



CCHA COORDINATED ENTRY RECIPROCAL RELEASE

Head of Household Name: _____ **DOB:** ____/____/____
(FIRST) (LAST)

Chittenden Coordinated Entry is a multiagency system of cooperation and coordination for those experiencing homelessness and is part of the Chittenden County Homeless Alliance (CCHA). Chittenden Coordinated Entry is designed to assist households in accessing housing navigation, supportive services, and housing resources available to people experiencing homelessness in Chittenden County.

Chittenden Coordinated Entry Partners:

- | | |
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| Anew Place | Pathways Vermont |
| Burlington Housing Authority | Spectrum Youth & Family Services |
| Cathedral Square Corporation | Supportive Services for Veteran Families at The University of Vermont |
| Champlain Housing Trust | Steps to End Domestic Violence |
| Champlain Valley Office of Economic Opportunity | United States Department of Veterans Affairs |
| City of Burlington Police Department Community Support Liaisons | The University of Vermont Medical Center |
| Burlington Community Economic Development Office | Vermont Agency of Human Services |
| Committee on Temporary Shelter | Vermont Cares |
| Community Health Centers of Burlington | Vermont Coalition for Runaway and Homeless Youth Programs |
| Howard Center | Vermont Housing Finance Agency |
| Hopeworks | Veterans' Inc. |

I **authorize** CCHA Chittenden Coordinated Entry partners to share verbally or in writing my referral, intake, and any other information about my household that is relevant for accessing or coordinating referrals to services or housing opportunities with _____ . I permit the Chittenden County Housing Alliance partners to obtain any and all relevant information verbally or in writing from

(AGENCY/ ORGANIZATION)

I **authorize** _____ to share verbally or in writing, my referral, intake and any other information about my household that is relevant for accessing or coordinating referrals to services or housing opportunities with CCHA Chittenden Coordinated Entry partners. I permit _____ to obtain any and all relevant information verbally or in writing from CCHA Chittenden Coordinated Entry partners.



Minor Children Included in Release:

Name:	Date of Birth:

By signing this form, I understand the reasons I am being asked to release information and that I am not obligated to do so. However, by not giving authorization, I may not be able to access particular housing services or resources through the CCHA Chittenden Coordinated Entry process. This authorization will be in effect as long as I am receiving services through Chittenden Coordinated Entry from a CCHA Coordinated Entry Partner. I am able to revoke this authorization at any time by **contacting my housing navigator (Phone: _____) or the Coordinated Entry System Director (802-862-2771 x724)**, except to the extent that it has already been acted upon. All items on this form have been explained and my questions about this form have been answered.

Client Signature: _____

Date: _____

Print Name: _____

Client Signature: _____

Date: _____

Print Name: _____

Interviewer Name: _____

Staff

Volunteer

Organization: _____

Date: _____