or an addiction;

*This can be self-certified. The disability does not need to be diagnosed or documented by a third party; **AND***

3. All individuals served (as head of household) meet at least one of the following criteria):

- a. ☐ Literally homeless (staying in a tent, car, emergency shelter, transitional housing or hotel); **OR**
- b. ☐ In an institution or publicly funded system of care (e.g., hospital, jail, prison, or foster care); **OR**
- c. ☐ In housing and will become literally homeless within 14 days of the date of application for homeless assistance and/or has received an eviction (this includes households that are involuntarily doubled-up); **OR**
- d. ☐ Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, trafficking, or other dangerous or life-threatening conditions that relate to violence and lack the resources or support networks to obtain other safe, permanent housing.

*Questions 3 and 4 can be self-certified or certified by a supportive services provider. No additional documentation is required; **AND***

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4. All individuals served (as head of household) meet at least one of the qualifying criteria:

- a. ☐ Has been literally homeless, institutionalized in a publicly funded system of care, and/or involuntarily doubled up for a combined total of 12 or more months over the past three years; **OR**
- b. ☐ Was housed through another Homeless Assistance Housing Program in the last three years and is not currently being served in that program; **OR**
- c. ☐ Is being served in an intensive case management program (e.g., Assertive Community Treatment)

## Certification Box

I certify (*agency/program*) \_\_\_\_\_, based on the qualifications above, only serves populations that qualify as chronically homeless based on the definition for Population A.

Staff Name:

Work Phone:

Staff Signature:

Date:

Agency:

Email:

### Note on Area Median Income (AMI)

The Joint Office of Homeless Services updates the form annually to reflect changes in the Department of Housing and Urban Development's (HUD) Area Median Income (AMI) limits. HUD updates AMI based on Median Family Income estimates and Fair Market Rent Area Definitions for the Portland-Vancouver-Hillsboro, OR-WA metropolitan area, which includes Clackamas, Clark, Columbia, Multnomah, Skamania, Washington, and Yamhill counties in Multnomah County. Updated income limits are typically released in the Spring of each year.

Intake Date: \_\_\_\_\_ ServicePoint Client ID for Head of Household: \_\_\_\_\_

**Household Type:** ☐ Single Individual ☐ Female Single Parent ☐ Male Single Parent ☐ Two Parent ☐ Foster Parent(s)  
☐ Grandparent(s) w/ children ☐ Couple with No Children ☐ Non-custodial Caregiver ☐ Other: \_\_\_\_\_

## HEAD OF HOUSEHOLD (HoH) Data (Page 1 of 3)

<b>Name:</b> _____		<b>DOB:</b> _____		<b>Rel. to HoH:</b> <u>SELF</u>	
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender other than singularly Male or Female <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused					
<b>Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know		<b>Primary Language:</b> _____		<b>Population A/B (required for JOHS funded or CoC programs)</b> <input type="checkbox"/> A <input type="checkbox"/> B	
<b>Inclusive Identity* (check all that apply):</b> <input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Middle Eastern		<input type="checkbox"/> Native Am/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Slavic <input type="checkbox"/> White <input type="checkbox"/> Declined to Answer		<b>Ethnicity:</b> <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
* When entering data in ServicePoint, you will need to enter these responses under <b>BOTH</b> the Inclusive Identity as well as Federal race/ethnicity categories areas.					
<b>Disability Type:</b> <input type="checkbox"/> None <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Developmental <input type="checkbox"/> Other: _____					
<b>Health Insurance:</b> <input type="checkbox"/> None <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Medicaid (OHP) <input type="checkbox"/> Medicare <input type="checkbox"/> VA Medical Services <input type="checkbox"/> Employer Provided <input type="checkbox"/> COBRA <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Private Pay <input type="checkbox"/> Other: _____					
<b>Continuous and Ongoing Non-Cash Benefits:</b> (Select all that apply) <input type="checkbox"/> None <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Supplemental Nutrition Assistance (SNAP) <input type="checkbox"/> WIC <input type="checkbox"/> TANF Child Care Services <input type="checkbox"/> TANF Transportation Services <input type="checkbox"/> Other TANF-Funded Services <input type="checkbox"/> Other (Describe): _____					

**HEAD OF HOUSEHOLD (HoH) Data (Page 2 of 3)****Continuous and Ongoing Income** (Fill in all that apply. Do not count if income is one time, has ended, or is ending soon):
☐ None      ☐ Client Refused      ☐ Client Doesn't Know

Monthly Amount

\$ \_\_\_\_\_ Alimony or Other Spousal Support

\$ \_\_\_\_\_ Child Support

\$ \_\_\_\_\_ Earned Income (wages, salary, etc)

\$ \_\_\_\_\_ General Assistance

\$ \_\_\_\_\_ Pension or retirement income

\$ \_\_\_\_\_ Private Disability Insurance

\$ \_\_\_\_\_ Retirement Income from Social Security

\$ \_\_\_\_\_ Social Security Disability Insurance (SSDI)

Monthly Amount

\$ \_\_\_\_\_ Supplemental Security Income (SSI)

