

CHAMP Consent Form and Authorization to Participate in Housing Eligibility Interview

INTRODUCE SELF

Hello, my name is _____. I am a (position)_____ with (agency)_____. In this role, I perform the following job duties_____.

The Coordinated Housing Assessment and Match Plan (CHAMP) was created by our community to help individuals and families who are having difficulty finding housing. This interview is the first step to find housing options available in Knoxville. **It will take about 20-30 minutes to complete** and will include an assessment called the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT).

Whether you participate in the CHAMP is completely up to you. **You will not be denied access to any services if you choose not to participate in this interview.** The CHAMP just makes it easier for us to make sure we match you or your family to the best service or housing.

To better understand your/your family's needs, I will be asking a number of questions that are personal and may be difficult to answer. **If you feel uncomfortable or upset during the interview, you may ask to take a break, skip any of the questions, or stop the interview at any time.** Again, you will only be asked questions intended to help us determine how to assist you.

Once we complete this consent form and VI-SPDAT, we will have a discussion about available resources and ways I may be able to help you address your specific needs.

Please initial each statement below if you agree:

_____ I agree to allow my interview responses to be disclosed and received by the various organizations that participate in the CHAMP and to be used to determine if I am eligible for participating housing, service and related programs. These organizations include, but are not limited to:

- Knoxville-Knox Co. CAC
- Catholic Charities of East TN
- Family Promise Knoxville
- Helen Ross McNabb Center
- Knox Area Rescue Ministries
- Knoxville Community Development Corporation
- Knoxville Leadership Foundation
- Positively Living
- Salvation Army
- Steps House
- Volunteer Ministry Center
- Volunteers of America
- YWCA

A complete list of participating agencies is provided online at www.KnoxHMIS.org

_____ I understand that the information from this interview will be entered into the Knoxville Homeless Management Information System (KnoxHMIS). My personal information will be kept secure in accordance with all federal, state, and local laws and regulations related to protecting personal information. Today, with your agreement, we will sign and/or update your KnoxHMIS release of information form to allow agencies to coordinate with each other in the CHAMP in order to assist you. Please understand, if you do not allow us to share your information in KnoxHMIS, we may not be able to accurately match you with the best resources to address your specific needs.

_____ I understand that, in most instances, information that I provide cannot be shared without my written consent.

_____ I understand that, by law, the CHAMP provider will break confidentiality if I indicate an intention to harm myself or someone else (Tennessee Code § 33-3-206) **and/or** if child abuse or neglect is suspected (Tennessee Code §37-1-403(i)).

_____ I understand that the following information can be shared with participating agencies in the Knoxville/Knox County Continuum of Care and other agencies as needed to help me find appropriate housing and/or services:

- Birthdate
- Gender
- Social Security Number
- Housing and homeless history
- Contact Information
- Health and Wellbeing
- Legal Considerations
- Additional information used for matching me with suitable housing and/or services

_____ I understand that I, or my outreach worker/case manager, may be contacted about my interview responses by other agency representatives participating in the CHAMP.

_____ I understand that participating in the CHAMP does not guarantee that I will be eligible for, or admitted into, a housing or service-related program.

_____ I understand that, as part of my participation in the CHAMP, information I provide will be matched with eligibility requirements of various programs for which I may be eligible and that it is important that the information I provide is accurate.

_____ I understand that, if my contact information were to change, it is important for me to contact the agency representative that interviewed me so they can maintain contact during my housing search.

_____ I understand that my information may be shared during case conferencing with other providers participating in the CHAMP to assist in finding suitable housing resources.

_____ I understand that agency representatives participating in the case conferencing are required to maintain the confidentiality of the shared information.

_____ I understand that, if I am dissatisfied with a service, decision, action or situation involving the CHAMP process, or feel that I have been treated unfairly, I can request an appeal form from any CHAMP participating agency. That agency will help me process my grievance.

Important Rights and Other Required Statements You Should Know

- You may revoke this authorization at any time. To do so, please contact a representative at the agency that provided your initial CHAMP assessment.
- All participating organizations in the KnoxHMIS have signed an agreement to maintain confidentiality and use information held within that system **for the sole purpose of linking clients with housing or supportive service options.**
- Authorization will expire two years after the date it is signed by you.
- This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.

- A copy of your signed authorization can be provided to you after our interview if you agree to proceed.

SIGN BELOW IF AGREEING TO BE INTERVIEWED

Your signature (or mark) below indicates that you have read (or have had read to you) the information provided above, have received answers to your questions, and have freely chosen to be interviewed.

Signature of Participant

Date

Printed Name of Participant

Signature of Screener

Printed Name of Screener

Agency Name

Agency Phone

