HOW CAN WE HELP YOU TODAY?
Please fill out and turn in to staff each visit to Uplift U® Dept.

Name: ___________________________ Date: ______________

Would you move into the shelter with children?

Are already on the waiting list for Uplift U? Yes (Date: _______________ ) / No / Don’t Know

When did you apply to the Uplift U® program? (Date: _______________ ) / Never

How can we help you today? (Circle)

1. I have no where to stay tonight (emergency shelter)
2. Homeless School Social Worker to help my school children with their needs: transportation, uniforms, supplies, case management, etc
3. Apply for Uplift U® Program (I am open to counseling)
4. Outreach services (clothing or food to cook at home)
5. Outreach: Rapid Re-housing (I can pay rent and have money saved but need more affordable rent)
6. Other: __________________________________________________________________

Staff only- service transactions-UNITY (PLEASE PUT A CHECK BY WHAT WAS PROVIDED)

1. Case management
2. emergency shelter
3. food (lunch or dinner voucher)
4. other __________________________________________________________________

Counselor name and title __________________________ Date ______________

UPLIFT U TRANSITIONAL HOUSING PROGRAM

STAFF ONLY
PRE-SCREENING QUESTIONS:

What brings you in today? (Check any that apply)

□ Housing
□ Emergency Shelter
□ Overnight Assistance
□ Uplift U (read brochure first)

Where are you currently staying? Family, Friend, Motel, Other; Please write address:
______________________________________________________________________________

How long can you stay there? __________________________________________________________

Have you ever lived at Metropolitan Ministries before? □ Yes □ No

If Yes, when? _____________________________________________________________

Do you have children? □ Yes □ No

   How many? Circle 1 2 3 4 5 6 7 8 9 10
   Ages? __, __, __, __, __, __, __, __, __, __

Do you have income? □ Yes □ No

   If yes, how much monthly income? __________________
   What is the source? _______________________________________________________

Are you being evicted? □ Yes □ No

   Have you ever been evicted? □ Yes □ No
   How many times? __________________

Have you ever been arrested? □ Yes □ No

   If yes, what was the charge(s) and when?
Date ______ Charge ____________________________________________________________
Date ______ Charge ____________________________________________________________
Date ______ Charge ____________________________________________________________
Date ______ Charge ____________________________________________________________
Have you ever received a mental health diagnosis? □ Yes □ No

If yes, what was the diagnosis? ______________________________________________

Who gave you the diagnosis? ______________________________________________

Have you ever received treatment/medication? □ Yes □ No

Are you currently on medication? □ Yes □ No

If yes, what is the name of the medication?

____________________________________________________________________________
____________________________________________________________________________

Do you have any chronic health conditions? □ Yes □ No

If yes, what is the condition?

____________________________________________________________________________
____________________________________________________________________________

Do you currently have a pending disability case? □ Yes □ No

Are you able to work? □ Yes □ No

Are you pregnant? □ Yes □ No

When is your due date: __________ Are you receiving pregnancy care? □ Yes □ No

Do you use drugs and/or alcohol? □ Yes □ No

If yes, when was the last time you used drugs/alcohol? ___________________________

Do you have a teenager? □ Yes □ No

Do they have a juvenile legal background? □ Yes □ No

Are you looking for temporary housing? □ Yes □ No

If a family member or friend had housing for you and your children would you go there
instead? □ Yes □ No
Tampa/Hillsborough County CoC
HMIS Universal Intake Assessment

First Name: _______________   Middle In: ____   Last: ___________________ UNITY
ID#______________

SSN #: ________________ Date of Birth: _____/_____/_____ PROGRAM ENTRY DATE: _____/_____/

US Military Veteran? Yes/No/Client Doesn’t Know/Client Refused/Data Not Collected

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>Transgender (circle M to F / F to M)</th>
<th>Client Doesn’t Know</th>
<th>Client Refused</th>
<th>Other</th>
<th>Data not collected</th>
<th>If other, please specify: __________________________</th>
</tr>
</thead>
</table>

If female, answer pregnancy questions below:
Are you pregnant? YES / NO / Client Doesn’t Know / Client Refused
If yes, projected date of birth: ____/____/

