



Minnesota Department of Veteran Affairs

Homeless Veteran Registry

Tennessee Warning: Your Privacy Rights

The State of Minnesota and its partners have committed to end homelessness among Veterans/Former Service Members. Minnesota's Homeless Veteran Registry will ensure that every Veteran/Former Service Member experiencing homelessness has access to appropriate housing and services. Anyone who served in the U. S. Armed Forces, Reserves, or National Guard can join the Registry, regardless of the type of discharge. If you are a Veteran/Former Service Member and choose to join, a team of housing and service professionals will work together to help you access housing and services that meet your needs. Participation is voluntary. You do not have to join, and choosing not to sign the consent will not affect your eligibility for services.

Name of Veteran/Former Service Member (First, Middle, Last)

Birthdate

Social Security Number

The Minnesota Department of Veterans Affairs (MDVA), as a government agency, is required by law to inform you of your rights when we collect private information from you. This law is the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13, and for certain information is 38 U.S. Code Section 7332.

This sheet tells you:

- Why this information is being collected from you and what we do with it.
- Whether you are legally required to supply this information, or if you may refuse.
- Any consequences to you of supplying or refusing to supply the requested information.
- The identity of others authorized by law to receive the information.

Why this information is being collected from you and what we will do with the information:

We need information about you for these reasons and will use the information as described below:

- Your name and information about how to contact you, in order to know you from other individuals and to follow up with available services.
- Your social security number, to gather information about you from other government agencies.
- Your Veteran/Former Service Member status, including type of discharge to determine what benefits you may be eligible for.
- Your housing status and homelessness history, including history of shelter use and barriers to housing, to determine what services you may have received.
- Your eligibility for housing programs, which may include whether you qualify for any special kinds of housing based on disabling conditions or any history of drug abuse, alcoholism or alcohol abuse.
- Your housing and service needs, to connect you to appropriate resources.
- Names of current and past social service providers, to determine what resources which you have or now are using.
- To assist you to develop effective plans for your medical, social, psychological, educational and other needs.

- To determine your eligibility for services provided by the Minnesota Department of Veterans Affairs.
- To determine your eligibility for Local, State or Federal benefits.
- To identify the need for a referral to other agencies.
- To prepare statistical and financial reports and evaluations.
- For research and studies in which your name will not be identified.
- To assess and evaluate the quality of programs offered.
- To conduct satisfaction surveys for you.

Whether you may refuse to supply the requested information and the consequences of refusing to supply the information:

You have the right to refuse to supply all or any part of the information we request; however, if you do not supply the information requested, among other consequences, we may not be able to:

- Determine your eligibility for services or benefits.
- Provide services immediately to you.

You will not be denied benefits if you refuse to supply your Social Security Number, in part or in full. However, without it we may not be able to determine your eligibility for certain benefits.

Organizations authorized to share the information with each other:

Private information collected from you will be shared with State of Minnesota executive branch state agencies working with homeless individuals/families, and organizations when necessary for the management of programs and/or services. Except as specified below, information is not given to any person or entity without your written consent or except pursuant to law.

Organizations who may share the information with each other:

<ul style="list-style-type: none"> • Accend Services • All HRA, CDA, PHA, and other Minnesota County, City, or Tribal Housing Authorities • All Minnesota County, City, or Tribal Human Service Offices, Public Health Offices and Veteran Services Offices • All Continuums of Care • Beyond the Yellow Ribbon • Bi-CAP • Canvas Health • CAPSH • Churches United • Catholic Charities • Christian Cupboard Emergency Food Shelf • CHUM • Community Solutions • Damiano Center • Eagles Healing Nest • Family Pathways • Fargo-Moorhead Dorothy Day House of Hospitality • Friends in Need • Grace House Homeless Shelter • Hearth Connections • Heartland Community Action Agency • Home and Away Ministries, Inc. • Horizon Community Health Board • House of Charity • Institute for Community Alliances, for the Minnesota Homeless Management Information System (HMIS) • Kootasca Community Action • Listening House • Lakes and Pines CAC • Lutheran Social Services Department • Metropolitan Council 	<ul style="list-style-type: none"> • Minnesota Assistance Council for Veterans • MN State Agencies • New Life Center • Northwest Technical College for LinkVet, Veterans Linkage Line • Offices of the Governor and Lieutenant Governor of Minnesota • Our Savior’s Housing • People Incorporated • Prairie Five Community Action • Radies Health • Stepping Stone Emergency Housing • St. Andrews • St. Stephen’s Human Services • The Salvation Army • SEMCAC Community Action Agency • Simpson Housing Services • Southwestern Minnesota Opportunity Council • Tri-CAP • Union Gospel Mission • U. S. Department of Veterans Affairs • U. S. Interagency Council on Homelessness • Valley Outreach • Volunteers of America / AMICUS • West Central Minnesota Communities Action • Western Community Action • State and Federal Auditors • Courts per a valid court order • Others, pursuant to law • Other service providers or agencies, that the Minnesota Department of Veterans Affairs determines may contribute to Veterans experiencing homelessness not specified in this list • Others: _____
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Individually identifiable health information disclosed pursuant to the authorization may no longer be protected by Federal laws or regulations and may be subject to re-disclosure by the recipient.

You understand that:

- You have the right to refuse to sign this form.
- Your participation in the Registry is voluntary.
- Services will not be withheld because you chose not to sign.
- You will receive a copy of this form after you sign it.
- This authorization only covers the types of information described above and does **not** release medical records, test results, treatment plans or case notes.
- You can revoke this authorization at any time by contacting LinkVet toll-free at 1-888-LinkVet (1-888-546-5838) or by telling staff with an organization participating in the Registry to revoke your authorization. If information has already been released based on this authorization, your request to stop will not work for that information.
- A copy of this authorization is as valid as the original.

For general information on Minnesota Government Data Practices Act please contact:

Data Practices Office, Minnesota Department of Administration
 201 Administration Building
 50 Sherburne Avenue
 Saint Paul, Minnesota 55155
 Telephone: 651-296-6733
www.mn.gov/admin/data-practices

With your signature, you certify that this information has been offered freely, voluntarily, and without coercion and that the information given is accurate and complete to the best of your knowledge.

Signature of Participant

Date

Verbal Consent obtained by phone (Agency Staff signature)

Date

Registry Information

To participate in the Registry, the organizations working to help you access housing and services need some additional information. Please provide this information to the best of your ability. If being completed by a Community Service Provider, please complete as a guided conversation.

Name at Time of Military Service Discharge: (Print) _____

Alias or Preferred Name: (Print) _____

Phone: _____ Email: _____

Veteran/Former Service Member Status:

<p>1. Did you serve on Active Duty in the United States Armed Forces, which includes Army, Navy, Air Force, Marine Corps, Coast Guard, and Space Force?</p>	<p>Choose one:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> No <input type="checkbox"/> Refused</p>
<p>2. Did you enter Active Duty before 9/7/1980?</p> <p>Choose one:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Refused <input type="checkbox"/> Don't Know</p>	<p>For approximately how many months did you serve on Active Duty?</p> <p>_____ months</p>
<p>3. What kind of discharge did you receive?</p>	<p>Choose one:</p> <p><input type="checkbox"/> Honorable/Under Honorable Conditions</p> <p><input type="checkbox"/> Other Than Honorable</p> <p><input type="checkbox"/> Bad Conduct</p> <p><input type="checkbox"/> Dishonorable</p> <p><input type="checkbox"/> Entry-level Separation</p> <p><input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>
<p>4. Did you serve in the National Guard or Reserves? (<i>No, Skip to Question 8</i>)</p>	<p>Check all that apply:</p> <p><input type="checkbox"/> Yes, Reserves <input type="checkbox"/> No, Reserves</p> <p><input type="checkbox"/> Yes, National Guard <input type="checkbox"/> No, National Guard</p>
<p>5. If Guard or Reserve: Were you ever called to Active Duty as a member of the National Guard or as a Reservist?</p>	<p>Choose one:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> No <input type="checkbox"/> Refused</p>
<p>6. For approximately how many months did you serve in the National Guard or Reserves?</p>	<p>_____ months</p>