\$ \_\_\_\_\_ TANF

\$ \_\_\_\_\_ Unemployment Insurance

\$ \_\_\_\_\_ VA Non-Service Connected Disability Pension

\$ \_\_\_\_\_ VA Service Connected Disability Compensation

\$ \_\_\_\_\_ Worker's Compensation

\$ \_\_\_\_\_ Other:

**Employment Status:**
☐ Full-Time      ☐ Part-Time      ☐ Job Training      ☐ Irregular  
☐ Not Employed – Not Seeking      ☐ Not Employed – Seeking      ☐ Retired
**DV Survivor?**
☐ Yes    ☐ No    ☐ Client Refused    ☐ Client Doesn't Know
If response is **Yes**:
 When did the experience occur? ☐ Within past 3 months    ☐ 3-6 months ago    ☐ More than a year ago  
☐ Client Refused    ☐ Client Doesn't Know

 Are you currently fleeing?      ☐ Yes    ☐ No

**HEAD OF HOUSEHOLD (HoH) Data (Page 2.5 of 3)****Residence Prior to Program Entry: (Select only ONE)**

HOMELESS SITUATION	INSTITUTIONAL SITUATION	TEMPORARY AND PERMANENT HOUSING SITUATION
<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency Shelter, including hotel or motel paid for <u>with</u> emergency shelter voucher <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for <u>without</u> emergency shelter voucher <input type="checkbox"/> Transitional Housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not collected

**HEAD OF HOUSEHOLD (HoH) Data (Page 3 of 3)**

If response to Residence Prior to Program Entry is under <b>HOMELESS</b> , complete this section.	If response to Residence Prior to Program Entry is under <b>INSTITUTIONAL</b> , complete this section.	If response to Residence Prior to Program Entry is under <b>TRANSITIONAL AND PERMANENT HOUSING</b> , complete this section.
<p>Length of Stay in Previous Place (the location marked under Residence Prior):</p> <p> <input type="checkbox"/>One night or less  <input type="checkbox"/>Two to six nights  <input type="checkbox"/>One week or more, but less than one month  <input type="checkbox"/>One month or more, but less than 90 days  <input type="checkbox"/>90 days or more, but less than one year  <input type="checkbox"/>One year or longer  <input type="checkbox"/>Client doesn't know  <input type="checkbox"/>Client refused </p>	<p>Length of Stay in Previous Place (the location marked under Residence Prior):</p> <p> <input type="checkbox"/>One night or less  <input type="checkbox"/>Two to six nights  <input type="checkbox"/>One week or more, but less than one month  <input type="checkbox"/>One month or more, but less than 90 days  <input type="checkbox"/>90 days or more, but less than one year  <input type="checkbox"/>One year or longer  <input type="checkbox"/>Client doesn't know  <input type="checkbox"/>Client refused </p>	<p>Length of Stay in Previous Place (the location marked under Residence Prior):</p> <p> <input type="checkbox"/>One night or less  <input type="checkbox"/>Two to six nights  <input type="checkbox"/>One week or more, but less than one month  <input type="checkbox"/>One month or more, but less than 90 days  <input type="checkbox"/>90 days or more, but less than one year  <input type="checkbox"/>One year or longer  <input type="checkbox"/>Client doesn't know  <input type="checkbox"/>Client refused </p>
<p>Approximate date homeless: _____</p>	<p>→If the response above is <b>less than 90 days</b> (the options in bold), then continue:</p>	<p>→If the response above is <b>less than 7 days</b> (the options in bold), then continue:</p>
<p>Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years including today:</p> <p> <input type="checkbox"/>One time   <input type="checkbox"/>Two times   <input type="checkbox"/>Three times   <input type="checkbox"/>Four or more times   <input type="checkbox"/>Client doesn't know   <input type="checkbox"/>Client refused </p>	<p>On the night before their residence prior situation, did client stay on the streets, emergency shelter or safe haven?  <input type="checkbox"/>Yes   <input type="checkbox"/>No </p>	<p>On the night before their residence prior situation, did client stay on the streets, emergency shelter or safe haven?  <input type="checkbox"/>Yes   <input type="checkbox"/>No </p>
<p>→If response to the question above is <b>Yes</b>, then continue:</p>	<p>→If response to the question above is <b>Yes</b>, then continue:</p>	<p>→If response to the question above is <b>Yes</b>, then continue:</p>
<p>Total number of months homeless on the street, in emergency shelter or safe haven in the past three years (any day or part of a month is counted as one month):</p> <p>Months: _____</p> <p> <input type="checkbox"/>Client doesn't know  <input type="checkbox"/>Client refused </p>	<p>Approximate date homeless situation began: _____/_____/_____</p> <p>Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years including today:</p> <p> <input type="checkbox"/>One time   <input type="checkbox"/>Two times   <input type="checkbox"/>Three times   <input type="checkbox"/>Four or more times   <input type="checkbox"/>Client doesn't know   <input type="checkbox"/>Client refused </p> <p>Total number of months homeless on the street, in emergency shelter or safe haven in the past three years (any day or part of a month is counted as one month):</p> <p>Months: _____</p> <p> <input type="checkbox"/>Client doesn't know  <input type="checkbox"/>Client refused </p>	<p>Approximate date homeless situation began: _____/_____/_____</p> <p>Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years including today:</p> <p> <input type="checkbox"/>One time   <input type="checkbox"/>Two times   <input type="checkbox"/>Three times   <input type="checkbox"/>Four or more times   <input type="checkbox"/>Client doesn't know   <input type="checkbox"/>Client refused </p> <p>Total number of months homeless on the street, in emergency shelter or safe haven in the past three years (any day or part of a month is counted as one month):</p> <p>Months: _____</p> <p> <input type="checkbox"/>Client doesn't know  <input type="checkbox"/>Client refused </p>



For each additional adult in the household, please make copies of these pages.

