

**ARIZONA DEPARTMENT OF HOUSING  
ARIZONA BALANCE OF STATE CONTINUUM OF CARE HMIS**

**CLIENT ACKNOWLEDGEMENT OF DATA ENTRY  
INTO THE ARIZONA BALANCE OF STATE HOMELESS MANAGEMENT INFORMATION SYSTEM**

The Arizona Balance of State Continuum of Care Homeless Management Information System (HMIS) is used by homeless provider agencies to record information about clients that they serve. This information helps the agencies to plan for and provide services to clients. This information also can be shared among agencies if you, the client, agree in order to improve the coordination and delivery of your services.

By signing this document you are:

- Acknowledging that demographic information about you and your family will be entered into the Arizona Balance of State Continuum of Care Homeless Management Information System (HMIS) database.
- Allowing basic demographic information about you / your family to be viewed by other homeless provider agencies. This includes name, age and social security number. Sharing of this information will allow you to be served by other agencies without repeating basic information about yourself / your family. **IF THERE IS A REASON THAT PROVIDING YOUR NAME / NAME OF OTHER MEMBERS OF YOUR FAMILY WOULD PLACE YOU / YOUR FAMILY MEMBER AT RISK, PLEASE CHECK HERE TO REQUEST THAT THIS INFORMATION NOT BE SHARED WITH OTHER AGENCIES.** (A list of the agencies who may be provided this information can be provided by the person reviewing this form with you.)

- No confidential information such as health, medical needs, mental health, domestic violence will be shared about me without my specific written approval.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Other Party  
(if client is minor or otherwise requires guardian)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
End Date