

**YOUTH RESOURCE CENTER (YRC) REGISTRATION FORM**

Please complete this entire form. If this is not your first time at the YRC, please complete only the highlighted areas.

Date: \_\_\_\_\_

First time utilizing the YRC? Circle yes No

If no, when was the last visit in the YRC? ☐ Not sure

Services Requesting: \_\_\_\_\_

**\*If you are coming in for more than the service selected, please add the others:**

How did you hear about the YRC? \_\_\_\_\_

**CONTACT INFORMATION**

Name: \_\_\_\_\_

Name Preference (how would you like to be addressed) \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: Baltimore State: Maryland Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ ☐ personal ☐ family ☐ friend

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

**PERSONAL INFORMATION**

Social Security Number: \_\_\_\_\_ Do not know/have card ☐

Do you currently have a Maryland ID: circle one Yes or No

Income: \_\_\_\_\_ ☐ daily ☐ hourly ☐ monthly ☐ annually ☐ Not working

Gender: ☐ Male ☐ Female

Race: ☐ Black ☐ White ☐ Mixed Race ☐ Chose not to answer

Ethnicity:

Sexual Orientation: ☐ Bisexual ☐ Heterosexual ☐ Homosexual ☐ Other

Pronouns: ☐ He/Him ☐ She/Her ☐ They/Them

Are you currently attending high school or college? ☐ Yes ☐ No

If yes, where do you attend and what grade/year? \_\_\_\_\_

If no, what was the last school attended and grade/year completed? \_\_\_\_\_

Are you a Veteran? ☐ Yes ☐ No

Are you currently pregnant? ☐ Yes ☐ No

**SUPPORTIVE SERVICES**

Are you currently experiencing any housing challenges? ☐ Yes ☐ No

If yes, what are the current challenges? \_\_\_\_\_

Are you currently receiving any government assistance (i.e. Food Stamps, Temporary Cash assistance, Medical Assistance, Temporary Disability Assistance)? ☐ Yes ☐ No

If yes, which \_\_\_\_\_

For your visit today, are you in need of any of the services listed below. Please select all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Identification (ID)          | <input type="checkbox"/> Birth Certificate               |
| <input type="checkbox"/> Social Security Card         | <input type="checkbox"/> Food Stamps                     |
| <input type="checkbox"/> Housing                      | <input type="checkbox"/> Temporary Cash Assistance (TCA) |
| <input type="checkbox"/> Medical Assistance/insurance | <input type="checkbox"/> SSDI Support                    |
| <input type="checkbox"/> Employment Support           | <input type="checkbox"/> Legal Assistance Referral       |
| <input type="checkbox"/> Navigation Services          | <input type="checkbox"/> Homeless Verification           |
| <input type="checkbox"/> Case Management Service      | <input type="checkbox"/> Insurance Card                  |

**THANK YOU FOR SELECTING SPRINGBOARD COMMUNITY SERVICES**

**Baltimore City Homeless Management Information System  
(HMIS) Client Informed Consent for Release of Information (One  
form per adult member of the household)**

Springboard Community Services is a Participating Agency in Baltimore's Homeless Management Information System (HMIS). The HMIS is a homeless and housing information system used by homeless service providers in the City of Baltimore. The HMIS makes it easier to access housing and services by allowing multiple providers to access your information. Additionally, the HMIS supports efforts to improve services to people experiencing homelessness in Baltimore City. See page 2 for more information about HMIS security and privacy.

**Basic sharing:** When you receive services from this provider, your basic information (listed on page 2) will be entered into the computer and automatically shared securely with other Participating Agencies, and included in data sharing and reporting required by funding. This process is important for providers to coordinate services for you and obtain funding to support homeless services. If you have concerns about your information being input into HMIS, please notify the staff person reviewing this form to discuss your options.

**Additional sharing:** You have the choice to allow sharing of additional information about yourself. Sharing additional information reduces the need to be asked the same questions again, may result in faster, more personalized services, and facilitates coordination across different types of providers. The sharing of this information also assists Participating Agencies to assess existing programs as well as determine the need for new services to the homeless community.

By consenting to additional sharing, you understand that:

- Participating agencies will have access to **all** of your data entered into HMIS (listed on page 2).
- Additional organizations will be vetted and enter a formal agreement the Baltimore City Continuum of Care Data & Performance Committee (see page 2) to access information, including personally identifiable information, for the purposes of research, reporting, or service connection. These organizations could include university researchers, health departments or providers, legal aid providers, and others.
- The general public will NEVER have access to your information.
- Your consent includes sharing information collected during your past experiences of homelessness in the HMIS.
- You will not be punished or denied services if you do not consent to share your information.
- You have the right to change your mind and cancel your consent to share additional information at any time by signing a Revocation of Consent form.
- Your consent is valid for three years from the date of your signature below.

**Yes, I do consent** to additional sharing of my information \_\_\_\_\_(initial)

**No, I do not consent** to additional sharing of my information \_\_\_\_\_(initial)

\_\_\_\_\_  
name of client      Signature of Client      Date      Print

An adult head of household client may apply their consent to his/her **minor** household members by listing them below: