County of Simcoe
Social and Community Services
1110 Highway 26,
Midhurst, Ontario L9X 1N6

Main Line (705) 722-3132
Beeton Area (905) 729-4514
Fax (705) 722-4720
simcoe.ca

Simcoe County Homeless Services and Support System Common Consent Form

What is Coordinated Access?

- Coordinated Access is a system used by service providers across Simcoe County to help individuals and families at risk of and experiencing homelessness get connected to the right housing and supports as quickly and fairly as possible.

What is Case Conferencing?

- Case Conferencing is a regular meeting where service providers come together to discuss how to best support individuals and families at risk of and experiencing homelessness. If you are being supported through the Coordinated Access system, your name and housing needs may be discussed in these meetings so that staff can work together to remove any barriers and help you move into housing faster. Your consent allows service providers to collaborate on your behalf while respecting your privacy and dignity.

What is the "Simcoe County Homeless Individuals and Families Information System - "the system"?

- It is an electronic database where a group of agencies can share your personal information to work together to help you find and/or maintain a place to live.

How will my information be used?

- Your information is used to understand your needs and match you to available housing programs based on clear, consistent criteria. This process ensures that people with the highest needs are prioritized and helps reduce wait times and duplication across services.

Who will use your information?

- The types of Community Service Providers who will have access to your information include:

Street Outreach	Housing Resource Centre	Transitional/ Supportive Housing
Emergency Shelter	Housing First Program	Housing Support Service
Income Support	Rapid Re-Housing Program	Coordinated Access System
Community Libraries' Housing Navigators	Homeless and Addiction Recovery Treatment Hubs	Action-oriented Case Conferencing Tables

- A list of all the Service Providers can be found at HIFIS Webpage

What if you don't consent to share your personal information in HIFIS?

- You may not be eligible to participate in some programs and services.

- By choosing not to provide consent, you understand that you will not be included in our By-Name List — a real-time list used to track and support individuals experiencing homelessness more effectively.

What if you change your mind about your personal information being shared?

- You can remove your consent to have your personal information contained in the system at any time by speaking or submitting a Withdrawal of Consent Form to the staff at the County of Simcoe or one of the Community Service Providers.

- If you remove your consent, Community Service Providers will enter no additional information, and staff will still work with you to help you find housing outside of the system.

There are times where your personal information may be shared without your consent.
These are when:

- A person has experienced or may be at-risk of abuse or harm.
- A person is a direct threat to themselves or another person.
- As may be permitted by law.

Notice of Collection, Use, and Disclosure:

Your information is collected and placed into the Simcoe County Homeless Individuals and Families Information System (HIFIS) and used and disclosed to other Simcoe County Community Service Providers to support your application under various affordable housing programs in accordance with the (Federal) Department of Housing, Infrastructure, and Communities Canada. If you have questions regarding this program, please contact communityservicesdepartment@simcoe.ca.

County of Simcoe
Social and Community Services
1110 Highway 26,
Midhurst, Ontario L9X 1N6

Main Line (705) 722-3132
Beeton Area (905) 729-4514
Fax (705) 722-4720
simcoe.ca

Please select ONE option below:

- ☐ I agree to share my information with **ALL** service providers in HIFIS, so that I am eligible to participate in a wide range of programs and services.
- ☐ I agree to share my information with **ONLY** _____ in HIFIS. I acknowledge and understand that I may not be eligible to participate in some programs and services.
  <Service Provider>
- ☐ I decline to provide consent to **ANY** organization to enter any of my personal information into HIFIS. (*Complete Verbal Consent and create an Anon file per Consent Quick Guide.*)

Please list dependent(s) under the age of 16 whose consent you are providing:

Dependents' Name	Date of Birth / Age *(YYYY/MM/DD)*

Participant (or guardian) Signature

First and Last Name - Signature:	Date Signed (*YYYY/MM/DD*)
First and Last Name – Print:	Date of Birth (*YYYY/MM/DD*)

Verbal Consent ONLY – to be completed by the caseworker

Service Provider Name	Caseworker Name:
Participant Name	Date (*YYYY/MM/DD*)