### OTHER ADULT (18+ yrs of age) Data (Page 1 of 3)

<b>Name:</b> _____ <b>DOB:</b> _____			
<b>Relationship to Head of Household (HoH):</b> <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <input type="checkbox"/> Head of household's spouse or partner  <input type="checkbox"/> Head of household's child  <input type="checkbox"/> Head of household's other relation member (other relation to HoH)  <input type="checkbox"/> Other: Non-relation member         </div>			
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender other than singularly Male or Female <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused			
<b>Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know		<b>Primary Language:</b> _____	
<b>Inclusive Identity* (check all that apply):</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> African  <input type="checkbox"/> Asian  <input type="checkbox"/> Black/African American  <input type="checkbox"/> Latino/Hispanic  <input type="checkbox"/> Middle Eastern         </div> <div style="width: 45%;"> <input type="checkbox"/> Native Am/Alaska Native  <input type="checkbox"/> Native Hawaiian/Pacific Islander  <input type="checkbox"/> Slavic  <input type="checkbox"/> White  <input type="checkbox"/> Declined to Answer         </div> </div>		<b>Ethnicity:</b> <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <input type="checkbox"/> Non-Hispanic/Non-Latino  <input type="checkbox"/> Hispanic/Latino  <input type="checkbox"/> Client Doesn't Know  <input type="checkbox"/> Client Refused         </div>	
* When entering data in ServicePoint, you will need to enter these responses under <b>BOTH</b> the Inclusive Identity as well as Federal race/ethnicity categories sections.			
<b>Disability Type:</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> None  <input type="checkbox"/> Mental Health  <input type="checkbox"/> HIV/AIDS         </div> <div style="width: 45%;"> <input type="checkbox"/> Client Refused  <input type="checkbox"/> Physical  <input type="checkbox"/> Hearing Impaired         </div> <div style="width: 45%;"> <input type="checkbox"/> Client Doesn't Know  <input type="checkbox"/> Chronic Health Condition  <input type="checkbox"/> Vision Impaired         </div> <div style="width: 45%;"> <input type="checkbox"/> Drug Abuse  <input type="checkbox"/> Developmental         </div> <div style="width: 45%;"> <input type="checkbox"/> Alcohol Abuse  <input type="checkbox"/> Other: _____         </div> </div>			
<b>Health Insurance:</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> None  <input type="checkbox"/> Medicaid (OHP)  <input type="checkbox"/> Indian Health Services Program         </div> <div style="width: 45%;"> <input type="checkbox"/> Client Refused  <input type="checkbox"/> Medicare  <input type="checkbox"/> Private Pay         </div> <div style="width: 45%;"> <input type="checkbox"/> Client Doesn't Know  <input type="checkbox"/> VA Medical Services  <input type="checkbox"/> Other: _____         </div> <div style="width: 45%;"> <input type="checkbox"/> Employer Provided  <input type="checkbox"/> COBRA         </div> </div>			
<b>Continuous and Ongoing Non-Cash Benefits:</b> (Select all that apply) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> None  <input type="checkbox"/> Supplemental Nutrition Assistance (SNAP)  <input type="checkbox"/> TANF Transportation Services  <input type="checkbox"/> Other (Describe): _____         </div> <div style="width: 45%;"> <input type="checkbox"/> Client Refused  <input type="checkbox"/> WIC  <input type="checkbox"/> Other TANF-Funded Services         </div> <div style="width: 45%;"> <input type="checkbox"/> Client Doesn't Know  <input type="checkbox"/> TANF Child Care Services         </div> </div>			

**OTHER ADULT (18+ yrs of age) Data (Page 2 of 3)****Continuous and Ongoing Income** (Fill in all that apply. Do not count if income is one time, has ended, or is ending soon):
☐ None
     
 ☐ Client Refused
     
 ☐ Client Doesn't Know

Monthly Amount

\$ \_\_\_\_\_ Alimony or Other Spousal Support

\$ \_\_\_\_\_ Child Support

\$ \_\_\_\_\_ Earned Income (wages, salary, etc)

\$ \_\_\_\_\_ General Assistance

\$ \_\_\_\_\_ Pension or retirement income

\$ \_\_\_\_\_ Private Disability Insurance

\$ \_\_\_\_\_ Retirement Income from Social Security

\$ \_\_\_\_\_ Social Security Disability Insurance (SSDI)

Monthly Amount

\$ \_\_\_\_\_ Supplemental Security Income (SSI)

\$ \_\_\_\_\_ TANF

\$ \_\_\_\_\_ Unemployment Insurance

\$ \_\_\_\_\_ VA Non-Service Connected Disability Pension

\$ \_\_\_\_\_ VA Service Connected Disability Compensation

\$ \_\_\_\_\_ Worker's Compensation

\$ \_\_\_\_\_ Other:

**Employment Status:**
     
 ☐ Full-Time
     
 ☐ Part-Time
     
 ☐ Job Training
     
 ☐ Irregular  
☐ Not Employed – Not Seeking
     
☐ Not Employed – Seeking
     
☐ Retired

**DV Survivor?**
     
☐ Yes
     
☐ No
     
☐ Client Refused
     
☐ Client Doesn't Know
If response is **Yes**:
 When did the experience occur?
     