Primary Race: (may select up to 5)
- ___ American Indian/Alaskan Native
- ___ Native Hawaiian/Pacific Islander
- ___ Black/African American
- ___ Asian
- ___ White
- ___ Client Refused
- ___ Hispanic/Latino
- ___ Client Refused

Ethnicity:
- ___ American Indian/Alaskan Native
- ___ Native Hawaiian/Pacific Islander
- ___ Black/African American
- ___ Asian
- ___ White
- ___ Client Refused
- ___ Client Doesn’t Know
- ___ Hispanic/Latino
- ___ Client Refused

Household Type:
- ___ Couple with no Children
- ___ Two Parent Family
- ___ Female Single Parent
- ___ Male Single Parent
- ___ Foster Parent(s)
- ___ Non-custodial Caregiver(s)
- ___ Grandparent(s) & Child(ren)
- ___ Other
- ___ Minor Parent (Under 18)

Relationship to Head of Household:
- ___ Self (Head of Household)
- ___ Head of Household’s Spouse/Partner
- ___ Head of Household’s Child
- ___ Other: non-relation member

Where did you stay last night (Residence Prior to Program Entry)?
- ___ Emergency Shelter, including hotel or motel paid for with emergency shelter voucher
- ___ Hotel/Motel without emergency shelter voucher
- ___ Transitional Housing for Homeless
- ___ Foster care/group home
- ___ Permanent Housing for Formerly Homeless
- ___ Place not meant for habitation
- ___ Psychiatric Hospital or Facility
- ___ Safe Haven
- ___ Substance Abuse Treatment Facility or Detox Center
- ___ Rental by client, with VASH subsidy
- ___ Hospital (non-psychiatric)
- ___ Rental by client, with other (non-VASH) subsidy
- ___ Jail, Prison or Juvenile Facility
- ___ Owned by client, with housing subsidy
- ___ Rental by client, no subsidy
- ___ Residential Project/Halfway House
- ___ Owned by client, no subsidy
- ___ Long-term care facility/nursing home
- ___ Staying or living in a family member’s room, apartment or house
- ___ Rental by client, with GPD TIP subsidy
- ___ Staying or living in a friend’s room, apartment or House
- ___ Other
- ___ Client Doesn’t Know
- ___ Client Refused

Length of Stay
- ___ One day or less
- ___ More than 3 months but less than 1 year
- ___ Two days to one week
- ___ 1 year or longer
- ___ More than 1 week but less than 1 month
- ___ Client Doesn’t Know
- ___ 1-3 months
- ___ Client Refused
Current Physical Address (NOT a PO Box)
Address (if known): _______________________________________________________________
City: ___________________ FL Zip ___________________
Resident of: ___ City of Tampa  ___ Hillsborough County

Contact Information
Client Phone Number (___) ___-____  Client email: ___________________________
Emergency Contact Name ____________________________  Contact phone number (___) ___-____
Location Client Frequents ____________________________  Time of Day Location is Frequented _______

HOUSING Status:
___ Category 1 - Homeless  ___ Category 4 – Fleeing domestic violence
___ Category 2 – At imminent risk of losing housing  ___ At risk of homelessness
___ Category 3 – Homeless under other Federal statutes  ___ Stably Housed
___ Client Refused  ___ Client Doesn’t Know

Continuously Homeless for at Least One Year?  Number of Times Homeless in the Past 3 Years:
___ Yes  ___ 0   ___ 1  ___ 2  ___ 3  ___ 4 or more
___ No  ___ More than 12 Months
___ Client Doesn’t Know  ___ Client doesn’t know
___ Client refused  ___ Client refused
___ Data not collected  ___ Data not collected

If 4 or more, Total Number of Months Homeless in the Past 3 Years:
___ Total number of months: _______  ___ Client Refused
___ Client Doesn’t Know  ___ Data not collected

Total number of months continuously homeless immediately prior to project entry: _______

Length of Time Homeless - Status Documented:
___ Yes  ___ No

Is client homeless (Federal)?  YES / NO

Challantly Homeless Note: Single Individual or Household with at least one member who is: DISABLED, and HOMELESS for 1 year consecutively OR HOMELESS at least 4 times in the past 3 years.

