HOPE HARBOR
A SHELTER FROM THE STORM
615 W. 1st Street Grand Island, NE 68801
308-385-5190

United Way
Heartland United Way
Community Partner

Application for: SHELTER Assistance
Date: _____
NMIS # _____

Last Name	First Name	Phone Number	Birth Date	Social Security
			/ /	

Sex: □ Female □ Male □ Trans Female □ Trans Male □ Gender Non-conforming

Ethnic of Origin (check all that apply):

□ Asian □ White □ Black or African American □ American Indian or Alaska Native

□ Native Hawaiian or Other Pacific Islander □ Client refused □ Client doesn't know

Please check one: □ Hispanic □ non-Hispanic □ Client Refused □ Client doesn't know

Please list where you stayed last night:

Address:	City:	State:	Zip:	Length of stay:

If applying for shelter:
If yes, number of times you have lived on the streets or in a shelter in the past 3 years? ____

If yes, how many months have you been on the street or in an emergency shelter in the past 3 years? ____

□ Streets □ Renting

□ Owning □ A friend's house

□ A family member's house

□ **Treatment:** Expected release date: / /

□ **Jail/Prison:** Expected release date: / /

Are you a Veteran? □□ Yes □ No

As a child, were you in foster care?
□ Yes □ No

Are you a domestic violence victim/ survivor?
□ Yes □ No
- Currently fleeing? □ Yes □ No
- How long? _____

Are you disabled? □ Yes □ No

□ Chronic mental illness
□ Developmental Disability
□ Physical Disability
□ Chronic Health condition
□ HIV/AIDS
□ Alcohol Dependency
□ Drug Dependency

Do you have insurance? □ Yes □ No

If so, name of insurance _____
_____

Are you pregnant? □ Yes □ No

If so, what is your due date? _____

Highest level of education:
□ No schooling completed
□ Nursery school – 4th grade
□ 5th or 6th grade
□ 7th or 8th grade
□ 9th grade
□ 10th grade
□ 11th grade
□ 12th grade
□ High School Diploma
□ GED
□ Post-secondary School

Are you employed? □ Yes □ No
Employer: _____
Did you receive income for any of the following?
(Check all that apply)
□ SSI $_____ □ SSDI $_____
□ TANF (ADC) $_____ □ Unemployment $_____
□ Child Support $_____ □ WIC $_____
□ SNAP (food stamps) $_____ □ Other $_____

Estimated monthly income: $_____

Backgrounds (including Central Registry and Sex Offender Registry) are checked before entrance to the shelter and those with convictions which are aggravated, aggressive, or sexual in nature may not be approved to be sheltered in our facility.
I (we) have truthfully answered the questions in this application and give permission for this information to be verified. I furthermore understand that assistance is offered as it is available, and that Hope Harbor, Inc. reserves the right to refuse assistance.

Signed: _____ Date: ___/___/___
(Applicant Signature)

Rules for acceptance and participation in the program are the same for everyone without regard to race, color, national origin, age, sex, sexual orientation, gender identity or disability. Any person who believes he or she has been discriminated against in this program should write to Administrator, Food and Consumer Services, 3101 Park Center Drive, Alexandria, VA, revised 4/13/22.

NMIS: Nebraska Management Information System

Consumers Informed Consent & Release of Information Authorization

I _____ understand information about me and/or my dependents listed below is entered into a database system called Service Point. This system helps to better understand homelessness, to improve service delivery and to evaluate the effectiveness of services provided. Participation in data collection is a critical component of our community's ability to provide the most effective services and housing possible. The information that is collected is protected by limiting access to the database and limiting what information is shared. Access to the data and sharing of the data is in compliance with the standards set by the federal, state, and local regulations governing confidentiality of client records. Every person and agency that is authorized to read or enter information into the system has signed an agreement to maintain the security and confidentiality of the information.

By signing this form, I authorize the following:
The information collected by this agency will be included in ServicePoint and only partner agencies, which have entered into an HIMS Agency Participation Agreement at which I have obtained or sought out services, may use my information to:

- Produce a client profile at intake that will be shared with collaborating agencies
- Produce aggregate level reports regarding use of services
- Track individual program-level outcomes
- Identify unfilled service needs and plan for enhancements
- Allocate resources among agencies engaged in services

By signing this form, I authorize the following:
I authorize the partner agencies and their representatives to share basic information regarding my family members listed below and/or me. I understand that this information is for the purpose of assessing my/our needs for housing, utility assistance, food, counseling, and/or other services,

The following Personal Protected Information (PPI) is shared in HMIS for any service project.

