

# Hope Harbor, Inc.

615 West 1<sup>st</sup> Street  
Grand Island, NE 68801  
(308) 385-5190



# Application for Assistance

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

NMIS # \_\_\_\_\_

LAST NAME	FIRST NAME	BIRTHDATE	SEX	SOCIAL SECURITY
		/ /	M F	
Ethnic Origin (Check all that apply):		Marital Status:		
<input type="checkbox"/> Asian <input type="checkbox"/> White		<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Married		
<input type="checkbox"/> American Indian or Alaska Native		If applicable, do you have proof of marriage? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander				
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic				

**Where do you currently live? If you are homeless, please list where you stayed last night:**

<u>Address:</u>	<u>City:</u>	<u>State:</u>	<u>ZIP:</u>	<u>County:</u>	<u>Phone Number:</u>
<input type="checkbox"/> Streets If yes, # of times you have lived on the streets or in a shelter in past 3 years? _____  If yes, how many months have you been living on the street or in an emergency shelter in the past 3 years? _____	<input type="checkbox"/> Renting <input type="checkbox"/> Own it	<input type="checkbox"/> A friend's house <input type="checkbox"/> A family member	<input type="checkbox"/> Treatment Expected release date: _____/_____/_____	<input type="checkbox"/> Jail/Prison Expected release date: _____/_____/_____	
<b>Highest level of education:</b> <input type="checkbox"/> No schooling completed <input type="checkbox"/> Nursery school- 4th grade <input type="checkbox"/> 5th or 6th grade <input type="checkbox"/> 7th or 8th grade <input type="checkbox"/> 9th grade <input type="checkbox"/> 10th grade		<input type="checkbox"/> 11th grade <input type="checkbox"/> 12th grade, no diploma <input type="checkbox"/> High school diploma <input type="checkbox"/> GED <input type="checkbox"/> Post-Secondary School <input type="checkbox"/> Graduate School	<b>Are you a Veteran?</b> <input type="checkbox"/> yes <input type="checkbox"/> no  <b>As a child, were you in foster care?</b> <input type="checkbox"/> yes <input type="checkbox"/> no  <b>Are you a domestic violence victim/survivor?</b> <input type="checkbox"/> yes <input type="checkbox"/> no Currently fleeing? <input type="checkbox"/> yes <input type="checkbox"/> no How long ago? _____		
<b>Are you disabled?</b> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Chronic mental illness <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Physical Disability <input type="checkbox"/> Chronic Health condition <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol Dependency <input type="checkbox"/> Drug Dependency	<b>Do you have health insurance?</b> <input type="checkbox"/> yes <input type="checkbox"/> no If so, name of insurance _____  <b>Are you pregnant?</b> <input type="checkbox"/> yes <input type="checkbox"/> no If so, what is your due date? _____		<b>Are you employed?</b> <input type="checkbox"/> yes <input type="checkbox"/> no Employer: _____ \$ _____  <b>Did you receive income for any of the following?</b> (Check all that apply) <input type="checkbox"/> SSI \$ _____ <input type="checkbox"/> WIC <input type="checkbox"/> SSDI \$ _____ <input type="checkbox"/> SNAP \$ _____ <input type="checkbox"/> TANF \$ _____ <input type="checkbox"/> JOB \$ _____ <input type="checkbox"/> Unemployment \$ _____ <input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Other \$ _____		

Backgrounds (including Central Registry, and Sex Offender Registry) are checked before entrance to the shelter and those with convictions which are aggravated, aggressive, or sexual in nature may not be approved to be sheltered in our facility

I (we) have truthfully answered the questions in this application and give permission for this information to be verified. I furthermore understand that assistance is offered as it is available, and that Hope Harbor, Inc. reserves the right to refuse assistance.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Applicant's Signature)



## RELEASE OF INFORMATION

I, as an applicant for assistance from Hope Harbor, Inc., understand that information may need to be exchanged between Hope Harbor, law enforcement, other agencies and churches in order to further assist me and agree to such.

