

Backpack for Kids Application 2022

Date of Application: _____

Backpacks for Kids registration begins June 1, 2022.

Applications will close once 500 applicants are accepted.

Documents required by all households to verify residency and number of children:

-Identification of parent/guardian: valid state ID card or driver's license.

-Proof of Las Vegas/North Las Vegas residency (must be dated within the past 60 days): rental agreement, utility bill, SNRHA agreement or DWSS confirmation.

-Dependent verification (one of the following that lists the dependent's name and date of birth): current rental agreement, SNRHA agreement, DWSS confirmation, medical insurance card or school registration.

Head of Household Contact Information

1. Parent/Guardian Full Name:
2. Parent/Guardian Date of Birth:
3. Parent/Guardian last four numbers of Social Security number:
4. Parent gender (choose one: male, female, trans female, trans male, gender non-conforming, unsure)
5. Parent race (choose one: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, Unsure)
6. Ethnicity (does parent identify as Hispanic/Latino?) State yes or no:
7. Veteran? State yes or no:
8. Best phone number to reach parent/guardian:
9. Address:

10. Email address (will be used for communication, please provide an email address that you check regularly):

11. Please list any other adults in the household (full name and date of birth):

Please list the children in grades K-12 that you would like to register:

Child #1 Full Name:

Date of Birth:

Gender:

Last four numbers of Social Security number:

Race:

Ethnicity (is child identified as Hispanic/Latino?) State yes or no:

Grade:

Favorite Colors/Characters:

Relationship to Head of Household:

Child #2 Full Name:

Date of Birth:

Gender:

Last four numbers of Social Security number:

Race:

Ethnicity (is child identified as Hispanic/Latino?) State yes or no:

Grade:

Favorite Colors/Characters:

Relationship to Head of Household:

Child #3 Full Name:

Date of Birth:

Gender:

Last four numbers of Social Security number:

Race:

Ethnicity (is child identified as Hispanic/Latino?) State yes or no:

Grade:

Favorite Colors/Characters:

Relationship to Head of Household:

Child #4 Full Name:

Date of Birth:

Gender:

Last four numbers of Social Security number:

Race:

Ethnicity (is child identified as Hispanic/Latino?) State yes or no:

Grade:

Favorite Colors/Characters:

Relationship to Head of Household:

Child #5 Full Name:

Date of Birth:

Gender:

Last four numbers of Social Security number:

Race:

Ethnicity (is child identified as Hispanic/Latino?) State yes or no:

Grade:

Favorite Colors/Characters:

Relationship to Head of Household:

Child #6 Full Name:

Date of Birth:

Gender:

Last four numbers of Social Security number:

Race:

Ethnicity (is child identified as Hispanic/Latino?) State yes or no:

Grade:

Favorite Colors/Characters:

Relationship to Head of Household:

Once complete, save your application to your computer and email to LVMFamilyServices@usw.salvationarmy.org. Please title the email subject line "Backpacks 2022". Please include the required documents stated at the beginning of the application as well as your Clarity intake packet when you submit your application.

HMIS ENROLLMENT QUESTIONARE

CURRENT LIVING SITUATION

Type of Residence

Length of Stay in Current Living Situation

DISABLING CONDITIONS AND BARRIERS (PLEASE ANSWER FOR YOURSELF AND YOUR CHILDREN)

Disabling Condition

Physical Disability

Developmental Disability

Chronic Health Condition

HIV – AIDS

Mental Health Disorder

Substance Use Disorder

Domestic Violence Victim/Survivor

MONTHLY INCOME AND SOURCES

Income from Any Source

NON-CASH BENEFITS (PLEASE ANSWER FOR YOURSELF AND YOUR CHILDREN)

Receiving Non-Cash Benefits

HEALTH INSURANCE (PLEASE ANSWER FOR YOURSELF AND YOUR CHILDREN)

Covered by Health Insurance (PLEASE STATE YOUR COVERAGE)

ADDITIONAL INFORMATION

Sexual Orientation

EDUCATION (PLEASE ANSWER FOR YOURSELF AND YOUR CHILDREN)

Currently Enrolled in School (PLEASE STATE WHAT SCHOOL YOUR CHILDREN WILL BE ATTENDING)

Highest Level of School Completed **(PLEASE ANSWER FOR YOURSELF AND YOUR CHILDREN)**

**Nevada Community Management Information System (CMIS)
Client Consent for Data Collection and Release of Information**

What is the CMIS?

The CMIS is a data system that stores information about homelessness services. Bitfocus, Inc. manages the CMIS for the CoCs within the state of Nevada. The purpose of the CMIS is to improve services that support people who are homeless or at risk of homelessness to get housing, and to have better access to those services, while meeting requirements of funders such as the U.S. Department of Housing and Urban Development (HUD).

What is the purpose of this form?

With this form, you can give permission to have information about you collected and shared with Partner Agencies that help Nevada provide housing and services. A current list of Partner Agencies is available at <http://nvcmis.bitfocus.com/>.

BY SIGNING THIS FORM, I AUTHORIZE the state of Nevada and Bitfocus to share CMIS information with Partner Agencies. The CMIS information shared will be used to help me get housing and services. It will also be used to help evaluate the quality of housing and service programs. I understand that the Partner Agencies may change over time.

The information to be collected and shared includes:

- Name, date of birth, gender, race, ethnicity, social security number, phone number, address
- Basic medical, mental health, substance use, and daily living information
- Housing Information
- Use of crisis services, veteran services, hospitals and jail
- Employment, income, insurance and benefits information
- Services provided by Partner Agencies
- Results from assessments
- My photograph or other likeness (if included)

BY SIGNING THIS FORM, I UNDERSTAND THAT:

- Bitfocus and Partner Agencies will keep my CMIS information private using strict privacy policies. I have the right to review their privacy policies.
- I can receive a copy of this Consent and the Client Information Sheet
- I may refuse to sign this Consent. If I refuse, I will not lose any benefits or services.
- This Consent will expire 5 years from my last CMIS recorded activity.

I may revoke this Consent earlier at any time by returning a completed Revocation of Consent form, available at <http://nvcmis.bitfocus.com/>, to nevada@bitfocus.com.

- The revocation will take effect upon receipt, except to the extent others have already acted under this Consent.
- My CMIS information may be viewed by auditors or funders who review work of the Partner Agencies, including HUD, The Department of Veteran Affairs, and The Department of Health and Human Services. I understand that the list of auditors and funders may change over time.
- My CMIS information may be shared to coordinate referral and placement for housing and services.
- My CMIS information may be further shared by the Partner Agencies to other agencies for care coordination, counseling, food, utility assistance, and other services.
- My CMIS information will be used to help evaluate the quality of social services.
- My CMIS information may be used for research; however, my identity will remain private.

SIGNATURE:

Signature of Patient/Client or Representative

Date

PRINTED NAME

Refusing Consent and De-Identification of Information

If you refuse consent to have your information shared with Partner Agencies, the following information will be entered into the system for your profile and will be deemed as anonymous or “de-identified”.

1. Your Social Security Number will be entered as all 0s and the Social Security Number Data Quality field will be set to Client Refused;
2. Your Date of Birth will be entered as 01/01/[year of birth] and the Date of Birth Data Quality field will be set to Approximate or Partial DOB Reported;
3. Your First Name will be entered as Anonymous;
4. Your Last Name will be entered as the Unique Identifier automatically assigned by Clarity Human Services; and
5. The Name Data Quality field will be set to Client Refused.

FOR AGENCY USE ONLY:

Client Opted Out (Refused Consent) _____ *(Staff/Agency Initials)*

Witness Staff & Agency

Date