**Western Pennsylvania CoC – Receiving Program Emergency Transfer Request
Participant Authorization to Share Personal Information**

[APPROPRIATE AGENCY LETTERHEAD]

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| **Purpose of this Authorization Form:** You have requested to transfer to another unit of housing because there is a threat of imminent harm from further violence if you remain in your current housing. In order to identify a new, safe unit for you, you are being asked to sign this form to authorize [Insert Program/ Agency Name] to share some of your information with [Insert Receiving Program/ Agency Name] that may have an available opening/ unit for you to move to.  |

By signing this form, you are giving the agencynamed at the top of this form permission to share your information with [INSERT Receiving Program/ Agency Name] for the purposes of transferring you to the next available unit of housing for which you qualify and deem safe.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize [INSERT Program/Agency Name] to share:

**information and documents limited to those necessary to determine my eligibility for housing and transfer me to a new, safe unit of housing, including:**

* County(ies)/Community(ies) where I wish to live/ deem as safe
* The type of unit needed by my household (# of bedrooms, ADA accessibility, etc.)
* Information necessary to establish eligibility (e.g, disability status, history of homelessness, etc.)
* Other Specific Information to be released (described below):

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**With the following staff person at [INSERT Receiving Program/ Agency Staff Name] responsible for identifying my new, safe unit of housing.**

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The staff person at the receiving program/ agency must abide by the following limitations in their use of the information release.

This information has been disclosed to you from records whose confidentiality is protected by state and federal law, which prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

A general authorization for the release of information is not sufficient. I also understand that once released, this information may not be protected by confidentiality or non-disclosure laws. The information could potentially be used against me by the agency / person to whom it is released.

My signature verifies that I know what information is being disclosed and have had the opportunity to correct the data to make certain it is accurate. I am aware that this consent can be revoked at any time by notifying my case manager orally or in writing, and /or specifying an event or condition upon which my consent will expire without revocation. I am also aware of the consequences that might occur as a result of signing this form, or of my refusal to do so.

My signature means that I have read this form and / or have had it read and explained to me in a language I can understand. I have checked this form, and upon signing will receive a copy, if I so choose. If I do not specify revocation, this consent form will automatically expire in 30 days on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. A new release will be necessary for any exchange of information after this point.

The above consent shall automatically expire on

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|  |  |
| *(Special Event)* | *(Date Condition)* |

Or within 30 days.

**I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.**

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| --- | --- |
| Participant Name (printed): |  |
| Participant Signature: |  | Date: |
| Time: |
| Agency Witness (printed): |  |
| Agency Witness Signature: |  | Date: |
| Time: |

**Western Pennsylvania CoC – Coordinated Entry Emergency Transfer Request
Participant Authorization to Share Personal Information**

[APPROPRIATE AGENCY LETTERHEAD]

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| Purpose of this Authorization Form: You have requested to transfer to another unit of housing because there is a threat of imminent harm from further violence if you remain in your current housing. In order to identify a new, safe unit for you, you are being asked to sign this form to authorize [Insert Program/ Agency Name] to share some of your information with the Western Pennsylvania CoC Coordinated Entry Regional Specialist or Manager.  |

By signing this form, you are giving the agencynamed at the top of this form permission to share your information with the Western Pennsylvania CoC Coordinated Entry Regional Specialist or Manager for the purposes of transferring you to the next available unit of housing for which you qualify and deem safe.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize [Insert Program/Agency Name] to share:

**information and documents limited to those necessary to determine my eligibility for housing and transfer me to a new, safe unit of housing, including:**

* County(ies)/Community(ies) where I wish to live/ deem as safe
* The type of unit needed by my household (# of bedrooms, ADA accessibility, etc.)
* Information necessary to establish eligibility (e.g, disability status, history of homelessness, etc.)
* Other Specific Information to be released (described below):

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**with the following Western Pennsylvania CoC Coordinated Entry Regional Specialist or Manager responsible for identifying my new, safe unit of housing:** [CHECK THE APPROPRIATE BOX BELOW AND PRINT THE PERSON’S NAME ON THE LINE PROVIDED]

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| [ ]  CE DV Specialist |  |
| [ ]  Region 1 Specialist |  |
| [ ]  Region 2 Specialist |  |
| [ ]  Region 3 Specialist |  |
| [ ]  Region 4 Specialist |  |
| [ ]  Coordinated Entry Manager |  |

The Coordinated Entry Regional Specialist or Manager must abide by the following limitations in their use of the information release.

This information has been disclosed to you from records whose confidentiality is protected by state and federal law, which prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

A general authorization for the release of information is not sufficient. I also understand that once released, this information may not be protected by confidentiality or non-disclosure laws. The information could potentially be used against me by the agency / person to whom it is released.

My signature verifies that I know what information is being disclosed and have had the opportunity to correct the data to make certain it is accurate. I am aware that this consent can be revoked at any time by notifying my case manager orally or in writing, and /or specifying an event or condition upon which my consent will expire without revocation. I am also aware of the consequences that might occur as a result of signing this form, or of my refusal to do so.

My signature means that I have read this form and / or have had it read and explained to me in a language I can understand. I have checked this form, and upon signing will receive a copy, if I so choose. If I do not specify revocation, this consent form will automatically expire in 30 days on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. A new release will be necessary for any exchange of information after this point.

The above consent shall automatically expire on

|  |  |
| --- | --- |
|  |  |
| *(Special Event)* | *(Date Condition)* |

Or within 30 days.

**I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.**

|  |  |
| --- | --- |
| Participant Name (printed): |  |
| Participant Signature: |  | Date: |
| Time: |
| Agency Witness (printed): |  |
| Agency Witness Signature: |  | Date: |
| Time: |