

# Service Resolution Protocol For Persons Experiencing Persistent Homelessness

The Service Resolution Protocol For Persons Experiencing Persistent Homelessness is intended to provide an integrated service response for individuals who are experiencing persistent homelessness and significant barriers in accessing necessary services/support from the existing service system/programs. This protocol provides a framework for case planning through case conferencing to develop responsive and appropriate integrated service plans.

To develop an appropriate and responsive service plan with you it is, it is necessary to share information with staff from agencies/services. By consenting to the release of information below, you are giving permission to the Service Resolution Coordinator to convene a case conference and contact, invite, collect information from, the named agencies/services/individuals that can be shared at a case conference.

I, \_\_\_\_\_  
Full name \_\_\_\_\_  
Date of Birth

Of \_\_\_\_\_  
Address

Authorize Four Counties Addiction Services Team, to

**Release to** and/or  **Request from** the following agencies/individuals:

<u>Agency/Individual Name</u>	<u>Consent Given</u>

The following information:

- Utilization of social/health services, outcomes and current plans
- Pertinent medical information that impacts on my functioning
- Psychiatric and/or Psychological diagnosis/assessment and treatment
- Criminal record and/or
- Confirmation of informal supports included as part of my personal care/supports.

\*A substitute decision maker is a person authorized under PHIPA to consent, on behalf of the individual to disclose personal information about the individual.

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I understand that identified service providers who work with me or on my behalf will consult with me and with each other about my needs. I understand the identified service providers will share information about me but only as necessary for them to plan, provide and evaluate the service that I have requested and/or received. I understand that I can refuse to sign this consent form or withdraw my consent at a later date.

I understand that this consent is valid for 12 months from the date below:

Signature of Client or Substitute Decision Maker*	Date
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Signature of Witness	Date
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\*A substitute decision maker is a person authorized under PHIPA to consent, on behalf of the individual to disclose personal information about the individual.