Community Services Applicant,

Attached is an application for the UBAOG Community Services Program. Please read through it carefully and complete the entire application. Unless you receive assistance, applications will only be active for 60 days.

Upon completion of this application you must call the office at (435) 722-4518 and make an appointment for an assessment. **Our funds are very limited:** there is no guarantee that you will receive assistance. All applicants must have a Vulnerability Index Assessment done in order to be placed on the placement list. The assessment tool will score your unique situation on a number of different vulnerability factors, and give you a numerical score accordingly.

Once the assessment has been completed, clients will be chosen from a placement list that has been created in our secure database by using the Vulnerability Index Assessment Tool. Those with the highest vulnerability will be chosen first.

All clients will remain on the list until they reach the top, or unable to contact. It is important for you to update your contact information with us as it changes. If we are unable to contact you, you will be taken off the list, and will have to re-apply. As each program is different, you may be asked to provide all of the supporting documentation listed, or just some; your case worker will tell you what you need to provide and when.

If you have any questions please feel free to contact us at the number below.

Thank you,

Kim Dieter or Julie Thompson
Uintah Basin Association of Governments
330 E 100 So
Roosevelt UT 84066
PH 435.722.4518
FAX 435.722.4890
THE UINTAH BASIN ASSOCIATION OF GOVERNMENTS
COMMUNITY SERVICES CLIENT CODE OF ETHICS

The primary mission of the Uintah Basin Association of Governments Community Services program is to provide shelter, utility, medical, tuition and other emergency services to low-income eligible clients in need to help them become more self-sufficient. “Clients” is used inclusively to refer to individuals and those applying for services. The Uintah Basin Association of Governments Community Services Department will provide clients with accurate and complete information regarding the extent and nature of the current services available to them.

The Uintah Basin Association of Governments Community Services Department will respect and protect the appropriate privacy of records and information concerning clients and will not disclose such information to un-authorized personnel or use it for personal purposes without the client’s written consent unless there is appropriate authorization and compelling legal or professional reasons.

They will be held accountable for personal inappropriate misbehavior on their part and that of the Uintah Basin Association of Governments Community Services Department and staff reserves the right to institute consequences for such behavior.

The Uintah Basin Association of Governments considers all applications without regard to race, color, sex, age, or national origin. If you have any questions, concerns or complaints about your services you may call the Program Director of the Uintah Basin Association of Governments.

Grievance Procedures:

UBAOG seeks to provide a fair and objective procedure for handling client grievances. Clients who feel they have a grievance are entitled to seek relief without fear of restraint, reprisal, interference, coercion, or discrimination.

A “grievance” is a complaint by a client concerning the interpretation of policy, procedures, and/or conditions of personal treatment that have not been satisfactorily resolved in an informal manner between the client and offending party. Grievances by clients are to be addressed as follows: a.) Verbal or written with the Program Director; b.) if not resolved, provide a written letter to the Executive Director.

I’ve read and understand the Client Code of Ethics for the Uintah Basin Association of Governments Community Services application process and agree to comply.
UBAOG EMERGENCY ASSISTANCE

YOUR APPLICATION CANNOT BE PROCESSED UNTIL ALL OF THE REQUIRED DOCUMENTS ARE RECEIVED.

Depending on the assistance program, you will need to provide the following:

- A completed and signed application for EACH family member.
- Proof of income for the past 30 days.
- Social Security cards for EVERYONE in the household.
- Valid Photo ID or Driver License for everyone over 18 in the household.
- Birth Certificates for EVERYONE in the household
- Eviction notice.
- Proof of ability to make the next month’s payment.

- The assistance we provide must make you current on your rent.
- You will need to provide proof of the total household income from the previous 30 days. (This includes roommates, friends, family, etc…)

Please write a brief statement as to why you need our services:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I am aware that providing false information to the Community Services program is grounds for denial of my application, or may require that I repay IN FULL any payment that has been made in behalf of my household from the Community Services program.