☐ Within past 3 months
     
☐ 3-6 months ago
     
☐ More than a year ago  
☐ Client Refused
     
☐ Client Doesn't Know

 Are you currently fleeing?
     
☐ Yes
     
☐ No

**OTHER ADULT (18+ yrs of age) Data (Page 2.5 of 3)****Residence Prior to Program Entry: (Select only ONE)****HOMELESS SITUATION**

- ☐ Place not meant for habitation
- ☐ Emergency Shelter, including hotel or motel paid for with emergency shelter voucher
- ☐ Safe Haven

**INSTITUTIONAL SITUATION**

- ☐ Foster care home or foster care group home
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Jail, prison or juvenile detention facility
- ☐ Long-term care facility or nursing home
- ☐ Psychiatric hospital or other psychiatric facility
- ☐ Substance abuse treatment facility or detox center

**TEMPORARY AND PERMANENT HOUSING SITUATION**

- ☐ Residential project or halfway house with no homeless criteria
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Transitional Housing for homeless persons (including homeless youth)
- ☐ Host Home (non-crisis)
- ☐ Staying or living in a friend's room, apartment or house
- ☐ Staying or living in a family member's room, apartment or house
- ☐ Rental by client, with GPD TIP housing subsidy
- ☐ Rental by client, with VASH subsidy
- ☐ Permanent housing (other than RRH) for formerly homeless persons
- ☐ Rental by client, with RRH or equivalent subsidy
- ☐ Rental by client, with HCV voucher (tenant or project based)
- ☐ Rental by client in a public housing unit
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Rental by client in a public housing unit
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy
- ☐ Client Doesn't Know    ☐ Client Refused    ☐ Data not collected

# OTHER ADULT (18+ yrs of age) Data (Page 3 of 3)

If response to Residence Prior to Program Entry is under <b>HOMELESS</b> , complete this section.	If response to Residence Prior to Program Entry is under <b>INSTITUTIONAL</b> , complete this section.	If response to Residence Prior to Program Entry is under <b>TRANSITIONAL AND PERMANENT HOUSING</b> , complete this section.
<p>Length of Stay in Previous Place (the location marked under Residence Prior):</p> <p> <input type="checkbox"/> One night or less  <input type="checkbox"/> Two to six nights  <input type="checkbox"/> One week or more, but less than one month  <input type="checkbox"/> One month or more, but less than 90 days  <input type="checkbox"/> 90 days or more, but less than one year  <input type="checkbox"/> One year or longer  <input type="checkbox"/> Client doesn't know  <input type="checkbox"/> Client refused </p>	<p>Length of Stay in Previous Place (the location marked under Residence Prior):</p> <p> <input type="checkbox"/> One night or less  <input type="checkbox"/> Two to six nights  <input type="checkbox"/> One week or more, but less than one month  <input type="checkbox"/> One month or more, but less than 90 days  <input type="checkbox"/> 90 days or more, but less than one year  <input type="checkbox"/> One year or longer  <input type="checkbox"/> Client doesn't know  <input type="checkbox"/> Client refused </p>	<p>Length of Stay in Previous Place (the location marked under Residence Prior):</p> <p> <input type="checkbox"/> One night or less  <input type="checkbox"/> Two to six nights  <input type="checkbox"/> One week or more, but less than one month  <input type="checkbox"/> One month or more, but less than 90 days  <input type="checkbox"/> 90 days or more, but less than one year  <input type="checkbox"/> One year or longer  <input type="checkbox"/> Client doesn't know  <input type="checkbox"/> Client refused </p>
<p>Approximate date homeless: _____</p>	<p>→If the response above is <b>less than 90 days</b> (the options in bold), then continue:</p>	<p>→If the response above is <b>less than 7 days</b> (the options in bold), then continue:</p>
<p>Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years including today:</p> <p> <input type="checkbox"/> One time   <input type="checkbox"/> Two times   <input type="checkbox"/> Three times   <input type="checkbox"/> Four or more times   <input type="checkbox"/> Client doesn't know   <input type="checkbox"/> Client refused </p>	<p>On the night before their residence prior situation, did client stay on the streets, emergency shelter or safe haven?</p> <p> <input type="checkbox"/> Yes   <input type="checkbox"/> No </p>	<p>On the night before their residence prior situation, did client stay on the streets, emergency shelter or safe haven?</p> <p> <input type="checkbox"/> Yes   <input type="checkbox"/> No </p>
<p>→If response to the question above is <b>Yes</b>, then continue:</p>	<p>→If response to the question above is <b>Yes</b>, then continue:</p>	<p>→If response to the question above is <b>Yes</b>, then continue:</p>
<p>Total number of months homeless on the street, in emergency shelter or safe haven in the past three years (any day or part of a month is counted as one month):</p> <p>Months: _____</p> <p> <input type="checkbox"/> Client doesn't know  <input type="checkbox"/> Client refused </p>	<p>Approximate date homeless situation began: _____/_____/_____</p> <p>Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years including today:</p> <p> <input type="checkbox"/> One time   <input type="checkbox"/> Two times   <input type="checkbox"/> Three times   <input type="checkbox"/> Four or more times   <input type="checkbox"/> Client doesn't know   <input type="checkbox"/> Client refused </p> <p>Total number of months homeless on the street, in emergency shelter or safe haven in the past three years (any day or part of a month is counted as one month):</p> <p>Months: _____</p> <p> <input type="checkbox"/> Client doesn't know  <input type="checkbox"/> Client refused </p>	<p>Approximate date homeless situation began: _____/_____/_____</p> <p>Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years including today:</p> <p> <input type="checkbox"/> One time   <input type="checkbox"/> Two times   <input type="checkbox"/> Three times   <input type="checkbox"/> Four or more times   <input type="checkbox"/> Client doesn't know   <input type="checkbox"/> Client refused </p> <p>Total number of months homeless on the street, in emergency shelter or safe haven in the past three years (any day or part of a month is counted as one month):</p> <p>Months: _____</p> <p> <input type="checkbox"/> Client doesn't know  <input type="checkbox"/> Client refused </p>

