Reset Form

# Community Helpers Registration Form

HMIS ID _____ HMIS Date _____
*(for office use only)* ○ID ○ ROI ○CE Assessment

**Personal Information**

| | |
|---|---|
| First Name: | Middle Name: |
| Last Name: | Maiden Name: |

**Gender**

| | | |
|---|---|---|
| ☐ Woman (Girl if child)<br>☐ Man (Boy if child)<br>☐ Culturally Specific Identity (e.g., TwoSpirit) | ☐ Transgender<br>☐ Non-binary<br>☐ Questioning | ☐ Different Identity _____<br>☐ Do not know<br>☐ Prefer not to answer |

**Race/Ethnicity** *Check ALL that apply*

| | | |
|---|---|---|
| ☐ American Indian, Alaska Native, Indigenous<br>☐ Asian, Asian American<br>☐ Black, African American, African | ☐ Hispanic/Latina/e/o<br>☐ Middle Eastern, North African<br>☐ Native Hawaiian, Pacific Islander | ☐ White<br>☐ Do not know<br>☐ Prefer not to answer |

| | |
|---|---|
| Date of Birth: | Social Security Number: |
| Phone Number: | Email: |
| ID/DL Number: | State Issuer: |
| Preferred method of contact: | Number of other household members |

| |
|---|
| Marital Status ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ No Answer |
| Emergency Name/Number: |

**Have you ever served in the US military?** ☐ Yes ☐ No

| | |
|---|---|
| If so, which branch? | Do you have a copy of your DD-214? ☐ Yes ☐ No |
| Dates: | Are you eligible for VA Healthcare? ☐ Yes ☐ No ☐ Unknown |

**Residence**

| | |
|---|---|
| Current Address | |
| City | State, Zip |
| Mailing Address | |
| City | State, Zip |
| Previous Address | |
| City | State, Zip |
| Move In Date | Move Out Date |
| How long have you been a resident of Rutherford County? *If you have left and come back, please only count the time you have been here since returning* ☐ Less than one month ☐ 1-3 months ☐ 3-6 months ☐ 6-12 months ☐ More than a year | |

**Are you currently experiencing homelessness?**

| | | |
|---|---|---|
| ☐ **Yes** | Approximate date *this* episode of homelessness started: | |
| ☐ **No** | Are you at risk of losing your housing? ☐ Yes ☐ No | How long can you stay where you are? |
| Is there anywhere else you can stay for 3-7 days? ☐ Yes ☐ No | | |

This form is for use by approved Access Rutherford Access Points only. To help keep our data consistent, please do not modify this form. Rev 10.25.23

**Where did you sleep LAST NIGHT? (check only one)**

| | |
|---|---|
| ☐ Place not meant for habitation (streets, park, car, tent, etc.)<br>☐ Emergency Shelter, including hotel/motel paid for emergency shelter voucher, Host Home shelter<br>☐ Safe Haven<br>☐ Foster care home or foster care group home<br>☐ Hospital or a medical facility (non-psychiatric)<br>☐ Jail, Prison or Juvenile Detention facility<br>☐ Long-term care facility or nursing home<br>☐ Psychiatric hospital or other psychiatric facility<br>☐ Substance Abuse Facility or Detox Center<br>☐ Transitional Housing for homeless persons<br>☐ Residential project/halfway house with no homeless criteria | ☐ Hotel/Motel paid without emergency shelter voucher<br>☐ Host Home (non-crisis)<br>☐ Staying or living in a friends room, apartment, or house *(permanent tenure)*<br>☐ Staying or living in a family member's room, apartment, or house *(permanent tenure)*<br>☐ Rental by client, *with* ongoing housing subsidy<br>☐ Rental by client, *no* ongoing housing subsidy<br>☐ Owned by client, *with* ongoing housing subsidy<br>☐ Owned by client, *no* ongoing housing subsidy<br>☐ Client doesn't know<br>☐ Client prefers not to answer |

**Employment/Education/Income**

Employment ☐ Full time ☐ Part time ☐ Unemployed ☐ Retired ☐ Seeking employment

Highest level of education completed?

Total Monthly Income from any source, including Employment, SSI/SSDI, VA Compensation, Unemployment, Child Support, etc.

