



Full Name: _____ Today's Date: _____

Current Address (or Last Permanent Address if homeless)

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone #1: _____ Phone #2: _____ Email: _____
(HOME/CELL/MESSAGE) (HOME/CELL/MESSAGE)

List **ALL** household members below, starting with yourself as Head of Household.

Full Name (First, Middle, Last)	Age	Date of Birth	Social Security #	Gender	Race(s) (W = White, B = Black, A = Asian, N = Native American, P = Pacific Islander)	Hispanic Y/N	Prior Military Y/N	Relationship To You
								SELF

Where did you stay last night? (Check **ONE** only)

Non-housing (car, street, tent, etc.)
 Emergency Shelter
 Staying with Family
 Staying with Friends
 Rental (apartment, house, etc.)
 Home you Own
 Hotel or Motel
 Hospital
 Psychiatric Facility
 Substance Abuse Facility
 Jail or Prison
 Transitional Housing
 Other (please specify): _____

How long have you stayed there? _____ Monthly Rent Amount: \$ _____

If less than 90 days, where did you stay the night before? _____

Were you referred to HSC by a school district; school counselor; and/or learning specialist? Yes No

Did you receive a pay or vacate notice? Yes No If **YES**, how much do you owe? \$ _____

Are you living on the streets, in an emergency shelter, or safe haven? Yes No Don't Know

If **YES**, what is the approximate date you started living on the streets, in shelter, or safe haven? ____/____/____

How many **times** have you lived on the streets, in shelter or safe haven in the past three (3) years? _____

How many **total months** have you lived on the streets, in shelter or safe haven in the past three (3) years? _____

Does your household have any of the following disabilities or barriers to housing? (Please answer **ALL**)

Physical Disability Yes No Don't Know

If yes, which household member(s)? _____ Long-term physical disability? Yes No

Developmental Disability Yes No Don't Know

If yes, which household member(s)? _____ Does it limit your independence? Yes No

Chronic Health Condition Yes No Don't Know

If yes, which household member(s)? _____ Long-term Chronic Health Condition? Yes No

Mental Health Issue Yes No Don't Know

If yes, which household member(s)? _____ Long-term mental health issue? Yes No

Substance Use Issue Yes No Don't Know

Please check one Drug Alcohol Both

If yes, which household member(s)? _____ Long-term Substance Use Issue? Yes No

Have you been a victim of domestic or intimate partner violence? Yes No If **YES**, how long ago? _____

Are you **currently fleeing** domestic violence? Yes No Don't Know

List **ALL** household income below. Please list each **person** with income, each **source of income**, and the **monthly \$ amount**.
Examples: Employment, SSI, SSDI, Retirement, TANF, Unemployment, Child Support, etc.

Name	Source of Income	Monthly Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Household Total:		\$

What Non-Cash Benefits are your household currently receiving? (Check ALL that apply)

NONE
 SNAP (FOOD STAMPS)
 WIC
 TANF Childcare
 TANF Transportation
 Other TANF Funded Services
 Section 8
 Temporary Rental Assistance
 Other (please specify): _____

Check each Health Insurance type your household is receiving, and write the name(s) of who receives it. Please account for ALL household members, even those without health insurance. If "Other", write the type of insurance in the parentheses.

NOT COVERED: _____
 Employer Provided: _____
 MEDICAID/Apple: _____
 COBRA: _____
 MEDICARE: _____
 Private Insurance: _____
 SCHIP: _____
 State Health Insurance for Adults: _____
 VA Medical: _____
 Other (_____): _____

If your last permanent residence was OUTSIDE Kitsap County, what is the main reason you came to Kitsap? (Check ONE only)

Returning to the Area
 To Help Family/Friends
 To Get Help From Family/Friends
 Better Cost of Living
 Employment Opportunities
 Education Opportunities
 Military Connection
 Offer of Public Housing
 Seeking Medical/Recovery Treatment
 To Access Social Services
 Found Kitsap on Internet
 Fleeing Domestic Violence
 Assigned by D.O.C.
 Other (specify): _____

Were you contacted by an Outreach Specialist outside of this office? Yes / No

If Yes, Where? Ferry Terminal Library Jail Drug Court KRC Olympic College Community Event Other

Do you have any pets? Yes No **If so, how many?** _____ **And what kind(s)?** _____

Is anyone in your household pregnant? Yes No **If YES, when is the due date?** _____

Is anyone in your household a veteran, or the child or spouse of a veteran? Yes No

Have you or any member of your household ever been convicted of a criminal offense? Yes No Don't Know

If you checked "Yes", please explain:

Kitsap Client Release of Information and Informed Consent Form

Washington State Homeless Management Information System (HMIS)