**CHILD (under 18 years of age) Data (Page 1 of 1)**

<b>Name:</b> _____ <b>DOB:</b> _____	
<b>Relationship to Head of Household (HoH):</b> <div style="display: flex; justify-content: flex-start; gap: 10px;"> <input type="checkbox"/> Head of household's spouse or partner  <input type="checkbox"/> Head of household's child  <input type="checkbox"/> Head of household's other relation member (other relation to HoH)  <input type="checkbox"/> Other: Non-relation member         </div>	
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender other than singularly Male or Female <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
<b>Primary Language:</b> _____	
<b>Inclusive Identity* (check all that apply):</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> African  <input type="checkbox"/> Asian  <input type="checkbox"/> Black/African American  <input type="checkbox"/> Latino/Hispanic  <input type="checkbox"/> Middle Eastern         </div> <div style="width: 45%;"> <input type="checkbox"/> Native Am/Alaska Native  <input type="checkbox"/> Native Hawaiian/Pacific Islander  <input type="checkbox"/> Slavic  <input type="checkbox"/> White  <input type="checkbox"/> Declined to Answer         </div> </div>	<b>Ethnicity:</b> <div style="margin-top: 5px;"> <input type="checkbox"/> Non-Hispanic/Non-Latino  <input type="checkbox"/> Hispanic/Latino  <input type="checkbox"/> Client Doesn't Know  <input type="checkbox"/> Client Refused         </div>
* When entering data in ServicePoint, you will need to enter these responses under <b>BOTH</b> the Inclusive Identity as well as Federal race/ethnicity categories sections.	
<b>Disability Type:</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> None  <input type="checkbox"/> Mental Health  <input type="checkbox"/> HIV/AIDS         </div> <div style="width: 45%;"> <input type="checkbox"/> Client Refused  <input type="checkbox"/> Physical  <input type="checkbox"/> Hearing Impaired         </div> <div style="width: 45%;"> <input type="checkbox"/> Client Doesn't Know  <input type="checkbox"/> Chronic Health Condition  <input type="checkbox"/> Vision Impaired         </div> <div style="width: 45%;"> <input type="checkbox"/> Drug Abuse  <input type="checkbox"/> Developmental         </div> <div style="width: 45%;"> <input type="checkbox"/> Alcohol Abuse  <input type="checkbox"/> Other: _____         </div> </div>	
<b>Health Insurance:</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> None  <input type="checkbox"/> Medicaid (OHP)  <input type="checkbox"/> Indian Health Services Program         </div> <div style="width: 45%;"> <input type="checkbox"/> Client Refused  <input type="checkbox"/> Medicare  <input type="checkbox"/> Private Pay         </div> <div style="width: 45%;"> <input type="checkbox"/> Client Doesn't Know  <input type="checkbox"/> VA Medical Services  <input type="checkbox"/> Other: _____         </div> <div style="width: 45%;"> <input type="checkbox"/> Employer Provided  <input type="checkbox"/> COBRA         </div> </div>	

I certify that the information on this intake packet for this entire household is true and accurate to the best of my knowledge.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Case Worker/Agency Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

For each additional child in the household, please make copies of this page.