*(Do not include income from other household members)* $_____

Income Source _____ $_____

Income Source _____ $_____

Income Source _____ $_____

Do you receive any of the following? TANF ☐ Yes ☐ No ☐ Pending
SNAP/Food Stamps ☐ Yes ☐ No ☐ Pending WIC ☐ Yes ☐ No ☐ Pending

**Health**

Who is your health insurance provider? ☐ Medicare ☐ Medicaid ☐ Private ☐ None

Do you have a disabling condition? ☐ Yes ☐ No

If yes, will this disability limit the type of housing/shelter you can access? ☐ Yes ☐ No

**Substance Use**

| | |
|---|---|
| Do you have a history of substance use? ☐ Yes ☐ No | If yes, are you currently in recovery? ☐ Yes ☐ No |

**Are you a survivor of Domestic Violence? ☐ Yes ☐ No**

If yes, are you currently fleeing? ☐ Yes ☐ No

**Do you have any criminal convictions? ☐ Yes ☐ No**

| | |
|---|---|
| Charge<br>*Felony?* ☐ Yes ☐ No<br>Year On Probation? ☐ Yes ☐ No | Charge<br>*Felony?* ☐ Yes ☐ No<br>Year On Probation? ☐ Yes ☐ No |

Are you required to register as a sex offender in any state ☐ Yes ☐ No If yes, which state?

**Which of the following would you like assistance with?** *Check ALL that apply*

| | |
|---|---|
| ☐ Emergency Shelter<br>☐ Emergency Food<br>☐ Emergency clothing/hygiene products<br>☐ Basic Needs (showers, laundry, etc)<br>☐ Rent/Utility Assistance (for those already housed)<br>☐ Obtaining Transitional or Permanent housing<br>☐ Case Management or Resource Coordination<br>☐ Child Care Assistance | ☐ Identification documents for employment<br>☐ Transportation Assistance<br>☐ Budgeting or Financial Planning assistance<br>☐ Substance Use Counseling<br>☐ Mental or Physical Health Referral<br>☐ Prescription Assistance<br>☐ Other _____<br>_____ |

**Privacy Policy & HMIS Notice of Uses and Disclosures**

It is important for Community Helpers of Rutherford County to gather personal information to provide services to you, coordinate services with other agencies, and to comply with legal and other obligations. This notice tells how we collect, use and share your information. We take your privacy very seriously. It is a matter of trust. The H3ARC HMIS Policy and confidentiality standards of the U.S. Department of Housing & Urban Development (HUD) are part of our policy. The policy may be amended at any time. We assume that, by requesting services from our agency, you agree to allow us to collect and use information in order to assist you. Generally, your personal information will only be used by our agency and agencies to which you are referred for services. We will never share or disclose it except to help you as noted below.

We collect information using paper documents and electronic means. We use the Charity Tracker Homeless Management Information System (HMIS) for electronic data. Paper documents are kept in double-locked areas and our computer data is protected with the highest degree of security available. Only authorized individuals who have been trained in privacy protection and agree to follow strict confidentiality guidelines will enter or view your personal information. Generally, you have the right to review your HMIS record and to request to have your record corrected or updated. Our ability to assist you depends on having certain personal identifying information. If you choose not to share the information requested, we reserve the right to decline providing you with services, as doing so could jeopardize our status as a service provider. We have made "No Answer" an option for sensitive questions, if providing that data makes you uneasy.

We will use and disclose personal information only in the following circumstances: 1) to provide or coordinate services, 2) for functions related to payment or reimbursement for services, 3) to carry out administrative functions including but not limited to legal, audit, personnel, planning, oversight or management services, 4) research, where all identifying information has been removed or where privacy conditions are more restrictive than these, 5) where a disclosure is required by law and disclosure complies with and is limited to the requirements of the law (instances where this might occur are during a medical emergency, to report a crime against staff of the agency or on agency premises, or to avert a serious threat to health or safety, including a person's attempt to harm themselves, 6) to comply with government or funder reporting obligations, where all identifying information has been removed, and in connection with a court order, warrant, subpoena or other court proceeding where disclosure is required.

**Release of Information**

CHORC is a Participating Agency in the United Way of Rutherford & Cannon Counties' Assistance Network and the Housing, Health & Human Services Alliance of Rutherford County's Homeless Management Information System, hereinafter referred to as Charity Tracker (CT). CT is a shared, computerized record keeping system that captures information about people experiencing need for emergency and on-going assistance to meet basic needs, secure housing and maintain housing costs, and engage education, employment, health, mental health, substance abuse recovery and other types of resources.

