

WEST CENTRAL ILLINOIS CONTINUUM OF CARE CONSORTIUM

HOMELESS MANAGEMENT INFORMATION SYSTEM

Client Revocation of Consent to Release Information

I hereby revoke permission for the partner agencies in the West Central Illinois Continuum of Care Consortium (WCICCC) to share my personal information and information regarding my family in the Homeless Management Information System (HMIS). I understand that my information will remain in HMIS as part of the non-identifying data collected on homeless services provided by the WCICCC, but that my personal and family information will no longer be available to any partner agency.

Client Name

Client Signature

Date

Executed at:

Name of Partner Agency

Agency Personnel Name

Agency Personnel Signature

Date