



Veteran Survey for Housing Services Disclosure Form

Our community is collecting information about people with military experience who are unhoused as part of our efforts to ensure all Veterans have safe and stable housing. As part of this process we may collect sensitive information about you to determine your eligibility for different housing programs. You do not have to answer any question you do not want to.

We take protecting you and your information very seriously. Everyone who will have access to your information has signed a confidentiality agreement. We will not sell, share or disclose your information to anyone outside of Portland Housing Bureau and the housing agencies we are working with as part of this effort. At this time those agencies include:

- Transition Projects
- Home Forward
- JOIN
- Northwest Pilot Project
- Multnomah County
- Central City Concern
- Cascadia Behavioral Health
- Department of Veteran Affairs

Other housing providers may be added, a full detailed list of providers is available upon request.

Homeless Management Information System (HMIS) Agreement

By signing this form I give my permission to Portland Housing Bureau enter my information into a secured database. I understand my information will be shared with and updated by authorized housing agencies for the purpose of obtaining housing and services. I have the right to review my information by making a written request to Portland Housing Bureau and can revoke authorization to share my data.

I understand that information about me already in the database will remain in the system and that revoking my authorization will not change information that has already been given out or actions already taken, but the revocation will be effective as of that date.

() I, the undersigned, agree to allow my information to be entered into HMIS, or my existing HMIS record with _____ (agency) be updated, and my information shared with and updated by partner agencies for the purpose of determining my eligibility for housing and other services.

This may include sharing my information with Veterans Health Administration.

Print Name: _____ Date: _____

Signature: _____

Release expires ten years from the date signed or upon revocation.

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