<p>7. What kind of discharge did you receive?</p>	<p>Choose one:</p> <p><input type="checkbox"/> Honorable/Under Honorable Conditions</p> <p><input type="checkbox"/> Other Than Honorable</p> <p><input type="checkbox"/> Bad Conduct</p> <p><input type="checkbox"/> Dishonorable</p> <p><input type="checkbox"/> Entry-level Separation</p> <p><input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>
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Housing, Income and Service Needs

<p>8. What Minnesota City did you stay in last night?</p>	<p>Enter Name of City:</p>
<p>9. Where did you stay last night?</p>	<p>Choose one:</p> <p><input type="checkbox"/> Unsheltered, outdoors, or a place not meant for habitation</p> <p><input type="checkbox"/> Emergency Shelter</p> <p><input type="checkbox"/> Doubled Up</p> <p><input type="checkbox"/> Transitional Housing</p> <p><input type="checkbox"/> Hospital or Institution</p> <p><input type="checkbox"/> Vehicle</p> <p><input type="checkbox"/> Currently Housed</p> <p>If Doubled Up, Hospital or Institution or Currently Housed, what is your expected exit date:</p> <p>_____</p> <p>Month/ Day/ Year</p>
<p>10. Approximate date of your most recent exit from stable housing?</p>	<p>_____</p> <p>Month/ Day/ Year</p>
<p>11. Reason for leaving last housing?</p>	<p>Choose all that apply:</p> <p><input type="checkbox"/> Mutual Lease Termination</p> <p><input type="checkbox"/> Eviction</p> <p><input type="checkbox"/> Fleeing Interpersonal Violence*</p> <p><input type="checkbox"/> Abandonment</p> <p><input type="checkbox"/> Non-Lease Renewal</p> <p><i>(If currently fleeing interpersonal violence, your record will be accessible ONLY to the Homeless Veteran Registry Administrator)</i></p> <p><input type="checkbox"/> Other: _____</p>
<p>12. How many people are in your household?</p>	<p>___ Adults ___ Children ___ Pets (Specify Type) _____</p>
<p>13. What is your typical monthly income and source? (If no income, enter 0)</p>	<p><input type="checkbox"/> Employment</p> <p><input type="checkbox"/> General Assistance</p> <p><input type="checkbox"/> SSI/SSDI</p> <p><input type="checkbox"/> RSDI</p> <p><input type="checkbox"/> Service Connection</p> <p><input type="checkbox"/> Pension</p> <p><input type="checkbox"/> Other: (Specify) _____</p> <p>Total Monthly Income: \$ _____</p>