By signing below, I hereby acknowledge and understand the information provided in this application is true to the best of my knowledge.

_________________________________________  ______________________________________
Applicant’s Signature      Date

STAFF ENTRY ONLY:

Head of Household Name:
HH Size:
Family Type: X2P 1P   C   S
County:
Case Manager:

We are an equal opportunity agency, any accommodations including auxiliary aids and services are available upon request to individuals with disabilities by calling 435-722-4518 at least 3 days prior to your appointment. Individuals with speech and/or hearing impairments may call the Relay Utah by dialing 711, and or Spanish Relay Utah: 1-888-346-3162
Utah Homeless Prevention – Assessment of Eligibility and Suitability

SPDAT Date: _ _ / _ _ / _ _ _ _  Staff: ____________________________

Referral Source: ☐ Self  ☐ Community Provider (Name: ________________________)
☐ School District (Name: ________________________)

First Name: ____________ Middle: _____ Last Name: ________________ Suffix: ______

Social Security #_________ - ___________ - ___________

Date of Birth: _ _ / _ _ / _ _ _ _

Current STREET ADDRESS: ____________________________________________

Current MAILING ADDRESS: __________________________________________

PHONE NUMBER (with Area Code): (____) ____ - _____  MESSAGE PHONE (____) ____ - _______

Have you sought services from this agency before?  ☐ Yes  ☐ No  If yes, approximately how long ago? ______

“Please explain why you need assistance”:

❖ 1. What is your total Household Monthly Income? $__________
   a. If no income:  i. How many months without any income: _________
      ii. Source of previous income: ____________
   b. Rent per month: ____________

2. Household Size:
   (those living together now)

<table>
<thead>
<tr>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
<th>#5</th>
<th>#6</th>
<th>#7</th>
<th>#8</th>
<th>#9</th>
<th>#10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Sex (M/F)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Where did you stay last night or prior to program entry? (Select one)

☐ a. Emergency shelter, including hotel or motel paid for with emergency shelter voucher***
   ☐ k. Owned by client, no housing subsidy
   ☐ b. Places not meant for habitation (outside, car, park, etc.)***
   ☐ i. Owned by client, with housing subsidy
   ☐ c. Hotel or motel paid for by applicant or friend/family
   ☐ m. Foster care home or foster care group home
   ☐ d. Transitional housing for homeless persons
   ☐ n. Hospital (non psychiatric)
   ☐ e. Permanent housing for formerly homeless persons
   ☐ o. Psychiatric hospital or other psychiatric facility
   ☐ f. Staying or living in a family member’s room, apt., or house
      Have you stayed here more than 7 nights?  YES or NO
      i. Does family own or rent? ____________
      ii. OK to stay two more weeks? YES or NO**
      iii. Do you pay any rent? YES or NO
   ☐ p. Substance abuse treatment facility or detox center
   ☐ g. Staying or living in a friend’s room, apartment, or house
      Have you stayed here more than 7 nights?  YES or NO
      i. Do friends own or rent? ____________
      ii. OK to stay two more weeks? YES or NO**
      iii. Do you pay any rent? YES or NO
   ☐ q. Jail, prison, or juvenile detention facility
   ☐ h. Rental by client, no housing subsidy
   ☐ r. Safe Haven
   ☐ i. Rental by client, with other (non-VASH) housing subsidy
   ☐ s. Other: (Describe) ________________________
   ☐ j. Rental by client, with VASH housing subsidy
   ☐ t. Client does not know
   ☐ u. Client refused to provide
4. How long have you stayed at the place where you stayed last night or prior to program entry? (Select one)
- a. 1 week or less
- b. More than 1 week, but less than 1 month
- c. 1 to 3 months
- d. More than 3 months but less than 1 year
- e. 1 year or longer
- f. Client does not know
- g. Client refused to provide

