

Instructions for:
Form A: HRS Authorization for Use or Disclosure of Information



DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

Description: Form A: HRS Authorization for Use or Disclosure of Information must be completed for all Clients seeking assistance, it allows Client information to be shared among agencies. This form describes how personal information about you may be used and shared by the City and County of San Francisco’s Homelessness Response System.

The Homelessness Response System consists of the City and County of San Francisco’s Department of Homelessness and Supportive Housing and partner agencies.

A current list of partner agencies is available at: [hsh.sfgov.org https://hsh.sfgov.org/wp-content/uploads/2020/09/HSH-Partner-Agencies-w-ONE-System-Access.pdf](https://hsh.sfgov.org/wp-content/uploads/2020/09/HSH-Partner-Agencies-w-ONE-System-Access.pdf)

Applicability: One (1) copy of Form A: HRS Authorization for Use or Disclosure of Information should be filled out by all adults over 18 in the household. Form A is required for the following subsidy programs:

1	Continuum of Care
2	General Fund/LOSP (includes former NCNC)
3	HUD 202/Section 8 PBV
4	MHSA-FSP Permanent Supportive Housing
5	HSH Fund (formerly Care Not Cash)
6	LIHTC - CTCAC

Note: A copy of Form A should be completed and on file in the ONE System for each adult (18+ years) member of the household.

General Instructions: Client or Client’s legal representative should:

- Print the Client’s name + date of birth (top of page 1)
- Review the disclosures (pages 1 – 3))
- Sign and date the form (page 3)
- If the Client would prefer that the form expire sooner than three years from the date the form is signed, include that expiration date under “Expiration” on page 3.

Note: Staff should advise the Client that an additional Release of Information (ROI) agreement may need to be signed once a housing match has been made. If so, the additional ROI will be provided by the PSH provider, typically at the intake interview.