**IMPORTANT: HOPE HARBOR is required to clear with the Grand Island Police Dept., Adult Protective Services and Child Protective Services, and any police department of former residence locations, criminal history of any person seeking shelter or help from this office. Law enforcement agencies may review our records upon their request.**

By signing this release form I give my permission for Hope Harbor, Inc. to request information and share information with other agencies, law enforcement, and churches, which includes but is not limited to the agencies listed below. The purpose of sharing of information is to determine by eligibility for services and to assist me by make other referrals appropriate to my situation. This RELEASE OF INFORMATION FORM is valid for **12** months, beginning with the date of execution and will expire on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

The following listed agencies are the most frequent contacts by Hope Harbor, Inc., however the release is not limited to these agencies:

- |  |                                      |                        |
|--|--------------------------------------|------------------------|
| Grand Island Police Department         | Applicants Employer                  | Salvation Army         |
| Mid-Plains Center                      | V.A. Hospitals                       | Landlords              |
| Community Action of Nebraska           | Doctor's Office/Physicians           | Crisis Center          |
| Hall County Housing Authority          | Central Nebraska Goodwill Industries | Crossroads Mission     |
| Nebraska Department of Corrections     | Vocational Rehabilitation            | Friendship House       |
| St. Francis Hospital/Third City Clinic | Independence Rising                  | HH Therapists          |
| Grand Island Public Schools            | Dept. of Health and Human Services   | Drug Court             |
| Region3 Behavioral Services            | Hall County Corrections              | Families Care          |
| Mary Lanning                           | Futures Family Services              | Richard Young Hospital |
| Church's                               | United Way                           | State Parole/Probation |

\_\_\_\_\_  
 \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Applicant (Print Full Name)

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Witness Signature

I \_\_\_\_\_ understand information about me and/or my dependents listed below is entered into a database system called ServicePoint. This system helps to better understand homelessness, to improve service delivery and to evaluate the effectiveness of services provided. Participation in data collection is a critical component of our community's ability to provide the most effective services and housing possible. The information that is collected is protected by limiting access to the database and limiting what information may be shared. Access to the data and sharing of the data is in compliance with the standards set by the federal, state and local regulations governing confidentiality of client records. Every person and agency that is authorized to read or enter information into the system has signed an agreement to maintain the security and confidentiality of the information.

By signing this form, I authorize the following:

The information collected by this agency will be included in ServicePoint and only partner agencies, which have entered into an HMIS Agency Participation Agreement at which I have obtained or sought out services, may use my information to:

- Produce a client profile at intake that will be shared with collaborating agencies
- Produce aggregate level reports regarding use of services
- Track individual program-level outcomes
- Identify unfilled service needs and plan for enhancements
- Allocate resources among agencies engaged in services

By signing this form, I authorize the following:

I authorize the partner agencies and their representatives to share basic information regarding my family members listed below and/or me. I understand that this information is for the purpose of assessing my/our needs for housing, utility assistance, food, counseling and/or other services.

The Following Personal Protected information (PPI) is shared in HMIS for any service Project.

- Name
- Date of Birth
- Social Security Number
- Gender
- Ethnicity and Race
- Client Location
- Veteran Status
- Photo (if applicable)

These additional fields may be collected and shared for housing, utility assistance and other service projects:

- Homeless History
- Family Composition
- Income/Non-cash
- Domestic Violence
- Disabling Condition
- Housing information
- Health Insurance Status
- Residence Prior to Project Entry

I Understand That:

- ✓ The partner agencies have signed agreements to treat my information in a professional and confidential manner. I have the right to view the client confidentiality policies used by the HMIS partner agencies.
- ✓ Staff members of the partner agencies who will see my information have signed agreements to maintain confidentiality regarding my information.
- ✓ The release of my information does not guarantee that I will receive assistance; my refusal to authorize the use of my information does not disqualify me from receiving assistance.



# Consumers Informed Consent & Release of Information Authorization

## Nebraska Management Information System

- ✓ My records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- ✓ This authorization will remain in effect until I revoke it in writing, and I may revoke authorization at any time, if I revoke my authorization, all information about me already in the database will remain.
- ✓ This release is valid for \_\_\_\_\_ years from the date of my signature below.
- ✓ I understand I may withdraw my consent at any time.

Partner Agencies: A list of the partner agencies within the Nebraska Homeless Management Information System(NMIS) may be viewed prior to signing this form.

List all Dependent Children under 18 in the household, if any (first, last and DOB)

- |    |    |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |

- ✓ Auditors or funders who have legal rights to review the work of this agency, including the U.S. Department of Housing and Urban Development and Nebraska Department of Health and Human Services Homeless Assistance Program may see my information in HMIS related to the services I received and funded by their Department/s.

Please initial one of the following levels of consent:

\_\_\_ I give authorization for me and my dependents listed above, Protected Personal and relevant information to be entered into the NMIS and shared between Partner Agencies.

Or

\_\_\_ I do not consent to the inclusion of personal information in the NMIS about me and any dependents listed above.

\_\_\_\_\_  
Consumer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Staff Name (print) Agency Staff Signature

\_\_\_\_\_  
Date