### CHILD (under 18 years of age) Data (Page 1 of 1)

<b>Name:</b> _____ <b>DOB:</b> _____	
<b>Relationship to Head of Household (HoH):</b> <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <input type="checkbox"/> Head of household's spouse or partner  <input type="checkbox"/> Head of household's child  <input type="checkbox"/> Head of household's other relation member (other relation to HoH)  <input type="checkbox"/> Other: Non-relation member         </div>	
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender other than singularly Male or Female <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
<b>Primary Language:</b> _____	
<b>Inclusive Identity* (check all that apply):</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> African  <input type="checkbox"/> Asian  <input type="checkbox"/> Black/African American  <input type="checkbox"/> Latino/Hispanic  <input type="checkbox"/> Middle Eastern         </div> <div style="width: 45%;"> <input type="checkbox"/> Native Am/Alaska Native  <input type="checkbox"/> Native Hawaiian/Pacific Islander  <input type="checkbox"/> Slavic  <input type="checkbox"/> White  <input type="checkbox"/> Declined to Answer         </div> </div>	<b>Ethnicity:</b> <div style="margin-top: 5px;"> <input type="checkbox"/> Non-Hispanic/Non-Latino  <input type="checkbox"/> Hispanic/Latino  <input type="checkbox"/> Client Doesn't Know  <input type="checkbox"/> Client Refused         </div>
* When entering data in ServicePoint, you will need to enter these responses under <b>BOTH</b> the Inclusive Identity as well as Federal race/ethnicity categories sections.	
<b>Disability Type:</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> None           <input type="checkbox"/> Client Refused           <input type="checkbox"/> Client Doesn't Know  <input type="checkbox"/> Mental Health           <input type="checkbox"/> Physical           <input type="checkbox"/> Chronic Health Condition  <input type="checkbox"/> HIV/AIDS           <input type="checkbox"/> Hearing Impaired           <input type="checkbox"/> Vision Impaired         </div> <div style="width: 45%;"> <input type="checkbox"/> Drug Abuse           <input type="checkbox"/> Alcohol Abuse  <input type="checkbox"/> Developmental           <input type="checkbox"/> Other: _____         </div> </div>	
<b>Health Insurance:</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> None           <input type="checkbox"/> Client Refused           <input type="checkbox"/> Client Doesn't Know  <input type="checkbox"/> Medicaid (OHP)           <input type="checkbox"/> Medicare  <input type="checkbox"/> Indian Health Services Program         </div> <div style="width: 45%;"> <input type="checkbox"/> VA Medical Services           <input type="checkbox"/> Employer Provided           <input type="checkbox"/> COBRA  <input type="checkbox"/> Private Pay           <input type="checkbox"/> Other: _____         </div> </div>	

Date: \_\_\_\_\_

## PSH/HP IHI Program Intake Form

Head of Household: \_\_\_\_\_

Move in date: \_\_\_\_\_ HMIS#: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Household Members:

1. _____	SSN: _____
2. _____	SSN: _____
3. _____	SSN: _____
4. _____	SSN: _____

(If necessary, when listing members in the household, use the back of the sheet)

Select one that best describes your household living situation before Vibrant:

- ☐ Place not meant for habitation (e.g. street, car)   ☐ Stayed with Friends/Family  
☐ Transitional Housing   ☐ Shelter   ☐ Hotel/Motel   ☐ Rental

### Household Plans:

What goals can I help you work on?

---

---

Which community resources are you interested in?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Employment Assistance         | <input type="checkbox"/> Food Resources   | <input type="checkbox"/> Healthcare Information |
| <input type="checkbox"/> Budgeting/Financial Education | <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> Bus Passes             |
| <input type="checkbox"/> Childcare                     | <input type="checkbox"/> Household Goods  | <input type="checkbox"/> Pet care               |

Referral to the Academic Success Coordinator:

Would you like assistance connecting with your child/children's school/s?

- ☐ Yes   ☐ No









INNOVATIVE HOUSING, INC.  
CREATING SOLUTIONS TO UNMET HOUSING NEEDS

## Consent to Release Information

I, \_\_\_\_\_ (*tenant*) Date of Birth: \_\_\_\_\_ hereby authorize and request,

**Innovative Housing, Inc., 219 NW 2<sup>nd</sup> Ave Portland OR 97209**

To release to and/or receive confidential information from:

Person/Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Use of this information is for the following purpose(s): \_\_\_\_\_

I understand that my health records are protected under federal and state regulations (45 CFR, parts 160 & 164 and ORS 179.505) governing Confidentiality of Health Records, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time.

I understand that any cancellation or modifications of this authorization must be in writing, and that I have a right to receive a copy of this authorization. I furthermore release all parties stated here within from any legal liability resulting from the release of this information, with the understanding that all parties involved will exercise appropriate safeguards while using this information.

1) You do not need to sign this authorization. Refusal to sign the authorization will not adversely affect your ability to receive health care services or reimbursement for services. The only circumstance when refusal to sign means you will not receive health care services is if the health care services are solely for the purpose of providing health information to someone else and the authorization is necessary to make that disclosure.

2) To revoke this authorization, please send a written statement to your staff contact person at **Innovative Housing, Inc., 219 NW 2<sup>nd</sup> Ave Portland OR 97209** and state that you are revoking this authorization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



# **Innovative Housing, Inc.**

## **Notice to Clients of Uses & Disclosures**

### **Privacy Notice to Clients**

This notice tells you about how we use and disclose your private personal information. It tells you about your rights and our responsibilities to protect the privacy of your private personal information. It also tells you how to notify us if you believe that we have violated any of your rights or any of our responsibilities.