Is client chronically homeless?  YES / NO

Client Location (Head of Household):  HUD-assigned CoC Code:  FL - 501

LENGTH OF TIME ON STREET, IN AN EMERGENCY SHELTER, OR SAFE HAVEN (Head of Household and adults)

If client is a US Veteran, complete the following Military questions:

Year Entered Military Service: _______  Year Separated from Military Service: _______

Military Discharge Type:
___ Honorable  ___ Bad Conduct
___ Other  ___ Dishonorable
___ General  ___ Other
___ Client Refused  ___ Client Doesn’t Know
___ Uncharacterized

Military Branches:
___ US Navy  ___ US Coast Guard
___ US Army  ___ US Marine Corp
___ US Air Force  ___ US National Guard
___ Other  ___ Client Refused
Military Service Era –

___ Afghanistan
___ Persian Gulf Era (Aug ‘91-Sept, ’01)
___ Iraq Dawn
___ Iraq Freedom
___ Other Peace Keeping or Military Interventions
___ World War II (Sept ‘40-July ’47)
___ Vietnam Era (Aug ’64-April ’75)
___ Korean War (June ’50-Jan ’55)
___ Client Doesn’t Know
___ Client Refused

Disability of long duration? YES / NO / Client Doesn’t Know / Client Refused / Data Not Collected

(Please check each disability that applies and then circle yes or no to both questions)

<table>
<thead>
<tr>
<th>Disability Type</th>
<th>Is Condition Long Term?</th>
<th>Currently receiving services or treatment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both Alcohol and Drug Abuse</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Developmental</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Physical/Medical</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Mental Health Problem</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Physical</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Physical/Medical</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Chronic Health Condition</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Drug Abuse</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Dual Diagnosis</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Hearing Impaired</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Other</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Vision Impaired</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

Receiving any income from any source? YES / NO / Client Doesn’t Know / Client Refused / Data Not Collected

If ANY income was received in the past 30 days you must complete the Income Sub-Assessment below:

Source of Income:

$______ Alimony or Other Spousal Support
$______ Child Support
$______ Earned Income
$______ VA Service Connected Disability
$______ General Assistance
$______ No Financial Assistance
$______ Other
$______ Pension/Retirement (From former job)
$______ Private Disability Insurance
$______ Retirement Income from Social Security
$______ SSDI
$______ VA Non-Service Connected Disability
$______ SSI
$______ TANF
$______ Unemployment Insurance
$______ Workers’ Compensation

Receiving income source? YES / NO

% of area median income? __0% to 30% __31% to 50% __51% to 80% __Over 80% __Don’t Know

*If you do not have a copy of the most current Income Limits Summary, check the following web address:
http://www.huduser.org/portal/datasets/il/il2012/2012summary.odn
you will need to select the Metropolitan Fair Market Rent Area from the drop-down.

Non-cash benefit received in past 30 days? YES / NO / Don’t Know / Refused

If ANY benefits were received in the past 30 days you must complete the Non-cash Benefits Sub-Assessment below.

Source of Non-cash benefit:

___ Supplemental Nutrition Assistance Program (Food Stamps)
___ Special Supplemental Nutrition Program for WIC
___ Other Source
___ Temporary Rental Assistance
___ TANF Child Care Services
___ TANF Transportation Services
___ Other TANF-Funded Services
___ Section 8, Public Housing, Rental Assistance
___ Other

Receiving benefits? YES / NO
HEALTH INSURANCE

Covered by Health Insurance?

___ Yes     ___ Client doesn’t know
___ No      ___ Client refused

If yes, Answer “yes” or “no” for each health insurance source

___ Yes     ___ No     Medicaid
___ Yes     ___ No     Medicare
___ Yes     ___ No     State Children’s Health Ins
___ Yes     ___ No     VA Medical Services
___ Yes     ___ No     Employer Provided Health Ins
___ Yes     ___ No     COBRA Health Ins
___ Yes     ___ No     Private Pay Health Ins
___ Yes     ___ No     State Health Ins for Adults

Employed?  YES / NO / Client Doesn’t Know / Client Refused

   If yes, type of employment?   Part-time / Full-time / Sporadic (including day labor)
   If no, why not employed?  Looking for work / Unable to work / Not looking for work

Currently in school or working on any degree?  YES / NO / Client Doesn’t Know / Client Refused

Domestic Violence victim/survivor?  YES / NO / Client Refused / Client Doesn’t Know

Extent of Domestic Violence?

