

## HIFIS & BY-NAME LIST CONSENT FORM

| , understand that   |     |
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| his agency is part of the Homelessness Information Partnership Saskatchewan (HIPSK), a  |     |
| artnership of agencies that use a secure electronic system ('HIFIS') to deliver housing and support   |     |
| ervices. I confirm that I have read and understand the statements below.  |     |
| CONSENT TO COLLECT: By initialing this box, I consent to the collection and storage of my persor  | nal |
| information in HIFIS.   |     |
| <ul> <li>This information will be requested from me during intake and assessment and may include:</li> </ul>  |     |
| <ul> <li>Basic details about me (name, date of birth, veteran status, etc.);</li> </ul>   |     |
| <ul> <li>My housing history and factors that led me to seek services;</li> </ul>  |     |
| <ul> <li>Areas where I currently receive supports;</li> </ul>   |     |
| <ul> <li>Areas where I need support(s) to help me find and/or keep my housing; and</li> </ul>   |     |
| <ul> <li>Health and legal issues that may impact my ability to find or keep housing.</li> </ul>   |     |
| CONSENT TO SHARE: By initialing this box, I consent to the sharing of my personal information with HIPSK agencies through HIFIS and I consent to being added to the By-Name List. |     |
| <ul> <li>Only staff who provide you with services will be allowed to access yourinformation.</li> </ul>   |     |
| <ul> <li>The By-Name List is a real-time list of people experiencing homelessness, used to</li> </ul>   |     |
| match individuals and families to housing and related supports.   |     |
| UNDERSTAND THAT MY CONSENT:   |     |
| <ul> <li>applies to my dependents under the age of 16 who are receiving services with me;</li> </ul>  |     |
| <ul> <li>will be valid for one year unless I cancel it earlier; and</li> </ul>  |     |
| <ul> <li>is not required for me to receive immediate emergency services;</li> </ul>   |     |
| UNDERSTAND THAT I HAVE THE RIGHT TO:  |     |
| <ul> <li>cancel my consent at any time by signing the Withdrawal of Consent Form;</li> </ul>  |     |
| <ul> <li>request a list of my personal information stored in HIFIS;</li> </ul>  |     |
| <ul> <li>request changes to my personal information if there are errors; and</li> </ul>   |     |
| <ul> <li>view an up-to-date list of HIPSK agencies.</li> </ul>  |     |
| FURTHER UNDERSTAND:   |     |
| • if I cancel my consent, my information will be hidden in HIFIS except for my name, date   |     |
| of birth, and gender, and further entry of my information into HIFIS will stop; and   |     |
| <ul> <li>non-identifying data from HIFIS will be shared:</li> </ul>   |     |
| <ul> <li>with the Government of Canada for policy, analysis, research, and evaluation<br/>purposes; and</li> </ul>  |     |
| <ul> <li>in local reports to support and evaluate services in and across</li> </ul>   |     |
| participating Saskatchewan communities.   |     |
| our Signature:Date:   |     |
| taff Name:Agency:   |     |

Staff Signature:\_\_\_\_\_