I understand that all information gathered about me is personal and private and that I do not have to allow my information to be shared in CharityTracker. I have had an opportunity to ask questions about CharityTracker and to review the basic information being gathered. The purpose of this Release of Information is to allow me to choose how my information is shared and services are coordinated. I understand that this is my decision to make, and that I can change my mind. If I change my mind, I need to make a written request to cancel this consent. I also understand that I can ask a staff member to assist me with this process. If I have a legal guardian, my guardian may sign or cancel this consent on my behalf. This Release of Information remains in effect for 3 years from the date below unless canceled by me.

I authorize CHORC, as a CT Participating Agency, to share the information collected on its Registration Form, other agency forms, assessments, case notes, service transactions/information with other CT Participating Agencies to coordinate and continue services, care, treatment, programs and the like. I acknowledge the information I authorize for release may include records that indicate the presence of a disabling medical condition, which may include the human immunodeficiency virus (HIV), also known as acquired immune deficiency syndrome (AIDS). I further authorize CHORC, as a CT Participating Agency, to share my dependents' information, as noted above, with other CT Participating Agencies.

This Release of Information also authorizes CHORC to release the information that I have provided on this Registration Form or Applications for Housing, Programs or Employment for the purpose of verifying its accuracy. By my signature below, I am requesting holders of this information to provide verification to agents of CHORC. This information may include, but is not limited to, the following types of information:

| | | | |
|---|---|---|---|
| Admit/Discharge Dates | Assessments | Criminal Background | Program Enrollment/Exit Data |
| Demographic | Education Records | Employment History | Release/Discharge Summary |
| Financial Records | Health/Mental Health Records | Housing Information | Treatment or Service Plans |
| Income/Income History | Medications | Physical Exam | |

I understand that the information and records disclosed pursuant to this consent may be protected under 42 CFR Part 2, governing Alcohol and Drug Abuse patient records, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 45 CFR parts 160 and 164, State Confidentiality laws and regulations, and cannot be released without my consent unless otherwise provided for by the regulations. State and Federal regulations prohibit any further disclosure of such information and records without my specific written consent unless otherwise permitted by such regulation.

I authorize the use of a copy of this original to serve as an original for the purposes stated above.

**Dependants included in this Release of Information**

*Other adults should complete their own registration and should not be included here*

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Client Signature: _____ Date: _____

DOB: _____ SSN (Last 4): _____

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*(Staff only)*

Assessor Signature: _____ Date: _____

*Before signing, please review information for accuracy and completeness*

Notes:

# United Way of Rutherford and Cannon Counties Assistance Network

*Shared Case Management Software - CharityTracker*

**RELEASE OF INFORMATION (ROI)**

**Client's Last Name:** _____ **First Name:** _____ **MI:** _____

**Address:** _____ **City/State:** _____ **Zip:** _____

**Date of Birth:** _____ **SSN:** _____

mm / dd / yyyy

**Phone:** _____

The **United Way of Rutherford and Cannon Counties Assistance Network**, *hereinafter referred to as "CharityTracker"*, is a shared, computerized record keeping system that captures information about people experiencing need for emergency services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. United Way of South Central Tennessee (Administrating Agency) administers CharityTracker on behalf of participating agencies of the CharityTracker Assistance Network, including Community Helpers of Rutherford County (Participating Agency).

I understand that all information gathered about me is personal and private and that I do not have to participate in CharityTracker. I have had an opportunity to ask questions about CharityTracker and to review the basic identifying information, which is authorized by this release for the CharityTracker Assistance Network Participating Agencies to share. I also understand that information about non-confidential services provided to me by CharityTracker participating agencies may be shared with other CharityTracker Participating Agencies. This Release of Information will remain in effect for 3 years from the date noted under my signature at the bottom of this page unless I make a formal request to this Organization that I no longer wish to participate in CharityTracker.

| Dependent's Name | Relationship | Date of Birth | Social Security Number |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

I authorize Community Helpers of Rutherford County, as a CharityTracker Participating Agency, to share my basic, identifying and non-confidential service transactions/information with other CharityTracker Participating Agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize Community Helpers of Rutherford County (Participating Agency), as a CharityTracker Participating Agency, to share my dependent's basic, identifying and non-confidential service transactions/information with other CharityTracker participating agencies.

