



**Metropolitan Development and Housing Agency, Management Information  
Systems Department**  
**Mandy Wood, NMIS Coordinator**  
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**Client Authorization to Release and Exchange Information**

<b>Name of Agency:</b>		<b>Program:</b>			
<b>Client's Last Name:</b>		<b>First Name:</b>		<b>Middle Initial:</b>	
<b>Date of Birth:</b>		<b>SSN:</b>			

I understand that all information gathered about me is personal and private and that I do not have to participate in the MIS. I also understand that if I participate, I may make a request to this agency stating that I no longer want to participate in the MIS and from that date forward my information will no longer be shared, though my originally entered information will stay in MIS. This release will remain in force for **(determined by agency)** months/years from today and will expire on \_\_\_\_\_(MM/DD/YYYY).

**This release authorizes the following HUD required data to be viewed by MIS user agencies\*:**

Date and Time of Intake into the HMIS	Permission to Release Information
First Name, Middle Initial, Last Name	Household Relationships
Social Security Number (last 4 digits)	Housing Location (as of last night)
Date of Birth/Birthday	Zip Code of Last <b>Permanent</b> Residence
Gender	Whether you are a U.S. Military Veteran
Race	Disability of long duration yes/no
Ethnicity	Housing Status

The above basic identifying, confidential, and non-confidential information will be shared with other MIS user agencies who will assist you and your household.

\_\_\_\_I authorize this agency to put my information, as well as my dependents into the Homeless Management Information System.

\_\_\_\_I do not authorize this agency to put my information or my dependents information into the Homeless Management Information System (HMIS). (Declining to have your information put into the HMIS will **NOT** restrict you from receiving services.)

\_\_\_\_\_  
**Client's Authorizing Signature**

\_\_\_\_\_  
**Date (MM/DD/YYYY)**

\_\_\_\_\_  
**Agency Representative's Signature**

\_\_\_\_\_  
**Date (MM/DD/YYYY)**

OVER

\_\_\_\_\_ I authorize this agency to share the additional information listed below:

This agency shares the following data:

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with these agencies:

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✓ Description for Informed Decision: Verbal Explanation \_\_\_\_\_ Interpreter \_\_\_\_\_ Written \_\_\_\_\_

Other Adults Name	SS#	DOB
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**Name(s) of Dependent(s) that the Legal Guardian Authorizes to Participate in the HMIS:**

Name	SS#	DOB
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Name	SS#	DOB
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Name	SS#	DOB
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Name	SS#	DOB
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Name	SS#	DOB
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Name	SS#	DOB
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**Legal Guardian's Authorizing Signature**

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**Date (MM/DD/YYYY)**

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**Guardian Printed Name** (if different than Client)

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**Agency Representative's Signature**

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**Date (MM/DD/YYYY)**

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**Agency Representative's Printed Name**

✓ Description for Informed Decision: Verbal Explanation \_\_\_\_ Interpreter \_\_\_\_ Written \_\_\_\_

**\*MIS user agencies are as follows:** Aphasis House, Catholic Charities, Centerstone Research Inst, Downtown Partnership, Matthew25, MDHA, Mending Hearts, Mental Health Cooperative, Metro Social Services, Metropolitan Development and Housing Agency, Metropolitan Homelessness Commission, Nashville CARES, Nashville Rescue Mission, Neighborhood Health, Next Stage, Oasis Center, Open Table Nashville, Operation Stand Down Tennessee, Needlink, Neighborhood Health, Park Center, Peace Unlimited, Renewal House, Rooftops, Room In The Inn, Safe Haven, Salvation Army, Shower the People, Street-Works, St. Luke's Community House, The Next Door, Urban Housing Solutions, Vanderbilt Hospital, Welcome Home Ministries & YWCA.

**\*\*Agencies are subject to change; the above list will be updated monthly**