

# Georgia Homeless Management Information System (GA HMIS) Collaborative Client Consent to Share Information – Supplemental Form

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## Instructions:

If you have selected the partial/ limited option on the Client Consent to Share Information form, please use this supplemental form to record the limitations to your sharing consent. If you are completing this form on behalf of your minor children, please use one supplemental form per child listed on the Client Consent to Share Information form.

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 digits of SS \_\_\_\_\_

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

## Data restrictions

Please select one of the following options and then list the applicable information (your case worker can assist you with deciding which information may be applicable and how your data sharing choices may affect you).

I wish to limit the sharing of my information via GA HMIS to include the following information (check all that apply):

- Education Assessment
- Veterans Assessment
- Income and Benefits Assessment
- Health Assessment
- Domestic Violence Assessment
- Project Enrollment History

## Research

Information about you that is in Georgia's HMIS may be used to conduct research related to homelessness and housing programs, service needs, income supports, education and employment, and program effectiveness. Your name, social security number or other information that would identify you personally will never appear on a research report. Check below if you wish to restrict the use of your data for this purpose.

- I do not want my data used for research purposes.