

## PA HMIS Collaborative Client Consent Release of Information Supplement Form

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Please use this form to collect the information that a client wishes to share if the partial/ limited option is selected on the Client Consent – Release of Information (ROI) form. Place a check next to the information for which sharing is permitted and attach to the ROI.

**Client Information**

(All)

Name   
Alias   
SSN

**Client Transactions**

(All)

Pre-Enrollment Assessments   
Project Enrollment Information   
Project Assessments   
Project Services

**Client Demographics**

(All)

Date Of Birth   
Ethnicity   
Race   
Gender   
Disabling Condition   
Veteran Status

**Additional Client Information**

(All)

Place of Birth   
Marital Status   
Housing Status   
Primary Language   
Driver's License

**Contact Information**

(All)

Address   
Home Phone   
Work Phone   
Email Address