5. If where you stayed last night was in jail, substance abuse treatment, hospital, psychiatric facility, or foster care setting, were you in shelter or on the streets prior to going to one of these places?
- Yes
- No
- Don’t Know
- Refused to Answer

6. Which of the following best describes your current housing situation? (Select one)
- a. I am in a shelter, transitional housing, or in a place not meant for habitation (outside, vehicle, streets, etc)**
- b. I am in a serious conflict situation with the people I live with that impacts my ability to remain housed
- c. I am living in housing that has been condemned by housing officials and is no longer considered meant for human habitation
- d. I am living in rental housing that is in foreclosure
- e. There are other conditions negatively impacting my ability to remain housed
  Specify: ____________________________
- f. Don’t know
- g. I am being discharged from a hospital or other institution (jail, psychiatric facility, substance abuse treatment center, foster care home or group home)
- h. I am being evicted from a private dwelling unit (including housing provided by family or friends)
- i. I am being evicted from a public housing dwelling unit
- j. I have a severe cost burden in housing I am renting (my household spends more than 50% of income for housing costs)
- k. I am living in a hotel or motel using my own resources to stay there
- l. I am living in a stable housing situation and not at risk of losing this housing at this time
- m. Refused to answer

7. Are you escaping a domestic violence situation (physical abuse or threat of violence by a person you are romantically involved with, such as a spouse, boy/girl friend, or partner)?
- Yes
- No
- Don’t Know
- Refused to Answer
  Currently Fleeing?  Yes  No
  Don’t Know
  Refused to Answer
  Approximate date of occurrence: ____________________________

8. Are you being evicted, discharged or otherwise notified that you are imminently losing this housing?
- Yes - how soon? ________  # months past due? ________  Amount owed to make you current $ ________
- No
- Don’t Know
- Refused to Answer

9. What is the main reason for your current housing crisis? (Select one)
- Divorce
- Medical Problem/Health Crisis
- Loss of income or benefits
- Job Loss
- Legal Problems/Incarceration
- Other
- Death of a family member
- Substance Abuse Problems
- Refused to answer

10. Summary of Household’s Housing Status:
- Literally Homeless**
- Unstably Housed
- Stably Housed
- Don’t Know

11. Does your household have the financial resources and support networks needed to retain permanent housing or to obtain temporary or permanent housing? (Please indicate in table)

<table>
<thead>
<tr>
<th>Resources</th>
<th>Family</th>
<th>Friends / Neighbors</th>
<th>Community Members (e.g. Church)</th>
<th>Public Resources (e.g. Foodstamps)</th>
<th>Circle Degree of Financial or Housing Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Not accessible*</td>
<td>Unable to assist*</td>
<td>Short-term</td>
<td>As long as needed</td>
<td>Had not considered</td>
</tr>
<tr>
<td>b.</td>
<td>Not accessible*</td>
<td>Unable to assist*</td>
<td>Short-term</td>
<td>As long as needed</td>
<td>Had not considered</td>
</tr>
<tr>
<td>c.</td>
<td>Not accessible*</td>
<td>Unable to assist*</td>
<td>Short-term</td>
<td>As long as needed</td>
<td>Had not considered</td>
</tr>
<tr>
<td>d.</td>
<td>Not accessible*</td>
<td>Unable to assist*</td>
<td>Short-term</td>
<td>As long as needed</td>
<td>Had not considered</td>
</tr>
</tbody>
</table>
12. Are you pregnant? □ Yes □ No

Due Date: ____________________________

13. What is your gender? □ Male □ Transgendered - Female to Male □ Other
   □ Female □ Transgendered - Male to Female □ Don't Know □ Refused to Answer

14. Are you of Hispanic ethnicity? □ Yes □ No □ Don't Know □ Refused to Answer

15. What is your primary race? □ White □ Black/African-American □ American Indian/Alaskan Native
   □ Asian □ Native Hawaiian/Pacific Islander □ Other, Multi-racial
   □ Don't Know □ Refused to Answer

16. What is your marital status? □ Single, never married □ Married □ Cohabiting or living with a significant other
   □ Widowed □ Separated □ Divorced □ Don't Know □ Refused to Answer

17. Have you ever served in the U.S. Armed Forces? □ Yes □ No □ Don't Know □ Refused to Answer
   Which branch of the military did you serve in?
   □ Army □ Airforce □ Navy □ Marines □ Coast Guard □ Don't Know □ Refused to Answer
   Which type of discharge did you receive?
   □ Honorable □ General under honorable conditions □ Other than honorable conditions (OTH) □ Bad conduct
   □ Dishonorable □ Uncharacterized □ Don't know □ Refused to Answer
   When did you enter military service ___/___/____ When did you separate from military service? ___/___/____
   Did you serve in any of the following wars/war eras?
   □ Other Peace-Keeping operations or military interventions (Lebanon, Panama, Somalia, Bosnia, etc...)

18. Highest level of education completed? □ 7th or 8th Grade □ 9th Gr □ 10th Grade □ 12th Gr □ 12th Gr, no diploma □ GED
   □ Some College, but did not finish. □ College Graduate

19. If you have attended less than high school, why? □ Dropped out □ Suspected □ Expelled

20. Graduate Status: □ Associates □ Bachelors □ Masters □ Doctorate □ Other graduate or professional degree
   □ Certificate of advanced training

21. Currently enrolled in school or vocational certification program? □ Yes □ No

22. Attendance Status: □ Attending regularly □ Attending irregularly □ Graduated

23. Have you received income from any of these sources in the last 30 days? (Record monthly $ for all that apply)
   □ $______ Employment □ $______ Pension □ $______ SSI/SSDI □ $______ Gen Asst □ $______ Friends
   □ $______ Unemployment □ $______ Workers Comp □ $______ VA □ $______ Child Support □ $______ Family
   □ $______ Social Security □ $______ TANF □ $______ Alimony □ $______ Other $______ □ Refused to Answer

24. Have you used any of the following services in the past 30 days? (Select all that apply)
   □ Psychiatric/Mental Health Care □ Housing Assistance □ Community Health Center (sliding scale)
   □ Substance Abuse Care □ Emergency Room □ Job Assistance/Vocational Rehab
   □ Legal assistance □ Financial counseling □ Don't Know □ Refused to answer

25. Have you received any of the following supports or benefits in the past 30 days? (Select all that apply)
   □ WIC (N/A) □ Veterans Health Care (N/A) □ State Children's Health Insurance (N/A)
   □ Food Stamps (N/A) □ School Lunch Program (N/A) □ Medicare/Medicaid (N/A) □ Refused to answer

   A. If you receive food stamps, how much is your monthly benefit? $________
   B. What kind of health insurance do you have? Medicaid __ Medicare____ Private ___ Employer ____ VA____ None ___
   C. What kind of health insurance do your children have? Medicaid____ Medicare____ CHIP____ PCN ___Private ___
      VA____ None ____ N/A ___

26. a. Have you ever been homeless (stayed in a shelter or place not meant for habitation)?
   □ Yes □ No □ Don't Know □ Refused to Answer

  b. If Yes, when were you last homeless? __________________ for how long? ______________

