

**Appendix 3.5**

**Joint Advocacy Release of Information (ROI)**

You have chosen to receive services through a joint project of 10 programs in local hotels. This project involves co-advocacy between the advocates working at the hotel where you are staying and the program that referred you. This means that you will work with both at the same time. Advocates will be sharing information with each other to best serve you. We will only share the information you agree to on this form and only between the on-site advocates and the program that referred you. In addition, our funders require that we collect certain information about you to assist government officials in planning programs and services to assist people experiencing homelessness. This information is kept confidential with JSHP and the funder. You may decline to answer any question and you will not be penalized if you do. You will still receive the same services from us.

Participant First and Last Name (Please Print): \_\_\_\_\_

Phone: \_\_\_\_\_

**By signing this release, I authorize the program referring me to the Joint Shelter Hotel Project (JSHP) to share information with advocates working at the hotel sites, which may include advocates from any of the following programs:**

360 Communities (Eagan)	651-452-7288
360 Communities (Hastings)	651-437-1291
Asian Women United of Minnesota	612-724-8823
Casa de Esperanza	651-772-1611
Cornerstone Advocacy Services	952-884-0330
Cornerstone/Day One Program	1-866-223-1111
Missions Inc. – Home Free	763-559-4945
Women’s Advocates	651-227-8284
Sojourner	952-933-7422
Tubman	612-825-0000
Women of Nations	651-222-5836

**Purpose of Release**

This release is for co-advocacy and data collection purposes. You may choose below what information or will be shared between the agencies. Check in front of each item you are authorizing to be released or obtained between the JSHP on-site advocate and the program that referred you:

\_\_\_\_\_ Housing Information    \_\_\_\_\_ Goal Plan    \_\_\_\_\_ Data Collection and Reporting

\_\_\_\_\_ Progress Notes    \_\_\_\_\_ Relevant medical information    Other: \_\_\_\_\_

**Information may be shared by (check all that apply):**

phone  text  e-mail  USPS mail

**Release Expiration Date:** \_\_\_\_\_

**Ending this Release:** I understand that this release will be valid for 6 months from the date signed if I do not write in a release expiration date. I understand that I may cancel this release by notifying the onsite shelter advocate and the referring shelter.

**Disclosure:** I understand that this release is necessary in order for me to be housed at the JSHP hotel site. The referring shelter may still be able to provide services to me, but may not be able to guarantee shelter. I understand that all participating programs are committed to taking steps to protect participant information and will not disclose information to any third party without my authorization. I understand that inadvertent sharing of information can occur if information is transmitted through e-mail (electronic), as it could potentially be hacked into and read by other people.

**SIGNATURES**

**Participant:**

\_\_\_\_\_  
Print First and Last Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**On-site hotel advocate:**

\_\_\_\_\_  
Print First and Last Name

\_\_\_\_\_  
Program

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date