

THE SALVATION ARMY

SMAC Coordinated Entry System

TENNESSEN WARNING and AUTHORIZATION TO EXCHANGE INFORMATION

The Salvation Army is the contracted agency providing coordination and referral services to housing providers in the region including Anoka, Carver, Dakota, Scott and Washington counties in Minnesota. The purpose of this document is to authorize The Salvation Army, housing providers, and other service providers to work together in consultation to identify housing opportunities to meet the needs of individuals and families. This document does not replace Minnesota's Homeless Management Information System (HMIS) Data Privacy Notice. All eligibility for housing will be determined by the housing provider. Participation is voluntary and does not move you to a higher position on the Priority List. If you choose not to participate in this information sharing, you will remain in the same position on the Priority List.

YOUR RIGHTS:

Under the Minnesota Data Privacy Act, you have the right to know how the information you provide on the application for a program will be used.

SPECIFIC INFORMATION BEING SHARED:

- Current housing crisis.
- Current and previous housing record.
- Personal data necessary to determine eligibility for programs, including but not limited to household status, disability status, gender, family composition, and residency.

USE OF INFORMATION:

- The information you provide will be used to:
- Determine your eligibility for a specific program.
- Refer you to an appropriate housing opportunity.
- Coordinate services across multiple agencies.
- Identify the need for a referral to other agencies.

REFUSAL TO PROVIDE DATA: You may refuse to provide the data. This may prevent you from obtaining services from certain programs that require the data and our services to you may be limited. Providing false information can lead to your removal from the program and possibly denial of services in other Salvation Army programs for one year.

You do not have to provide a Social Security Number to be eligible for our programs. Federal Privacy Act and Freedom of Information Act dictate the use of the Social Security Number. We may use it for computer matches, programs reviews, and audits. We will ask you for your Social Security Number for these purposes only, and will not share that information unless dictated by law.

AUTHORIZATION BY LAW TO SHARE INFORMATION: The Salvation Army is authorized by law to share the data with the staff at the Minnesota Department of Children, Families and Learning, Minnesota Department of Human Services, the United States Departments of Health and Human Services, Labor, Housing and Urban Development and Agriculture.

With your informed consent, we may also share it with community agencies, local and state human service agencies, local government, educational programs and other agencies that help you.

MANDATED REPORTING: All Salvation Army staff are mandated reporters, and follow state regulations for adults and children. These include physical, sexual and emotional abuse or neglect and substance abuse if occurring during pregnancy.

DUTY TO WARN: Salvation Army employees are mandated reporters, and have a duty to warn or take reasonable precautions against any threats of harm to you or others threatened by yourself or others involved in receiving services from The Salvation Army. You understand that this may include warning the person being threatened, or contacting medical personnel, law enforcement, child protective services, or any other services that may be required to ensure the safety of others. Additionally, Salvation Army staff will contact needed persons without your permission in this event.

I, _____(name), _____(D.O.B), hereby authorize The Salvation Army and the organizations listed below to mutually share, communicate and release (orally or written) any information about me that they possess and information they subsequently collect while this consent is in effect.

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| • Ally Services | • Hearth Connection | • The Link |
| • Avivo | • Hope 4 Youth | • The Salvation Army |
| • Anoka County Community Action Program (ACCAP) | • Launch Ministry | • Tubman Family Alliance |
| • Anoka County Human Services | • Lutheran Social Services (LSS) | • Washington County Community Development Agency (CDA) |
| • Alexandra House | • Mental Health Resources | • Washington County Human Services |
| • B. Robert Lewis House (Eagan & Hastings) | • Metropolitan Council (Metro HRA) | • Wilder |
| • Beacon Interfaith | • People Inc. | • YMCA - Emma B. Howe |
| • Canvas Health | • Radias Health | • Other agencies that join Coordinated Entry and contracted vendors with Anoka, Carver, Dakota, Scott, and Washington counties |
| • Carver County Community Development Agency (CDA) | • Safari Services | • County Mental Health Case Management Services |
| • Carver County Health and Human Services | • Saint Andrew's Resource Center | • County Chemical Health Services |
| • Common Bond Communities | • Scott Carver Dakota Community Action Partnership (CAP) Agency | • County or state corrections agencies |
| • Community Action Partnership of Ramsey and Washington | • Scott County Community Development Agency (CDA) | • Other agencies that join Coordinated Entry |
| • Dakota County Community Development Agency (CDA) | • Scott County Community Health and Human Services | |
| • Dakota County Community Services | • Simpson Housing Services | |
| • Dakota Woodlands | • Skyline Inc. | |
| • East African Housing Services | • Solid Ground | |
| • Family Promise of Anoka County | • Stepping Stone Emergency Housing | |
| • Frazier Housing Services | • Supportive Living Solutions | |
| • Guild Incorporated | | |
| • Handy Help Inc. | | |

GRIEVANCE PROCEDURE: The Salvation Army's Twin Cities Social Services program seeks to provide service in a conscientious and equitable manner, within a safe and respectful environment. On those occasions when recipients of our services experience a misunderstanding or problem, the following steps may be taken to resolve the situation.

- The recipient may first be referred back to the Priority List Manager. They and the recipient may discuss possible resolutions to the problem.
- If the discussion does not resolve the situation to the satisfaction of the recipient, or if the problem is not an appropriate one for discussion with the primary worker, the recipient may be referred to the next level(s) of administration.
- If the situation is still not resolved, the recipient may be referred to the Assistant Divisional Social Services Director
- Grievances or complaints may be submitted in person, by phone, or in writing by the recipient to appropriate Social Services staff.
- Whenever possible, grievances or complaints will be addressed within twenty-four hours of their receipt.
 - I understand that the information received by and from the organization and/or person(s) named in this consent will only be shared with the organizations' staff that needs information to provide me with services.
 - I understand that my records are protected under state or federal laws and cannot be disclosed without my written consent unless otherwise provided for by other state or federal law.
 - This consent starts on the date I sign this form and lasts for one year from that date. Copies of this consent may be provided to organization and/or person(s) listed above. I also understand that I can cancel this consent at any time with my written notice to the agency assisting me in completing this consent.
 - My signature below authorizes the release of private information.

Client Signature

Date

Signature and Agency of Staff

Date