Kitsap HMIS Collaborative Agencies

This agency participates in the Washington State Homeless Management Information System (HMIS) by collecting information, over time, about the characteristics and service needs of people facing homelessness. **RCW 43.185C.180 and RCW 43.185C.030**

- To provide the most effective services in moving people from homelessness to permanent housing, we need an accurate count of all people experiencing homelessness in Washington State. In order to insure that clients are not counted twice, we need to collect four pieces of personal information. Specifically, we need: **name, birth date, race/ethnicity**. You may also choose to provide your social security number. However, signing this form does not require you to do so. Your information will be stored in our database for 7 years after the last date of service. If you have questions about collection of data or your rights regarding your personally identifying information, contact the HMIS System Administrator at: (360) 725-3028
- We use strict security policies designed to protect your privacy. Our computer system is highly secure and uses up-to-date protection features such as data encryption, passwords, and two-factor authentication required for each system user. There is a small risk of a security breach, and someone might obtain and use your information inappropriately. If you ever suspect the data in HMIS has been misused, immediately contact the HMIS System Administrator at: (360) 725-3028
- The data you provide may be combined with data from the Washington State Department of Social and Health Services (DSHS) and Education Research and Data Center for the purpose of further analysis. Your name and other identifying information will not be included in any reports or publications. Only a limited number of staff members, who have signed confidentiality agreements, will be able to see this information. Your information will not be used to determine eligibility for DSHS programs. Washington State HMIS system administrators have full access to all information in HMIS. This includes the Department of Commerce staff, designated HMIS system administrators, and the software vendor.
- By signing this form, you acknowledge and allow Department of Commerce staff to obtain additional records of information from other state agencies with which there is a data sharing agreement (DSA) on file between Commerce and the other agency. Our DSA guides data transfer and storage security protocols. If DSAs are in place, Commerce is authorized by you to obtain, add to HMIS, and use for evaluation purposes any other data you have provided to other Washington state agencies.
- Your decision to participate in the HMIS will not affect the quality or quantity of services you are eligible to receive from this agency, and will not be used to deny outreach, assistance, shelter or housing. However, if you do choose to participate, services in the region may improve if we have accurate information about homeless individuals and the services they need. Furthermore, some funders MAY require that you consent to provide your personally identifying information in HMIS in order for you to receive services from that funding source.

I understand the above statements and consent to the inclusion of personally identifying information in HMIS about me and any dependents listed below, and authorize information collected to be shared with partner agencies, both state agencies and organizations that participate in the Kitsap HMIS Collaborative. I understand that my personally identifying information will not be made public and will only be used with strict confidentiality. I also understand that I may withdraw my consent at any time by filing a 'Client Revocation of Consent' form with this agency. I understand that I may obtain a copy of my signed consent form from this Agency (including forms signed electronically).

IMPORTANT: Do not enter personally identifying information into HMIS for clients who are: 1) in DV agencies or; 2) currently fleeing or in danger from a domestic violence, dating violence, sexual assault or stalking situation; 3) are being served in a program that requires disclosure of HIV/AIDS status (i.e.; HOPWA); or 4) under 13 with no parent or guardian available to consent to enter the minor's information in HMIS. If this applies to you, STOP – and do not sign this form.

Dependent(s) First & Last Name(s): _____

Client Name: _____ Date of Birth: _____

Signature: _____ Date: _____

HMIS # _____ _____

Staff Name: _____ Signature: _____ Agency: _____

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Kitsap County and Kitsap Community Resources COVID-19 Rental, CARES Rental, or Mortgage Assistance Programs

I/We, participant(s) of the Kitsap Community Resources Covid-19 / CARES Act Rental / Mortgage assistance do here by certify, that I am not receiving any other federal, state or local housing subsidy and understand it is not permitted while receiving assistance from the these funds.

Please be advised that if you knowingly give false information regarding income or other factors considered in determining your eligibility and rent, you could become subject to penalties available under Federal law. Those penalties include fines up to \$10,000.00 and imprisonment for up to five years.

All adult program participants 18 years and older and emancipated applicants under the age of 18 must agree and sign to the following:

Signature of Head of Household	Date
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Signature of Co-Head of Household /Spouse	Date
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Signature of Adult Household Member	Date
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Signature of Head of Household	Date
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This institution is an equal opportunity provider and employer.

Kitsap Community Resources welcomes qualified tenants without regard to race, color, national origin, creed, religion, sex, marital status, familial status, disability or due to ownership of a service animal. Kitsap Community Resources provides reasonable accommodations to persons with disabilities. If you need this document in an alternate format, please contact Kitsap Community Resources Housing Solution Center 1201 Park Ave. Bremerton, WA 98337 (360)473-2035