

## Nebraska Management Information System (NMIS) Release of Information

When you request or receive services from Community Action Partnership of Lancaster and Saunders Counties, we collect information about you and your household and enter it into a computer program called ServicePoint, or Nebraska Management Information System (NMIS). This program helps us to better understand homelessness/near homelessness, to improve service delivery to the homeless/near homeless, and to evaluate the effectiveness of services provided. NMIS is used by many social service agencies throughout the state that provide services to homeless and low-income persons.

**What information is collected?** Depending on your situation, you may be asked for some or all of the following:

- Basic identifying information (may include name, SSN, date of birth, gender, race, marital and family status, household relationships, phone numbers, military veteran status, whether or not you have a disability)
- Housing information (may include address, type of housing, homeless status, and reason for homelessness)
- Income information (sources and amounts of household income, employment information, work skills)
- Education information, Employment Information, Immigration status
- Domestic Violence experience
- Medical information (may include disability, HIV/AIDS, alcohol or drug disability and Medical Insurance)
- Services needed and provided; outcomes of services provided

**What happens to the information collected?**

- With your approval, information collected is shared with other service agencies, but only with authorized persons at these agencies.
- Collectively, data on the homeless or low income population in Nebraska is used in statewide reports on homelessness (but not personal identifying information is reported)

NOTE: NMIS uses many security protections to ensure confidentiality and only agencies that use NMIS can access this program.

**Why should you agree to have your information shared with other agencies that use NMIS?**

By sharing your information with these agencies, you will help them:

- Reduce time spent answering basic questions regarding your situation,
- Identify other services or programs you may be eligible for,
- Better coordinate services for you and your household,
- More accurately count the number of homeless/near homeless persons, services available and services needed,
- Show the people who fund homeless programs that the services are needed and
- Obtain other funding for programs that serve homeless persons.

### **CLIENT INFORMED CONSENT/RELEASE OF INFORMATION AUTHORIZATION**

You have the option to restrict access to personal information that you are providing about yourself and your minor children. You may modify this consent with respect to the sharing of your information at any time.

All Information, except the following, may be shared with authorized personnel in other service agencies using NMIS: \_\_\_\_\_

Information about me may only be shared with authorized personnel within this agency.

Your release of information authorization is valid for ten (10) years from the date of this document. You may cancel this authorization at any time by written request, but the cancellation will not be retroactive.

\_\_\_\_\_  
SIGNATURE OF CLIENT OR GUARDIAN      DATE

\_\_\_\_\_  
SIGNATURE OF AGENCY WITNESS      DATE