



Simcoe County Homeless Services and Support System Common Consent Form

Homeless Individuals and Families Information System (HIFIS)

What is the “Simcoe County Homeless Individuals and Families Information System - “the system”?”

- It is an electronic database where a group of agencies can share your personal information to work together to help you find and/or maintain a place to live.

Who will use your information?

The types of Community Service Providers who will have access to your information include:

| | | |
|-------------------|--------------------------|---------------------------|
| Street Outreach | Housing Resource Centre | Transitional Housing |
| Emergency Shelter | Housing First Program | Housing Support Service |
| Income Support | Rapid Re-Housing Program | Coordinated Access System |

What if you don’t consent to share your personal information in HIFIS?

- You may not be eligible to participate in some programs and services.

What if you change your mind about your personal information being shared?

- You can remove your consent to have your personal information contained in the electronic database at any time by speaking or submitting a Withdrawal of Consent Form to the staff at the County of Simcoe or one of the Community Service Providers.
- If you remove your consent, Community Service Providers will enter no additional information and staff will still work with you to help you find housing outside of the system.

There are times where your personal information may be shared without your consent. These are when:

- A person has experienced or may be at-risk of abuse or harm;
- A person is a direct threat to themselves or another person;
- A court order requires information to be shared.

Notice of Collection, Use, and Disclosure:

Your information is collected and input into the Simcoe County Homeless Individuals and Families Information System (HIFIS) under the legal authority of the Department of Employment and Social Development Act. Simcoe County Community Service Providers will use your information to assist you in finding housing. If you have questions regarding this program please contact the HIFIS Program Supervisor, Children and Community Services, County of Simcoe, 1110 Hwy 26, Midhurst Ontario L9X 1N6 at (705)722-3132 x1136.



Please select ONE option below:

- I agree to share my information with **ALL** service providers in HIFIS, so that I am eligible to participate in a wide range of programs and services.
- I agree to share my information with **ONLY** _____ in HIFIS. I acknowledge and understand that I may not be eligible to participate in some programs and services.
<Service Provider>

Please list dependent(s) whose consent you are providing:

| Dependents' Name | Date of Birth / Age (YYYY/MM/DD) |
|------------------|-------------------------------------|
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Participant (or guardian) Signature

| | |
|----------------------------------|----------------------------|
| First and Last Name - Signature: | Date Signed (YYYY/MM/DD) |
| First and Last Name – Print: | Date of Birth (YYYY/MM/DD) |

Verbal Consent ONLY – to be completed by the caseworker

| | |
|-----------------------|-------------------|
| Service Provider Name | Caseworker Name: |
| Participant Name | Date (YYYY/MM/DD) |