___ Within the past 3 Months
___ 3-6 months ago
___ From 6-12 months ago
___ 1 year ago or more
___ Client Doesn’t Know
___ Client Refused

Which language do you prefer?   English/Spanish (circle one)

I certify the information provided above is true and complete to the best of my knowledge. I know I am subject to criminal prosecution if false information is given. I understand the information I provide is protected according to the UNITY Release of Information form and can only be accessed and/or released in accordance with that Agreement.

___________________________________ ___________________________
Completed by staff member     Date of ENGAGEMENT with Client

___________________________________ ___________________________
Client Signature     Date
### Household Members

<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBER 1</th>
<th>UNITY ID:</th>
<th>Relationship to you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>MI</td>
<td>Last Name</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zip Code (current or last permanent)</td>
<td>Date of Birth (mm/dd/yyyy)</td>
<td>Age</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Ethnicity</td>
<td>Race (choose the closest option)</td>
</tr>
<tr>
<td>Male</td>
<td>Hispanic/Latino</td>
<td>American Indian or Alaskan</td>
</tr>
<tr>
<td>Female</td>
<td>Non Hispanic/Latino</td>
<td>Asian</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBER 2</th>
<th>UNITY ID:</th>
<th>Relationship to you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>MI</td>
<td>Last Name</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zip Code (current or last permanent)</td>
<td>Date of Birth (mm/dd/yyyy)</td>
<td>Age</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Ethnicity</td>
<td>Race (choose the closest option)</td>
</tr>
<tr>
<td>Male</td>
<td>Hispanic/Latino</td>
<td>American Indian or Alaskan</td>
</tr>
<tr>
<td>Female</td>
<td>Non Hispanic/Latino</td>
<td>Asian</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBER 3</th>
<th>UNITY ID:</th>
<th>Relationship to you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>MI</td>
<td>Last Name</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zip Code (current or last permanent)</td>
<td>Date of Birth (mm/dd/yyyy)</td>
<td>Age</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Ethnicity</td>
<td>Race (choose the closest option)</td>
</tr>
<tr>
<td>Male</td>
<td>Hispanic/Latino</td>
<td>American Indian or Alaskan</td>
</tr>
<tr>
<td>Female</td>
<td>Non Hispanic/Latino</td>
<td>Asian</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBER 4</th>
<th>UNITY ID:</th>
<th>Relationship to you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>MI</td>
<td>Last Name</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zip Code (current or last permanent)</td>
<td>Date of Birth (mm/dd/yyyy)</td>
<td>Age</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Ethnicity</td>
<td>Race (choose the closest option)</td>
</tr>
<tr>
<td>Male</td>
<td>Hispanic/Latino</td>
<td>American Indian or Alaskan</td>
</tr>
<tr>
<td>Female</td>
<td>Non Hispanic/Latino</td>
<td>Asian</td>
</tr>
<tr>
<td>HOUSEHOLD MEMBER 5</td>
<td>UNITY ID:</td>
<td>Relationship to you:</td>
</tr>
<tr>
<td>--------------------</td>
<td>-----------</td>
<td>----------------------</td>
</tr>
<tr>
<td>First Name</td>
<td></td>
<td>Last Name</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zip Code (current or last permanent)</td>
<td>Date of Birth (mm/dd/yyyy)</td>
<td>Age</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Ethnicity</td>
<td>Race (choose the closest option)</td>
</tr>
<tr>
<td>□ Male</td>
<td>□ Hispanic/Latino</td>
<td>□ American Indian or Alaskan</td>
</tr>
<tr>
<td>□ Female</td>
<td>□ Non Hispanic/Latino</td>
<td>□ Asian</td>
</tr>
<tr>
<td></td>
<td>□ Asian</td>
<td>□ Black or African American</td>
</tr>
<tr>
<td></td>
<td>□ Black or African American</td>
<td>□ Native Hawaiian or Pacific Islander</td>
</tr>
<tr>
<td></td>
<td>□ Native Hawaiian or Pacific Islander</td>
<td>□ White</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBER 6</th>
<th>UNITY ID:</th>
<th>Relationship to you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
<td>Last Name</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zip Code (current or last permanent)</td>
<td>Date of Birth (mm/dd/yyyy)</td>
<td>Age</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Ethnicity</td>
<td>Race (choose the closest option)</td>
</tr>
<tr>
<td>□ Male</td>
<td>□ Hispanic/Latino</td>
<td>□ American Indian or Alaskan</td>
</tr>
<tr>
<td>□ Female</td>
<td>□ Non Hispanic/Latino</td>
<td>□ Asian</td>
</tr>
<tr>
<td></td>
<td>□ Asian</td>
<td>□ Black or African American</td>
</tr>
<tr>
<td></td>
<td>□ Black or African American</td>
<td>□ Native Hawaiian or Pacific Islander</td>
</tr>
<tr>
<td></td>
<td>□ Native Hawaiian or Pacific Islander</td>
<td>□ White</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBER 7</th>
<th>UNITY ID:</th>
<th>Relationship to you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
<td>Last Name</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zip Code (current or last permanent)</td>
<td>Date of Birth (mm/dd/yyyy)</td>
<td>Age</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Ethnicity</td>
<td>Race (choose the closest option)</td>
</tr>
<tr>
<td>□ Male</td>
<td>□ Hispanic/Latino</td>
<td>□ American Indian or Alaskan</td>
</tr>
<tr>
<td>□ Female</td>
<td>□ Non Hispanic/Latino</td>
<td>□ Asian</td>
</tr>
<tr>
<td></td>
<td>□ Asian</td>
<td>□ Black or African American</td>
</tr>
<tr>
<td></td>
<td>□ Black or African American</td>
<td>□ Native Hawaiian or Pacific Islander</td>
</tr>
<tr>
<td></td>
<td>□ Native Hawaiian or Pacific Islander</td>
<td>□ White</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBER 8</th>
<th>UNITY ID:</th>
<th>Relationship to you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
<td>Last Name</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zip Code (current or last permanent)</td>
<td>Date of Birth (mm/dd/yyyy)</td>
<td>Age</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Ethnicity</td>
<td>Race (choose the closest option)</td>
</tr>
<tr>
<td>□ Male</td>
<td>□ Hispanic/Latino</td>
<td>□ American Indian or Alaskan</td>
</tr>
<tr>
<td>□ Female</td>
<td>□ Non Hispanic/Latino</td>
<td>□ Asian</td>
</tr>
<tr>
<td></td>
<td>□ Asian</td>
<td>□ Black or African American</td>
</tr>
<tr>
<td></td>
<td>□ Black or African American</td>
<td>□ Native Hawaiian or Pacific Islander</td>
</tr>
<tr>
<td></td>
<td>□ Native Hawaiian or Pacific Islander</td>
<td>□ White</td>
</tr>
</tbody>
</table>

