

## DYCD TO DHS SHELTER REFERRAL CONSENT FORM

The Department of Youth and Community Development ("DYCD") and the Department of Homeless Services ("DHS") have collaborated to create a system whereby youth participating in Runaway and Homeless Youth ("RHY") services funded by DYCD who wish to transition to DHS housing may bypass DHS Intake and Assessment by consenting to share information with DHS prior to the transition.

This consent form will allow DHS to determine an appropriate shelter placement within the DHS shelter system by allowing DHS access to the youth's demographics, medical and mental health information, social services and public benefits information, and other information related to shelter history and service delivery. By consenting to provide necessary information (included in the attached worksheet), youth will bypass DHS Intake and Assessment and receive a placement directly into a DHS shelter.

**Date form completed:**

**Name of staff person completing the form:**

**Title:**

**Telephone:**

**Email address (*must include*):**

### CLIENT'S CONSENT TO RELEASE OF INFORMATION

I, \_\_\_\_\_ (name of client), give permission to the \_\_\_\_\_ (name of DYCD Provider facility) staff, to release the information below to the NYC Department of Homeless Services and the Social Services staff at my assigned shelter placement. I understand that this information will be used to help determine an appropriate shelter placement in the DHS shelter system. By providing this information to the staff at my assigned shelter placement, I understand that I will be assisting them to provide me appropriate social services designed to move me into permanent housing more quickly.

I understand that I may change my mind about releasing this information. I may write or ask someone else to write down this decision and give it to a member of my DYCD shelter case management team. I understand that if the information has already been sent, I cannot ask to take it back again. I also understand that it is possible that this information will be further disclosed and will no longer be protected. I have a right to a signed copy of this release form.

I permit \_\_\_\_\_ (name of shelter) to release the following information:

- ☐ All information contained or referenced in the DYCD to DHS Shelter Referral Worksheet
- ☐ Psychiatric and/or psychosocial evaluations
- ☐ Information regarding my HIV status
- ☐ Information regarding my use of drugs or alcohol

I understand that only the information checked off can be provided to DHS.

**Client signature:**

**Witness signature:**

**Date:**

**Date:**