



St. Charles, Lincoln, & Warren
Continuum of Care

Client Revocation of Consent MO-503 Continuum of Care Homeless Management Information System (HMIS)

I hereby revoke permission for the partner agencies in the Continuum of Care to share my personal information and information regarding my family in the Homeless Management Information System (HMIS).

Identifying information will be removed from the system:

- Name
- Social Security Number
- Day and Month of Birth
- Last Permanent Address
- Phone Number

Non-identifying information will remain:

- Gender
- Year of Birth
- Any other non-identifying information

Client Name (Parent or Guardian, if minor & relationship)	Client Signature	Date
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Executed at:

Name of Partner Agency

Agency Witness Name	Agency Witness Signature	Date
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