  c. If Yes, were you ever homeless as a child? (17 or younger) □ Yes □ No □ Don't Know □ Refused
     i. If Yes, were you with your parents or on your own? □ With Parent □ On own □ Don't Know □ Refused
27. Are you currently on the streets, or staying in a shelter? Y / N (circle one)
28. If yes, approximate date homelessness started ____________
29. How many times have you been on the streets or in shelters in the past 3 years, including today? ____________
30. Total number of month's homeless, on the streets or in a shelter in the past 3 years? ____________
31. Where was the apartment, room, or house of your last permanent address where you lived for 90 days or more?
   a. Street Address ___________________________ City: ___________ State: _______ Zip: ________
      Staff:  □ Full zip code reported   □ Partial zip code reported   □ don't know   □ Refused
   b. How long did you live there? ________ (months, years)
32. How many times have you moved in the last 90 days? ____________  □ Don't Know  □ Refused
33. When did you last work for pay?
   □ Currently Employed  □ Employment Type __Full__ __Part__ __Seasonal__
   Is your job: ___ Permanent or ___ Temporary or ___ Seasonal  Hours worked last week __________
   □ Was employed ____________ (Months or Years ago)
      If employed, approximate hours worked in the last week. ____________
34. If not employed, why? □ looking for work □ Unable to work □ Not looking for work
35. How would you describe your employment history (taxed income) in the last year?
   □ Always Employed Full-Time  □ Usually Employed Full-Time  □ Rarely Employed
   □ Always Employed at least Part-Time  □ Usually Employed at Least Part-Time  □ Never Employed
   □ Usually working two or more full or part-time jobs simultaneously  □ Don't Know  □ Refused
36. What kind of work do you do? ____________________________  □ Don't Know  □ Refused
37. How long have you been at your current job? ___ days ___ months ___ years  □ Don't Know  □ Refused
38. Do any of the following characteristics apply to you? (Check all that apply)
   □ Young head of household (under 25 with i. □ minor children and/or ii. □ pregnant)
   □ Been in Foster Care.
   □ Collections, or credit problems that hinder obtaining housing.
   □ Criminal record that hinders obtaining housing.
   □ Past institutional care (ever more than 30 consecutive days in prison, treatment facility, or hospital)
   □ Current or Past Alcohol Abuse. Receiving treatment? Y / N (circle one)
   □ Chronic Health Condition. Receiving Treatment? Y / N (circle one) Is condition indefinite? Y / N
   □ Developmental Disability. Receiving Treatment? Y / N (circle one) Is condition indefinite? Y / N
   □ Current or Past Drug Abuse. Receiving Treatment? Y / N (circle one) Is condition indefinite? Y / N
   □ HIV/AIDS Receiving Treatment? Y / N (circle one)
   □ Mental Health Issues. Receiving Treatment? Y / N (circle one) Is condition indefinite? Y / N
   □ Physical Disability. Receiving Treatment? Y / N (circle one) Is condition indefinite? Y / N
## Monthly Household Budget

<table>
<thead>
<tr>
<th>Monthly Income:</th>
<th>Monthly Expenses:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Pay $</td>
<td>Groceries ($Include food stamp benefit $) $</td>
</tr>
<tr>
<td>Spouse's Gross Pay $</td>
<td>Miscellaneous Bills $</td>
</tr>
<tr>
<td>Room mate, or other persons living in home income $</td>
<td>Personal Loans (Sunbelt, Security Finance, etc) $</td>
</tr>
<tr>
<td>Bonuses $</td>
<td>Credit Cards $</td>
</tr>
<tr>
<td>Commissions $</td>
<td>Entertainment $</td>
</tr>
<tr>
<td>Tips $</td>
<td>Child Support Payments $</td>
</tr>
<tr>
<td>Rental Income $</td>
<td>Alimony Payments $</td>
</tr>
<tr>
<td>Pension/Retirement Income $</td>
<td>Car Payment $</td>
</tr>
<tr>
<td>Social Security benefits $</td>
<td>Clothing $</td>
</tr>
<tr>
<td>SSI Disability benefits $</td>
<td>Medical bill payments, or doctor Co-Pays $</td>
</tr>
<tr>
<td>Alimony $</td>
<td>Prescriptions $</td>
</tr>
<tr>
<td>Child Support $</td>
<td>Health Insurance $</td>
</tr>
<tr>
<td>Unemployment $</td>
<td>Rent $</td>
</tr>
<tr>
<td>General Assistance from Work Force Services $</td>
<td>Car Insurance $</td>
</tr>
<tr>
<td>Food Stamps $</td>
<td>Mortgage $</td>
</tr>
<tr>
<td>Do you receive WIC? $</td>
<td>Gasoline $</td>
</tr>
<tr>
<td>Other $</td>
<td>Maintenance Bills $</td>
</tr>
<tr>
<td>Other $</td>
<td>Electricity $</td>
</tr>
<tr>
<td>Other $</td>
<td>Home heating costs (Questar, Propane, etc...) $</td>
</tr>
<tr>
<td>Other $</td>
<td>House Phone $</td>
</tr>
<tr>
<td>Other $</td>
<td>Internet $</td>
</tr>
<tr>
<td>Other $</td>
<td>Cell Phone $</td>
</tr>
<tr>
<td></td>
<td>Cable/Dish $</td>
</tr>
<tr>
<td></td>
<td>Non Food Household Items (Toilet paper, diapers, etc...) $</td>
</tr>
<tr>
<td></td>
<td>Other: $</td>
</tr>
<tr>
<td></td>
<td>Other: $</td>
</tr>
</tbody>
</table>

