Dufferin Coordinated Access:

By Name List Consent

The By-Name List (BNL) is a coordinated access system, meaning a single, standardized process to access supports and services, using a common assessment tool for people experiencing homelessness. This centralized list prioritizes people experiencing homelessness based on need to access appropriate supports and services.

Community Partners who have signed a Confidentiality Agreement will see the BNL. Community Partners are located within Dufferin County and support people who are experiencing homelessness or are at-risk of homelessness. If you wish to see a detailed list of the Community Partners who have access to information on the BNL, please contact Dufferin County Community Services Housing Programs at 519-941-6991 x 2110.

You may remove your consent at any time by speaking to the County of Dufferin. If you choose to withdraw your consent, your status on the BNL will be changed to "Declined Consent – Inactive" and you will no longer be prioritized for supports and services. If there is information you do not wish to share, you can decline questions. Declining a question does not stop you from being added to the BNL.

The following indicators are collected about people experiencing homelessness in order to prioritize them and match them to housing:

Demographic Information:

- Name
- Date of Birth
- Alias/ nickname (if applicable)
- Gender Identity
- Veteran Status
- Citizenship/ Immigration Status
- Indigenous Identity or Ancestry
- Family Members
- Contact Information
- Consent

Assessment Information:

- Vi-SPDAT Assessment
- Homelessness status
- Shelter/ Housing Situation
- Housing Update – housing type
- Housing Needs Assessment
- Household type

I consent to the sharing of my information and/or the information of my dependent children (as it applies to your individual situation).

I,_____understand that:

- ☐ By signing this form, I/we consent to be added to the By-Name List and the sharing of this information between agencies in Dufferin County in order to be considered for support to housing services
- ☐ If I/we do not sign this form, I/we understand that I/we can still access services at this agency
- ☐ I/we have read or have had read to me, and understand all of the parts of this consent form and give consent

Signature:_____Date: _____

Witness:_____Date: _____

Verbal Consent

I, _____ declare that the above client has provided explicit consent to be on the By-Name List. They have been read the consent and agree to the above terms.

Workers Signature: _____ Date: _____

Personal information on this form is collected under the authority of the Department of Employment and Social Development Act and will be used to assist you with finding housing. Questions about this collection should be directed to the Housing Program Manager at 519-941-6991 x 2020.