

## Limited Visibility Request

Client Name \_\_\_\_\_ *Head of Household* Date of Birth \_\_\_\_\_

Project/Provider Housing Stabilization Program Client ID # \_\_\_\_\_

Date of Enrollment Intake \_\_\_\_\_ Agency Name Oregon Coast Community Action

I do not want my information that I provided to this agency to be shared with other agencies using the computer database system called WellSky Community Services (formerly called ServicePoint).

I understand that this request may reduce my access to some services available by partnering agencies, yet I cannot be refused assistance at this agency if I limit my information.

I understand that Veterans eligible for Supportive Services for Veteran Families (SSVF) projects are required to share Personally Identifying and Program Enrollment Information.

I understand that I can change my decision to share my information at any time. Information already shared cannot be taken back or revoked.

I do not want this **Program Enrollment Information** to be shared:

- To all other Agencies; or
- To a specific Agency (List agency): \_\_\_\_\_

**List all dependents in the household that are included in this request.**

Name	Age

Name	Age

**Signatures**

Client (Head of Household) Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name of Intake Worker/Agency Staff \_\_\_\_\_

- Privacy Script read/provided?
- To all other Agencies; or
  - To a specific Agency:

Signature of Intake Worker/Agency Staff \_\_\_\_\_

Date \_\_\_\_\_