- Name
- Date of Birth
- Social Security Number
- Gender
- Ethnicity and Race
- Client Location
- Veteran Status
- Photo (if applicable)

These additional fields may be collected and shared for housing, utility, assistance, and other service projects:

- Homeless History
- Family Composition
- Income/Non-cash
- Domestic Violence
- Disabling Condition
- Housing Information
- Health Insurance Status
- Residence Prior to Project Entry

I understand that:

- ✓ The partner agencies have signed agreements to treat my information in a professional and confidential manner. I have the right to view the client confidentiality polices used by the HMIS partner agencies.
- ✓ Staff members of the partner agencies who will see my information have signed agreements to maintain confidentiality regarding my information.
- ✓ The release of my information does not guarantee that I will receive assistance; my refusal to authorize the use of my information does not disqualify me from receiving assistance.
- ✓ My records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- ✓ This authorization will remain in effect until I revoke it in writing, and I may revoke authorization at any time, if I revoke my authorization, all information about me already in the database will remain.
- ✓ This release is valid for _____ years from the date of my signature below.
- ✓ I understand I may withdraw my consent at any time.

NMIS: Nebraska Management Information System

Consumers Informed Consent & Release of Information Authorization

Partner Agencies: A list of the partner agencies within the Nebraska Homeless Management Information System (NMIS) may be viewed prior to signing this form.

List all Dependent Children under 18 in the household, if any (first, last, and DOB)

1. 5.
2. 6.
3. 7.
4. 8.

- ✓ Auditors or funders who have legal rights to review the work of this agency, including the U.S. Department of Housing and Urban Development and Nebraska Department of Health and Human Services Homeless Assistance Program may see my information in HIMS related to the services I received and funded by their departments.

Please initial one of the following levels of consent:

___ I give authorization for me, and my departments listed above, Protected Personal, and relevant information to be entered into the NMIS and shared between Partner Agencies.

Or

___ I DO NOT consent to the inclusion of personal information in the NMIS about me and any dependents listed above.

_____ _____

Consumer's Signature Date

_____ _____

Agency Staff Name (print) Agency Staff Signature Date

Release of Information

I, as an applicant for assistance form Hope Harbor, Inc. understand that information may need to be exchanged between Hope Harbor, law enforcement, other agencies, and churches in order to further assist me and agree to such.

IMPORTANT: Law enforcement agencies may review our records upon their request.

By signing this release form, I give my permission for Hope Harbor, Inc. to request information and share information with the designated agencies, law enforcement, and churches, which include but is not limited to the agencies below. The purpose of receiving and sharing information is to assist in making other referrals appropriate to my situation.

This RELEASE OF INFORMATION FORM is valid for 12 months, beginning with the date of execution and will expire on _____ day of _____, 20____.

The following listed agencies are the most frequent contacts by Hope Harbor, Inc. however the release is not limited to these agencies:

Applicants Employer	Hall County Housing Authority
Central Nebraska Goodwill Industries	Hall County Corrections
Central Nebraska Community Action Partnership	Heartland Health
Central Plains/PALS	Independence Rising
Churches	Mary Lanning Hospital/CSU
Crisis Center	Mid-Plains Center/CSU
Crossroads Mission (Kearney, Hastings, G.I.)	Mindful Path
Dept. Health & Human Services	Nebraska Department of Corrections
Drug Court	Region 3 Behavioral Services
Early Development Network	Richard Young Hospital
Families Care	Salvation Army
Future Family Services	State Parole/Probation
Friendship House Counseling	St. Francis Hospital
Grand Island Police Dept.	Third City Clinic
Grand Island Public Schools	United Way
Grand Island Regional Hospital	V.A Hospital/Treatment
Hall County Attorney	Vocational Rehabilitation

Executed this _____day_____, 20____.

_____ _____

Applicant (Print full Name) Applicant Signature

_____

Witness Signature

HOPE HARBOR
A SHELTER FROM THE STORM
615 W. 1st Street Grand Island, NE 68801
308-385-5190

United Way
Heartland United Way
Community Partner

Application for: ADDITIONAL Family (Under 19) Assistance
Date: _____
Parent/Guardian Name and NMIS #:
_____

Child: _____

Last Name	First Name	Birth Date	Social Security
		/ /	

Relationship to head of household: **Has your child been in foster care?** □ Yes □ No

Sex: □ Female □ Male □ Trans Female □ Trans Male □ Gender Non-conforming

Ethnic of Origin (check all that apply):

□ Asian □ White □ Black or African American
□ American Indian or Alaska Native □ Native Hawaiian or Other Pacific Islander □ Client refused □ Client doesn't know

Please check one: □ Hispanic □ non-Hispanic □ Client Refused □ Client doesn't know

Do you have insurance?
□ Yes □ No If so, name of insurance _____

Is your child disabled? □ Yes □ No

□ Chronic mental illness □ Developmental Disability □ Physical Disability □ Chronic Health condition □ HIV/AIDS □ Alcohol Dependency
□ Drug Dependency

Highest level of education:
□ No schooling completed □ Nursery school – 4th grade □ 5th or 6th grade □ 7th or 8th grade □ 9th grade □ 10th grade □ 11th grade
□ 12th grade (No Diploma) □ High School Diploma □ GED □ Post-secondary School

Child: _____

Last Name	First Name	Birth Date	Social Security
		/ /	

Relationship to head of household: **Has your child been in foster care?** □ Yes □ No

Sex: □ Female □ Male □ Trans Female □ Trans Male □ Gender Non-conforming

Ethnic of Origin (check all that apply):

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