Total Income Received: $ __________  Total Monthly Expense: $ __________

What's left? $ __________

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SELF SUFFICIENT OUTCOME DOMAINS

Choose the one that most closely matches your situation at this time:

**Safety**
- Home/Residence is NOT safe.
- Safety is threatened.
- Safety is minimally adequate.
- Home is safe, however future is uncertain.
- Home is safe and stable.

**Housing**
- Homeless, or threatened with eviction.
- In transitional, temporary, or substandard housing.
- Current rent or mortgage is unaffordable.
- In stable housing that is safe, but only marginally adequate.
- Housing is safe, adequate, & subsidized.
- Housing is safe, affordable, adequate, & unsubsidized.

**Food and Nutrition**
- No food, or means to prepare it.
- Household is on Food Stamps.
- Can meet basic food needs, but requires occasional assistance.
- Can meet basic food needs.
- Can choose to purchase any food household desires.

**Health Care**
- No medical coverage with immediate need.
- No medical coverage, and great difficulty accessing medical care.
- Some members (IE: children) on MEDICAID, but adults lack coverage.
- All members can get medical care when needed, but may strain budget.
- All members are covered by affordable, adequate health insurance.

**Mental Health**
- Danger to self, or others.
- Recurrent mental health symptoms.
- Mild mental Health symptoms.
- Mild mental health symptoms are transient and make moderate difficulties in function.
- Minimal symptoms that are expectable responses to life stressors.

**Substance Abuse**
- Has used within the last 6 months.
- No drug or alcohol use in the last 6 months.
- Has never had a drug, or alcohol dependency issue.

**Family Relations**
- Lack of necessary support from family, or friends.
- Family/friends may be supportive, but lack ability.
- Some support from family/friends.
- Strong support from family/friends.
- Has healthy expanding support network.

**Parenting Skills**
- Parenting skills are lacking.
- Parenting skills are minimal.
- Parenting skills apparent, but not adequate.
- Parenting skills are adequate.
- Parenting skills are well developed.

**Child Care** *(If single or couple with no children mark NA, and skip.)*
- Needs childcare, but none is available/accessible.
- Childcare is unreliable, or unaffordable.
- Inadequate supervision is a problem for childcare that is available.
- Affordable subsidized childcare is available, but limited.
- Reliable, affordable childcare is available, no need for subsidies.
- Able to select quality childcare of choice.

**Children’s Education** *(If single or couple with no children mark NA, and skip.)*
- One or more eligible children not enrolled in school.
- All eligible children enrolled in school, but one or more children are not attending.
- Enrolled in school, but one or more children only occasionally attending classes.
- Enrolled in school and attending most of the time.
- All eligible children enrolled and attending on regular basis, and making progress.