**X** _____

Client and/or Parent-Legal Guardian's Authorizing Signature

_____

Date

**X** _____

Agency Representative Signature

_____

Date

*The original of this Release of Information shall be kept on file with the Agency for a minimum of three years from the signing date.*

## Living Situation

1. **What is your living situation today?**

- ☐ I have a steady place to live
- ☐ I have a place to live today, but **I am worried** about losing it in the future
- ☐ I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

2. **Think about the place you live. Do you have problems with any of the following?**

**CHOOSE ALL THAT APPLY**

- ☐ Pests such as bugs, ants, or mice
- ☐ Mold
- ☐ Lead paint or pipes
- ☐ Lack of heat
- ☐ Oven or stove not working
- ☐ Smoke detectors missing or not working
- ☐ Water leaks
- ☐ None of the above

## Food

***Some people have made the following statements about their food situation. Please answer whether the statements were OFTEN, SOMETIMES, or NEVER true for you and your household in the last 12 months.***

3. **Within the past 12 months, you worried that your food would run out before you got money to buy more.**

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

4. **Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.**

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

## Transportation

5. **In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting to things needed for daily living?**

- ☐ Yes
- ☐ No

## Utilities

6. **In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?**

- ☐ Yes
- ☐ No
- ☐ Already shut off

## Safety

***Because violence and abuse happens to a lot of people and affects their health we are asking the following questions***

**7. Do you feel physically and emotionally safe where you currently live?**

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Fairly often
- ☐ Frequently

## Financial Strain

**8. How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is...**

- ☐ Very hard
- ☐ Somewhat hard
- ☐ Not hard at all

## Employment

**9. What is your current work situation?**

- ☐ Unemployed
- ☐ Part-time or temporary work
- ☐ Full-time work
- ☐ Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver)

Please write:_____

## Family and Community Support

**10. How often do you feel lonely or isolated from those around you?**

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

## Education

**11. Do you speak a language other than English at home?**

- ☐ Yes
- ☐ No

**12. Do you want help with school or training? For example, starting or completing job training or getting a high school diploma, GED or equivalent.**

- ☐ Yes
- ☐ No

## Substance Use

***The next questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances are prescribed by a doctor (like pain medications), but only count those if you have taken them for reasons or in doses other than prescribed. One question is about illicit or illegal drug use, but we only ask in order to identify community services that may be available to help you.***

13. How many times in the past 12 months have you had 5 or more drinks in a day (males) or 4 or more drinks in a day (females)?One drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits.
    - ☐ Never
    - ☐ Once or twice
    - ☐ Monthly
    - ☐ Weekly
    - ☐ Daily or almost daily

14. How many times in the past 12 months, have you used tobacco products (like cigarettes, cigars, snuff, chew, electronic cigarette)?
    - ☐ Never
    - ☐ Once or twice
    - ☐ Monthly
    - ☐ Weekly
    - ☐ Daily or almost daily

15. How many times in the past 12 months, have you used prescription drugs for non-medical reasons?
    - ☐ Never
    - ☐ Once or twice
    - ☐ Monthly
    - ☐ Weekly
    - ☐ Daily or almost daily

16. How many times in the past 12 months, have you used illegal drugs?
    - ☐ Never
    - ☐ Once or twice
    - ☐ Monthly
    - ☐ Weekly
    - ☐ Daily or almost daily

## Mental Health

17. Over the past 2 weeks, how often have you been bothered by any of the following problems?

    a. Little interest or pleasure in doing things?
    - ☐ Not at all
    - ☐ Several days
    - ☐ More than half the days
    - ☐ Nearly every day

    b. Feeling down, depressed, or hopeless?
    - ☐ Not at all
    - ☐ Several days
    - ☐ More than half the days
    - ☐ Nearly every day

**18. Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his or her mind is troubled all the time. Do you feel this kind of stress these days?**

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much

## Disabilities

**19. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (5 years old or older)**

- ☐ Yes
- ☐ No

**20. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years old or older)**

- ☐ Yes
- ☐ No

## Background

***Now we would like to know a little more about you.***

**21. What is the highest grade or year of school you completed?**

_____

- ☐ Never attended school or only attended kindergarten
- ☐ Grades 1 through 8 (Elementary)
- ☐ Grades 9 through 11 (Some high school)
- ☐ Grade 12 or GED (High school graduate, diploma, or alternative credential)
- ☐ College 1 year to 3 years (Some college, Associate's degree, trade, vocational, or technical school)
- ☐ College 4 years or more (College graduate)