

Confidential Shelter Entry Consent Form

Client Full Name

Date of Birth

Contact Information

Other Identifying Information

Consent Statement

I consent to the collection and use of my personal information for the purpose of accessing shelter services. I understand that my information will be kept confidential to the fullest extent permitted by law. I acknowledge that I have been informed of my rights and the limits of confidentiality while residing in the shelter.

Specific Information to be Shared (if applicable):

Duration of Consent (if applicable):

☐

I am providing consent voluntarily

☐

I understand my rights and responsibilities

Client Signature

Date

Staff Witness

Date