**Daily Living Skills (bathing, cooking, etc…)**
- Unable to meet basic needs.
- Can meet a few basic needs, but not all needs of daily living without assistance.
- Can meet most basic needs, but not all daily living needs without assistance.
- Able to meet all basic needs of daily living without assistance.
Adult Education
  o Literacy problems and/or no High School diploma/GED.
  o Enrolled in literacy and/or GED program, and has sufficient command of English language.
  o Has High School diploma or GED.
  o Needs additional education/training to improve employment situation.
  o Has completed education/training needed to become employable; no literacy problems.

Income
  o No income.
  o Inadequate income.
  o Can meet basic needs with subsidy.
  o Can meet basic needs, and manage debt without assistance.
  o Income is sufficient, well managed; has discretionary income, and is able to save.

Employment
  o No job.
  o Temporary, part-time, or seasonal.
  o Inadequate pay W/ no benefits.
  o Employed in permanent full-time position with adequate pay, and benefits.

Credit History
  o No credit history.
  o Outstanding judgments, or recent bankruptcy (less than 3 years ago).
  o Has credit repair plan.
  o Moderate credit rating.
  o Good credit, and manageable debt ratio.

Transportation and Mobility
  o No access to transportation, public or private.
  o Transportation is available, but unreliable.
  o Transportation is available, but limited.
  o Transportation is generally accessible to meet basic travel.
  o Transportation is readily available, and affordable.

Legal
  o Current outstanding tickets, or warrants.
  o Serious unresolved legal issues.
  o Current charges/trial pending.
  o Current, or past legal issues impacting housing qualifications.
  o Fully compliant with probation/parole terms; past non-violent felony convictions.
  o Has successfully completed probation/parole within past 12 months; no new charges filed.
  o No active legal issues in more than 12 months: no felony, significant legal, or criminal history.

Community Involvement
  o Not applicable due to crisis situation; in survival mode.
  o Socially isolated.
  o Lacks knowledge of ways to become involved in community.
  o Some community involvement.
  o Actively involved in community.

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UHMIS Informed Consent Release Form

Please read the following statements. Make sure you have had the chance to have your questions answered.

UBAOG (Agency Name) is part of the Utah Homeless Management Information System (UHMIS). UHMIS is a system that uses computers to collect information about homelessness. The reason for UHMIS is to track funding for homeless programs given by many funders. The goal is to simplify service delivery to people in need.

UHMIS operates over the internet and uses many security protections to keep your information safe. Many service providers across Utah use UHMIS, so your information will be shared with other service providers that provide similar services. Information collected is housed in a secure server located at Data System International (DSI), in Sandy, Utah. DSI employees have access to this server and the data housed there, but only for network support and maintenance purposes. UHMIS staff and approved Utah State Community Services Office (SCSO) staff collect and use only information that is needed for reports on homelessness to help inform policy decisions. Every person with access to this information must sign and comply with all confidentiality agreements.

To better provide services to you in the best way possible, UBAOG (Agency Name) is asking your permission to share your information with the other approved UHMIS participating agencies in Utah. This will include sharing the following information about you and any dependant minor children with you:

- Name, gender, partial SSN, birth date

By signing this form you are letting us share your information, and the information of your dependent children under the age of 18 with other UHMIS participating agencies. This information will be accessible for seven years from the last date of service.

You may cancel this consent at any given time by written request to this agency. The cancellation will not be applied to records already collected from you. If you choose to not give consent, it does not make you ineligible to receive services unless you are applying for the Homeless Prevention and Rapid Re-housing Funding (HPRP or TANF).

Your Rights

- You have the right to get services even if you choose NOT to participate in the UHMIS.
- You have the right to ask who has seen your information.
- You have the right to see your information and to change it if it’s not correct. But you must show documentation.

A list of participating agencies is available from your case manager or online at http://hmis.utah.gov. If you don’t want your information shared with a specific agency, please let your case manager or intake worker know. He/she can then take the proper action to honor your request.

_________________________  _______________________
Signature of Client (And/or Guardian)  Date

_________________________
Printed Name of Client  DOB of Client

_________________________
Signature of Intake Worker/Case Manager