<p>14. What location(s) will you accept housing?</p>	<p>Choose all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> Central</td> <td><input type="checkbox"/> Southwest</td> </tr> <tr> <td><input type="checkbox"/> Hennepin County</td> <td><input type="checkbox"/> St. Louis County</td> </tr> <tr> <td><input type="checkbox"/> Northeast</td> <td><input type="checkbox"/> Suburban Metro Area (SMAC)</td> </tr> <tr> <td><input type="checkbox"/> Northwest</td> <td><input type="checkbox"/> West Central</td> </tr> <tr> <td><input type="checkbox"/> Ramsey County</td> <td><input type="checkbox"/> Don't Know</td> </tr> <tr> <td><input type="checkbox"/> Southeast</td> <td><input type="checkbox"/> Refused</td> </tr> </table>	<input type="checkbox"/> Central	<input type="checkbox"/> Southwest	<input type="checkbox"/> Hennepin County	<input type="checkbox"/> St. Louis County	<input type="checkbox"/> Northeast	<input type="checkbox"/> Suburban Metro Area (SMAC)	<input type="checkbox"/> Northwest	<input type="checkbox"/> West Central	<input type="checkbox"/> Ramsey County	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Southeast	<input type="checkbox"/> Refused
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<p>15. What services or housing options best describe what you need?</p>	<p>Choose all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> Permanent Supportive Housing</td> <td><input type="checkbox"/> Financial Assistance</td> </tr> <tr> <td><input type="checkbox"/> Transitional Housing</td> <td><input type="checkbox"/> Employment Assistance</td> </tr> <tr> <td><input type="checkbox"/> Rapid re-housing</td> <td><input type="checkbox"/> Mental Health Services</td> </tr> <tr> <td><input type="checkbox"/> Emergency Shelter</td> <td><input type="checkbox"/> Substance Use Treatment</td> </tr> <tr> <td><input type="checkbox"/> Independent Housing</td> <td><input type="checkbox"/> Supportive Services</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (Be Specific): _____</td> </tr> </table>	<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Financial Assistance	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Employment Assistance	<input type="checkbox"/> Rapid re-housing	<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Substance Use Treatment	<input type="checkbox"/> Independent Housing	<input type="checkbox"/> Supportive Services	<input type="checkbox"/> Other (Be Specific): _____	
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<p>16. Which special kind of housing do you believe you qualify for?</p>	<p>Choose all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> Chronic Homeless</td> <td><input type="checkbox"/> Long-Term Homeless</td> <td><input type="checkbox"/> HIV Housing</td> </tr> <tr> <td><input type="checkbox"/> Mental Health Housing</td> <td><input type="checkbox"/> Sober Housing</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Culturally Specific</td> <td><input type="checkbox"/> None</td> <td></td> </tr> </table>	<input type="checkbox"/> Chronic Homeless	<input type="checkbox"/> Long-Term Homeless	<input type="checkbox"/> HIV Housing	<input type="checkbox"/> Mental Health Housing	<input type="checkbox"/> Sober Housing		<input type="checkbox"/> Culturally Specific	<input type="checkbox"/> None				
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Demographics:

<p>1. What Gender do you most identify as?</p>	<p>Choose one:</p> <table border="0"> <tr> <td><input type="checkbox"/> Male</td> <td><input type="checkbox"/> Gender Non-Conforming/Non-Binary</td> </tr> <tr> <td><input type="checkbox"/> Female</td> <td><input type="checkbox"/> Transgender: Female to Male</td> </tr> <tr> <td><input type="checkbox"/> Transgender: Male to Female</td> <td><input type="checkbox"/> Prefer Not to Answer</td> </tr> </table>	<input type="checkbox"/> Male	<input type="checkbox"/> Gender Non-Conforming/Non-Binary	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender: Female to Male	<input type="checkbox"/> Transgender: Male to Female	<input type="checkbox"/> Prefer Not to Answer						
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<p>2. What race(s)/ethnicity(s) do you most identify as?</p>	<p>Check all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> Another Race</td> </tr> <tr> <td><input type="checkbox"/> Asian</td> <td><input type="checkbox"/> Prefer Not to Answer</td> </tr> <tr> <td><input type="checkbox"/> American Indian or Alaska Native</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Non-Hispanic/Non-Latino/Latinx</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Hispanic/Latino/Latinx</td> <td></td> </tr> </table>	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Another Race	<input type="checkbox"/> Asian	<input type="checkbox"/> Prefer Not to Answer	<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Non-Hispanic/Non-Latino/Latinx		<input type="checkbox"/> Hispanic/Latino/Latinx	
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The person completing this form should write their name and phone number below:

Referent Name

Referent Organization

Referent Phone Number

Questions about the Registry? Please contact LinkVet at 1-888-546-5838

Please email completed packet (pages 1 – 6) to homelessprograms.mdva@state.mn.us.

If you are only able to fax, please fax completed packet to LinkVet at 1-218-346-2338. No fax cover page is required.