

Los Angeles & Orange County Homeless Management Information System (LA/OC HMIS)
Greater Los Angeles and Orange County
Interagency Data Sharing Consent Form

Client Name: _____

SSN/Client ID: _____

Date of Birth: _____

Name of Originating Organization: _____

Name of Organization with which to extend Client Data Sharing:

Client Information to Share **(Client: please INITIAL all forms you want to share):**

- ____ Program Entry Required Questions
- ____ Services Provided
- ____ Case Notes
- ____ Assessment (Client Profile)
- ____ Savings Record
- ____ Program Exit Information
- ____ Group Meetings
- ____ Any information as necessary

Client Signature

Date