We are required by law to maintain the privacy of your private personal information. We must follow the terms of this notice that are currently in effect.

We reserve the right to change this Notice at any time. Changes made to this document apply to data collected prior to the change. This Notice is not a legal contract. If this notice is changed, a copy of the revised notice will be available upon request or posted on our website.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

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We will enter the information you provide our agency into a computerized record-keeping system called ServicePoint. Several local agencies take part in this implementation of ServicePoint™ to better organize and deliver services to homeless or near homeless individuals and families.

~Certain minimum client information is shared throughout the local implementation in order to avoid creating duplicate client records. Authorized HMIS/CMIS persons at participating community agencies will be able to see the following data elements of all client records:

- |              |                 |   |
|--------------|-----------------|---|
| • First Name | • Last Name     | • Veteran Status  |
| • Gender     | • Date of Birth | • Social Security Number (required for specific services) |
- 

Our goal is to improve efforts to work together to understand and end homelessness. Information you provide will play an important role, including:

- Helping us prioritize, plan, and provide meaningful services to you and your family;
- Assisting our agency to improve its work with families and individuals that are homeless;
- Allowing local agencies to work better together to end homelessness;
- Providing statistics for local, state, and national policy makers to set effective goals.

#### **How your personal information may be used**

- Information you provide and services you receive will be entered into ServicePoint.
- Information you provide will be used for administrative and operational purposes to improve, provide and coordinate services that can be offered you.
- Information you provide will be used for functions related to payment or reimbursement for services.
- Information you provide will be used to monitor program effectiveness.
- Information you provide will be used to prepare aggregate reports and statistical information without personal identifying information.

- Information you provide concerning substance abuse, mental health, HIV, and domestic violence will not be shared with NWSSC CMIS/HMIS Partner agencies, unless specifically authorized by you.
- ~Any other Personally identifying information will not be disclosed to any third-party, unless authorized by you or required by law.
  - Authorization not required for certain disclosures to government/public agencies or legal processes:
    - Uses and disclosures required by law
    - Public health, health oversight and regulatory agency activities
    - Cases of neglect, abuse or domestic violence
    - Judicial and administrative proceedings
    - Law enforcement investigations
    - Deceased individuals and organ donors
    - Serious threats to health or safety
    - Disclosure of “de-identified” health, demographic, and/or program information
    - Research and/or decision support purposes

#### **How will my information be kept secure?**

- The computer program we use has the highest degree of security protection available.
- Persons with access to ServicePoint data shall not issue reports containing personal identifying information.
- NWSSC CMIS/HMIS is governed by federal, state, county, city and local privacy policies. System-wide access to personally identifying information contained in ServicePoint shall be limited System Administrators. System Administrators have been screened and are employed by a lead organization and have an Intergovernmental Agreement in place.
- ~Personal identifying information, like your name or birth date, may be viewed by people working to provide services to you, other local agencies providing services, select community service providers when appropriate or by administrators conducting program evaluation or analysis and/or providing technical assistance. Personal identifying information will be removed before reports are issued to local, state, or national agencies.
- All ServicePoint users receive training in privacy protection and have received copies of this privacy policy and have signed a confidentiality agreement pledging to adhere to its requirements.

# **Innovative Housing, Inc.**

## **Notice to Clients of Uses & Disclosures**

### **Privacy Notice to Clients**

#### **Know your information rights!**

As a Client receiving services from a NWSSC CMIS/HMIS Participating agency, you have the following rights:

1. Determine the level of disclosure of your information; allow or refuse to share your information with NWSSC CMIS/HMIS participating agencies.
2. May terminate the Release of Information at any time, by providing this service provider written notice.
3. Right to request entrance into the database as an anonymous client or a restricted client.
4. Are entitled to a copy of this notice.
5. Reasonable accommodation. The agency you are seeking services from must make reasonable accommodations to ensure that you understand your information rights.
6. Access to your record. You have the right to review your ServicePoint record, obtain a printed copy of your data, and have information that you do not understand explained to you.
7. Correction of your record. You have the right to have your record corrected so that information is up-to-date, accurate, and to ensure fairness in its use. Disagreements over the accuracy of information shall be subject to the agency grievance process and any uncorrected disagreement shall be noted in your ServicePoint record.
8. Refusal. You will not be denied services for which you are otherwise eligible if you refuse to consent to the sharing with other provider agencies of data that has been entered into ServicePoint. If you have safety concerns, please discuss this with a staff member.
9. Grievance: You have the right to be heard if you feel that you have been unjustly served, put at personal risk, or harmed. Employees or agencies that misuse information are subject to reprimands, warnings, and dismissal from the NWSSC CMIS/HMIS. The agency must make their written grievance policy available to you.
10. Data Archival: All personally identifying data will be archived from ServicePoint no later than seven years after being entered or after last being modified.
11. Amendments: The terms of this privacy notice may be amended at any time and all amendments will be effective with respect to previously obtained information.
12. Privacy Policy Questions & Complaints: All questions or complaints regarding this agency's privacy and data security practices may be pursued through the agency grievance process.