Updated 12/6/10
Consent and Authorization to Release Information

What is covered in this form?

This form describes how information about you may be used and disclosed, and how you can access this information. Please review it carefully. If you have any questions, please ask the person assisting you.

What is UNITY Information Network?

UNITY Information Network (UNITY) is a computerized record-keeping system. Many social service agencies in Tampa/Hillsborough County, including Metropolitan Ministries (“Agency”), use UNITY to collect information on clients they serve and the services they provide. The data collected can include name, SSN, date of birth, race, ethnicity, housing status, veteran status, contact information, disability, health insurance status, other personal information, and information about services needed or received.

Why is information about you collected in UNITY?

- To provide and/or coordinate services.
- To assess your needs, the needs of others in our community.
- To reduce duplication of information and decrease the number of wrong referrals you receive.
- To monitor whether your needs and the needs of others in our community were met.
- To decrease the time you spend trying to get services and make sure you get the services you need.
- To improve the quality of care for homeless individuals and families.

How will your information be used and disclosed?

To best serve your needs, social service agencies may need to exchange, share, and/or release information collected about you, and the purpose of this form is to ask your permission to share your information with them as needed.

Signing this form is optional; social service agencies may not refuse to serve you if you do not sign this consent/authorization. However, your consent and authorization is a critical component of our community’s ability to provide the most effective services and housing possible.

Your privacy is of ultimate importance, and your data is not shared lightly; the information contained in your UNITY record is considered confidential and privileged and cannot be exchanged, shared and/or released without your express and informed written consent, except where otherwise authorized by law.

