

# CHILD APPLICATION

Fill out information pertaining to the child  
(1 for each child in the hh)

Screening Date: \_\_/\_\_/\_\_\_\_ Staff: \_\_\_\_\_

Referral Source:  Self  Community Provider (Name: \_\_\_\_\_)  School District \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_\_\_  Full DOB reported  Partial or approximate DOB reported  Don't Know  Refused

Relationship in Family/Group:

- Wife  Husband  Son  Daughter  Companion  Brother
- Sister  Other

### Child Education Only (5-17)

Currently Enrolled in School:  Yes  No  Don't Know  Refused

If yes, name of child's school \_\_\_\_\_

If yes, was/is the child connected with a School Liaison?  Yes  No  Don't Know  Refused

If yes, type of school  Public  Private  Don't Know  Refused

If NOT enrolled, last date of enrollment: \_\_/\_\_/\_\_\_\_

If not enrolled, identify problems for enrolling child:

- None  Residency Requirements  Availability of School Records
- Birth Certificates  Legal Guardianship Requirements  Lack of available preschool programs
- Transportation  Immunization Requirements  Physical Examination Records
- Other  Don't Know  Refused

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

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

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

Have you received income from any of these sources in the last 30 days? (record monthly \$ for all that apply)

- \$\_\_\_\_ Employment  \$\_\_\_\_ Pension  \$\_\_\_\_ SSI/SSDI  \$\_\_\_\_ GA  \$\_\_\_\_ Friends
- \$\_\_\_\_ Unemployment  \$\_\_\_\_ Workers Comp  \$\_\_\_\_ VA  \$\_\_\_\_ Child Support  \$\_\_\_\_ Family
- \$\_\_\_\_ Social Security  \$\_\_\_\_ TANF  \$\_\_\_\_ Alimony  \$\_\_\_\_ Other \_\_\_\_\_  Refused to Answer

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

Do you have any of the following conditions?: (select all that apply)

- a. Chronic Health Condition \_\_\_Y\_\_\_N Receiving Treatment? \_\_\_Y\_\_\_N Is condition indefinite? \_\_\_Y\_\_\_N
- b. Developmental Disability \_\_\_Y\_\_\_N Receiving Treatment? \_\_\_Y\_\_\_N Is condition indefinite? \_\_\_Y\_\_\_N
- c. Physical Disability \_\_\_Y\_\_\_N Receiving Treatment? \_\_\_Y\_\_\_N Is condition indefinite? \_\_\_Y\_\_\_N
- d. Mental Health issues \_\_\_Y\_\_\_N Receiving Treatment \_\_\_Y\_\_\_N Is condition indefinite? \_\_\_Y\_\_\_N

# UHMIS Informed Consent Release Form

**PLEASE READ THE FOLLOWING STATEMENTS.**

**MAKE SURE YOU HAVE HAD THE CHANCE TO HAVE YOUR QUESTIONS ANSWERED.**

**UBAOG** is part of the Utah Homeless Management Information System (UHMIS).  
(Agency Name)

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 way UBAOG is asking your  
(Agency Name)  
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