Innovative Housing Director of Resident Services  
(503) 583-3538

#### **NWSSC CMIS/HMIS System Administrator**

Wendy Smith  
Portland Housing Bureau  
421 SW 6th Ave, Suite 500  
Portland, OR 97204  
503-823-2386  
wendy.smith@portlandoregon.gov



## **PSH Program Grievance Procedure**

### **Purpose**

Innovative Housing recognizes that there are times when the need arises for program participants to express concerns or complaints in a formal manner. The following procedures will ensure that their concerns receive a fair and unbiased review.

### **Procedures**

#### ***Step 1: Contact the Housing Support Specialist's Supervisor***

Any concerns about an Housing Support Specialist's performance or actions should be addressed to their supervisor, who is the Director of Resident Services at Innovative Housing. The Director of Resident Services can be reached at (503) 583-3538, or via email at [jhaynesevans@innovativehousinginc.com](mailto:jhaynesevans@innovativehousinginc.com).

If the Director of Resident Services is unable to be reached or unable to respond, concerns may be directed to Innovative Housing's Executive Director, Sarah Stevenson, at [sstevenson@innovativehousinginc.com](mailto:sstevenson@innovativehousinginc.com).

#### ***Step 2: Written complaint to Human Resources***

If the program participant's needs are not met, or they are not satisfied with the outcome of Step 1, they may submit a written complaint to IHI's Leadership Team that includes:

- The nature of the grievance.
- Detailed information including evidence of the issue, witnesses, etc.
- The remedy or outcome desired.

There is a Grievance Form that can be used, but any written submission that includes the above information will suffice. IHI's Leadership Team will respond in writing and a member of the team will set up a call to further discuss any concerns. From here, the Leadership Team will evaluate the grievance and provide a written response to the participant upon resolution.

The outcome of this process will be final unless new evidence or other circumstances warrant additional review of the grievance.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_







**INNOVATIVE HOUSING, INC.**  
CREATING SOLUTIONS TO UNMET HOUSING NEEDS

Household name(s): \_\_\_\_\_

Property: \_\_\_\_\_ Unit #: \_\_\_\_\_

**Vibrant! Permanent Supportive Housing Program** provides residents that were referred by MHT with services and resources to increase housing stability.

Participant Rights:

Residents of IHI properties and IHI staff are a diverse group of people of various genders, races and ethnicities, families and individuals with or without children, people with different abilities, and people with various sexual orientations or gender identities as well as people with different spiritual practices and belief systems. All program participants have the right to be treated with respect and without discrimination. Residents have the right to have their concerns, voices and opinions heard and validated. Residents are encouraged to communicate with IHI staff regularly and they have the right to a prompt response and follow through. No information will be shared with anyone outside of IHI unless we have a signed release of information specifying the person we are to speak with and the information we are to share. By law, exceptions to confidentiality include reports of child or elder abuse, threats of imminent harm to self or others, or court-ordered disclosure.

Services:

Participation in the PSH Program is voluntary and residents can opt out willingly. We recognize that every household has specific needs and we will do our best to meet those needs and will work with partner agencies and organizations to meet that need if they are better suited to do so.

Termination of Services:

IHI staff may issue notices to participants found in breach of the Participation Agreement and terminate services. The following are some reasons that would lead to termination of services:

- If anyone in the household threatens, bullies, harasses, intimidates, or commits a crime against any IHI Staff.
- If anyone in the household threatens, bullies, harasses, intimidates, or commits a crime against any partner agency or organization staff member.
- Household chooses to opt out of the program - this includes all services provided by IHI staff.

IHI staff will make attempts verbally and in writing to provide the participant an opportunity to take necessary steps to avoid termination of services. In all cases, a notice of termination will be provided in writing, stating the cause and the end date of services. Participants have a right to appeal a decision to terminate services and can contact an IHI supervisor for further details and options. Please note that a

termination from the PSH Program does not impact the household's lease agreement or their ability to stay housed at Vibrant.

Grievances:

IHI values open communication and is committed to addressing any grievances or concerns that arise. If there is a particular concern regarding IHI services, or a participant feels they have not been treated fairly, or if there is a conflict with a staff person or volunteer, participants are encouraged to fill out a grievance form. Upon receiving a grievance, an IHI supervisor will discuss with the participant the concerns and any action steps that might be taken. Please understand that due to confidentiality rights of staff and other participants, outcomes of the grievance may not be discussed.

Grievances can be sent to [sstevenson@innovativehousinginc.com](mailto:sstevenson@innovativehousinginc.com) or mailed to Attn: Sarah Stevenson  
219 NW 2<sup>nd</sup> AVE., Portland, OR 97209

Acknowledgement of Document Review:

---

Participant signature

date

---

Participant signature

date

---

Staff signature

date



## Service Plan

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Building:** \_\_\_\_\_

**Unit:** \_\_\_\_\_

Goals:	Action steps:	Outcome:
Housing:		
Health:		
Budgeting:		
Personal Development:		
Other:		

Plan to be completed annually or at the request of the tenant.

**Staff:** \_\_\_\_\_