

# Columbia/Garfield County Coordinated Entry Consent to Release Information

Head of Household Full Name \_\_\_\_\_

*\*If DV household, use HMIS Identifier only.*

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

***I understand that I am signing this consent to release information so that the organizations listed below can discuss my case and coordinate services.***

I authorize the agencies and appropriate service groups in the Columbia County Coordinated Entry System, to obtain the following information about my service use:

- History of shelter use
- Barriers to housing
- Eligibility for housing programs
- Names of current and past social service providers

The Columbia County Coordinated Entry Coordinated Entry System includes:

<ul style="list-style-type: none"><li>• Blue Mountain Action Council</li><li>• The STAR Project</li><li>• Landlords</li><li>• SonBridge</li><li>• Columbia County Dept. of Community Health</li><li>• Walla Walla Housing Authority</li><li>• Garfield County Dept. of Community Health</li><li>• Pomeroy Shelter</li><li>• Aging &amp; Long Term Care Office</li><li>• Garfield County Sheriff's Office</li></ul>	<ul style="list-style-type: none"><li>• YWCA</li><li>• WorkSource</li><li>• Salvation Army</li><li>• DSHS</li><li>• Project Timothy</li><li>• Walla Walla Housing Authority</li><li>• YWCA (Clarkston)</li><li>• DSHS</li><li>• Aging &amp; Long Term Care Office</li><li>• Garfield County Sheriff's Office</li><li>• Other: _____</li></ul>
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I understand that:

- I have the right to refuse to sign this authorization.
- If I do not sign it, my services may not be fully coordinated. However, services will not be withheld if I don't sign this.
- I can change or cancel this authorization at any time by contacting CE Staff at BMAC and asking that this form be rescinded.
- This authorization takes effect the day that I sign it and expires one year from the date I sign it.
- A copy of this authorization is as valid as the original.

\_\_\_\_\_  
HoH Signature

*\*DV household, sign with HMIS Identifier*

\_\_\_\_\_  
Date