Informed written consent occurs through signing this form.
BY SIGNING THIS CONSENT/AUTHORIZATION, I UNDERSTAND:

- UNITY allows information about me to be accessed by, shared with, and updated by any social service agencies using UNITY as needed for service delivery.
- Information about me may be shared and/or discussed to assist me with my housing needs. This means service providers, who may or may not have direct access to UNITY, may review and discuss information about me with each other in a meeting setting. The purpose of sharing this information is to help identify the right program for me based on eligibility and service need. Desired restrictions on data sharing can be submitted in writing to any agency that uses UNITY.
- **Unless I place restrictions in writing on the agencies that may see information about me, all agencies using the UNITY will be able to see the information that this Agency inputs to UNITY.** I understand that upon my request, this Agency must show me a list of the CoC member agencies participating in the UNITY Information Network at the time I sign this consent/authorization. I may also access the most current list at www.THII.org/unity/.
- Social service agencies that join the UNITY after I sign this consent/authorization also will have access to the personal information I authorize for sharing through this Consent/authorization. This Agency must make reasonable accommodations for me to view the updated list of CoC member agencies that may access my information pursuant to this consent/authorization for so long as this consent/authorization remains in effect.
- This form authorizes the transfer of my information, including personally identifying information, from UNITY Information Network to a data warehouse environment for coordination of care and data analysis.
- This form authorizes the use of my information in research conducted using information maintained in UNITY. I will not be personally identified by name, social security number, or any other unique characteristic in published research reports.

**What rights do you have regarding your information?**

You have the right to:

- Inspect and obtain a copy of all your records in UNITY.
- Update information about you when the information in the UNITY record is inaccurate.
- Receive a list of people who have viewed your protected personal data in UNITY for the seven years prior to the date you request the information.
- Revoke your consent/authorization at any time.

You can exercise your rights by making a written request to this Agency.
Your consent/authorization will automatically expire seven (7) years from the date of this form in the event that you do not revoke your consent/authorization earlier. However, it is important to note that if your consent/authorization expires or is revoked, the expiration or revocation (as the case may be) shall not apply to any of my data or information that has already been collected.

If you believe that your privacy rights have been violated, you may submit a written complaint to this Agency or submit a written complaint to:

UNITY Information Network
Tampa Hillsborough Homeless Initiative
P.O. Box 1110
Tampa, FL 33601

If you have additional questions that the person assisting you with this form cannot answer, you may contact UNITY Information Network Staff at 813-223-6115.

By signing below, I affirm that I have read this document or it was read and/or explained to me and I fully understand and agree with the terms of this document.

__________________________   ____________________
PRINT CLIENT NAME      CLIENT UNITY ID NUMBER

____________________________    ____________________
SIGNATURE OF CLIENT OR GUARDIAN       DATE

____________________________           _______________________            ______________
PRINT AGENCY WITNESS            SIGNATURE OF AGENCY WITNESS       DATE

_________________________________
PRINT AGENCY NAME
# Tuberculosis (TB) Symptom Screening Assessment

Client name ______________________________________  Date __________________

Staff completing ________________________________  Date __________________

## Have you had any of the following symptoms recently? (circle yes or no)

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough and/or hoarseness lasting more than 3 weeks?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent unexplained weight loss?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fever or night sweats for more than a week?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A productive cough or coughed up blood?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Do you have Insurance?      Yes or No

______________________________

Staff signature
**Limits of Confidentiality:**
The purpose of this intake is to assess individual and family needs in order to determine our ability to help you achieve your goals toward self-sufficiency. Certain details may be shared with other intake staff or your family team only as needed to assist with completing your goals if you are selected to enter our program. Although our communications are protected and are confidential, there are a few limits to this confidentiality. These situations include:

- Suspected and/or reported abuse or neglect of any child, elderly person, or vulnerable adult
- Reports of potential harm to self or others
- If we are court ordered for any records of our sessions

We understand that it may be challenging to answer some of the questions on this assessment and want you to know we are committed to supporting you throughout this process. If at any time you need additional support after this assessment is completed, please feel free to reach out to someone on the counseling team. We are all here for you if you find yourself wanting to talk further.

Thank you for being open to sharing part of your story with us!

_____________________  __________________
Client Signature       Date

_____________________  __________________
Staff Signature       Date