

The I-COUNT Network
Iowa's Outcomes and Universal Needs Toolkit
Iowa's Homeless Management Information System

Authorization and Notice of Data Collection

*Please read the following notice and authorization
(or ask to have it read to you) before signing.*

NOTICE OF DATA COLLECTION

- I. This Agency receives funding from the Iowa Finance Authority, and/or the U.S. Department of Housing and Urban Development. A requirement of this funding is that the Agency participates in the Iowa Homeless Management Information Network, which collects basic information about clients receiving services from this Agency. This requirement was passed in order to get a more accurate count of individuals and families who are homeless and to identify the need for different services

- II. The minimum type of data collected is listed at the end of this form. The only identifying information collected is name, social security number, and birth date. Portions of your name and birth date are combined with other randomly generated characters to create a unique identifier. The unique identifier helps provide unduplicated counts and accurate reporting of data. Any counts or reports generated from the Homeless Management Information Network will never include personal identifying information. None of your personal information will be shared with the State of Iowa or the Federal Government. You have the ability to share your personal information with other agencies that participate in the network by completing a "Consent to Share Information" form.

- III. The computer program used for data collection, SERVICEPOINT™, operates over the Internet and has industry standard security protocols, which are updated regularly to meet security standards. The security protocols include:
 - This Agency enters all client data in a confidential and restricted manner. Only approved staff that possesses a unique, confidential username and password can access the SERVICEPOINT™ system at this Agency.
 - Outside of this agency, only limited staff from the Institute for Community Alliances (ICA), which administers SERVICEPOINT™, and who also possess unique, confidential usernames and passwords, can access the system to trouble shoot system problems and print reports.
 - The data collected through SERVICEPOINT™ is housed in a server managed by Bowman Internet Systems in Shreveport, Louisiana. Only limited members of their technical staff, who must possess unique, confidential usernames and passwords, are authorized to access the server to trouble shoot a problem or make changes to the system's design at the request of the ICA. Bowman Systems has signed a contract with ICA, which contains a confidentiality clause barring them from releasing any client data collected.
 - The data collected is encrypted (that is scrambled) as it travels across the Internet, thus preventing confidentiality from being breeched.

These protections increase security of your personal identifiable information, but cannot guarantee it. However, in the six years Bowman Internet Systems has managed SERVICEPOINT™, there has never been a successful attempt to breach the security of their server where the client data is stored.

CLIENT AUTHORIZATION

- I. You are not required to provide any information.
 - You may decline to provide personal identifying information (name and social security number), and all other demographic information will be entered “anonymously”.
- II. Your decision to not provide information, or to only provide limited information, will not affect the type or quality of services this Agency provides to you.
- III. Data collected through SERVICEPOINT™ will be kept in the system for seven years from the date of your authorization, and then any inactive records will be permanently deleted from the SERVICEPOINT™ system.
- IV. The basic information described below as well as information on services provided to you may be entered into SERVICEPOINT™. Please check one of the following boxes below, then sign and date this form.

- I give my permission to this Agency to enter into SERVICEPOINT™ my name and social security number **as well as** the information I have indicated with a check below.
- I give my permission to this Agency to enter into SERVICEPOINT™ my information **anonymously (that is – without name and social security number).** I further understand that this entry **will** then include all of information indicated below.

<input type="checkbox"/> birth date <input type="checkbox"/> homeless status <input type="checkbox"/> gender <input type="checkbox"/> race <input type="checkbox"/> reason for homelessness <input type="checkbox"/> zip code of last permanent residence	<input type="checkbox"/> marital/family status <input type="checkbox"/> experience of domestic violence <input type="checkbox"/> veteran status <input type="checkbox"/> income type and amount <input type="checkbox"/> disability <input type="checkbox"/> services provided
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I have read and understand the information outlined in this Authorization and Notice of Data Collection. My option for authorizing data collection is checked above.

Client’s Printed Name: _____

Client’s Signature: _____

Date: _____