



BOYS & GIRLS CLUB
OF NORTHERN UTAH

Boys & Girls Club of Northern Utah Homeless Prevention Program 2025-2026

Application

Head of Household Name: _____ Birthday: _____

Contact Phone & Email: _____

Sex: Male ___ Female ___ Ethnicity: Hispanic ___ Non-Hispanic ___

Race: White ___ Black or African American ___ Native Hawaiian or Pacific Islander ___ Asian ___ American Indian or Alaska Native ___

Current Address: _____

Mailing address if different:

Head of Household Social Security Number: _____ Veteran ___ Disabled ___

Household Members Receiving other State or Federal Services?

Household Members

Full Name	Birthday	Social Security #	Relation	Sex	Employed/ Disabled

Household Income – list total gross income received by every household member 18 years and older

Name	Gross Income	Frequency	Origin of Income

List **ASSETS**: (bank accounts, investments, land, high valued property)

Confirmation: ___ Household meets HUD income guidelines ___ Lacking resources to prevent risk of homelessness ___ Employed/Income. ___ Children in Home. ___ Immanent Risk of Homelessness

Meets one of the following (mark): *has moved for economic reasons 2 or more times in 60 days; *is living in the home of another because of economic hardship; *Lives in a hotel or motel not paid for by government; *has been notified their living situation will be terminated; *Living conditions are 1.5 per room or more; *Exiting a publicly funded institution or health care facility; *Lives in housing that has characteristics associated with instability.

Other Information that may be useful:

By signing the Head of Household certifies that they have received and reviewed BGCNU Homeless Prevention Policies and that the information listed on this application are true

Signature: _____ Date: _____
(Write Name)

Staff Intake: Name & Date

Utah Homeless Management Information System: Informed Consent Release Form

What is UHMIS?

(Agency) Boys & Girls Club participates in the Utah Homeless Management Information System (UHMIS), an online database that collects information about persons in Utah who are experiencing homelessness, those at risk of homelessness, and those who are formerly homeless.

What type of information is asked of me?

UHMIS asks for identifying information including, but not limited to, basic demographics (i.e., Name, Date of Birth, etc.), limited health data (i.e., disabling condition), and financial information. Each question has been carefully reviewed to ensure only the minimum required information necessary is collected.

Who is it shared with?



(Agency) Boys & Girls Club must collect client information in UHMIS for program participation, even if you choose not to sign this form. However, information is shared with other providers only **after** you sign this consent form to release that information. For more information on how your information is protected and shared, please scan the QR code on this page or go to UtahHMIS.org/For-Clients.

What happens if I choose not to sign this form?

- You may refuse and will not be denied services unless a specific funding source for those services requires client information to be shared in UHMIS.
- You may refuse to share your information with only one or all other providers.
- You may choose not to share any specific data element even after signing this consent form.
- For (Agency) Boys & Girls Club to serve you with this UHMIS participating project, your information will still be entered into UHMIS and be visible to the users who work for this agency. It will also be visible to a small group of people not employed with this agency who provide security, oversight, data analysis, and research to improve services for those served by UHMIS.

When does your consent end?

By default, your consent will end seven years after the signature date; however, you may also change your consent to share at any time. Due to the nature of UHMIS, when your consent ends, this agency will share no new information, but this agency will not remove anything already shared within the system.

Your Rights

- You may request this document in a format better suited to your needs and understanding.
- You may request to see information for yourself and your legal dependents and to change it if it is incorrect.

I understand the above statements and consent to including personally identifying information in UHMIS about me and any dependents listed below. I authorize the information collected to be shared with other providers. I understand that my personal identifying information will not be made public and will only be used with strict confidentiality. I also know that I may withdraw my consent at any time by submitting a UHMIS Informed Consent Revocation Form, which can be provided to me by this agency. I understand I may obtain a copy of my signed consent form from this Agency.

Client Signature (Parent/Guardian)	Client Name (Print Clearly)	Date

Dependent children under 18 in the household, if any (please print first and last names clearly):		

Agency Staff Signature	Agency Staff Name (Print Clearly)	Date

Agency use, check as needed.	
<input type="checkbox"/> Client approved back-dated consent*, to the date: <small>* You may backdate up to five business days from today's date, as defined in UHMIS policy. (E.g., if the client signs the form on 7/5/24, you may backdate it to 7/1/24.)</small>	
<input type="checkbox"/> The client gave verbal consent <input type="checkbox"/> The Client is unable to consent <input type="checkbox"/> The Client refused <input type="checkbox"/> Client restricts some sharing (describe on form)	

SISTEMA DE INFORMACIÓN DE GESTIÓN DE PERSONAS SIN HOGAR DE UTAH: FORMULARIO DE CONSENTIMIENTO INFORMADO DE DIVULGACIÓN DE INFORMACIÓN

¿Qué es el UHMIS?

(Agencia) Boys & Girls Club participa en el Sistema de Información de Gestión de Personas Sin Hogar de Utah (Utah Homeless Management Information System, UHMIS), una base de datos en línea que recopila información sobre personas en Utah que están sin hogar, quienes corren el riesgo de quedarse sin hogar y aquellos que antes estaban sin hogar.

¿Qué tipo de información me piden?

El UHMIS solicita información de identificación, incluidos, entre otros, datos demográficos básicos (por ejemplo, nombre, fecha de nacimiento, etc.), datos de salud limitados (por ejemplo, discapacidad) e información financiera. Cada pregunta ha sido revisada cuidadosamente para garantizar que solo se recopile la información necesaria mínima requerida.

¿Con quién se comparte?

(Agencia) Boys & Girls Club debe recopilar información del cliente en el UHMIS para participar en el programa, incluso si el cliente no firma este formulario. Sin embargo, la información se comparte con otros proveedores solo **después** de que el cliente firme este formulario de consentimiento para divulgar esa información (los proveedores se enumeran en utahhmis.org/participating-agencies). Para obtener más información sobre cómo se protege y comparte la información del cliente, consulte la [Publicación de privacidad del UHMIS](#) (que se encuentra en todos los puntos de recopilación de datos del HMISS) o la [Política de privacidad del UHMIS](#); ambas están disponibles en Utahhmis.org/governance.

¿Qué pasa si el cliente se niega a firmar este formulario?

- Los clientes pueden negarse a firmar y no se les negarán los servicios a menos que una fuente de financiación específica para esos servicios requiera que la información del cliente se comparta en el UHMIS.
- Los clientes pueden negarse a compartir su información solo con uno o con todos los demás proveedores.
- Los clientes pueden optar por no compartir ningún dato específico incluso después de firmar este formulario de consentimiento.
- Para que (agencia) Boys & Girls Club pueda servir a los clientes con este proyecto participante del UHMIS, la información del cliente seguirá siendo ingresada en el UHMIS y será visible para los usuarios que trabajan para esta agencia. También será visible para un pequeño grupo de personas no empleadas en esta agencia que brindan seguridad, supervisión, análisis de datos e investigación para mejorar los servicios provistos por el UHMIS.

¿Cuándo finaliza el consentimiento del cliente?

De modo predeterminado, el consentimiento del cliente finalizará siete años después de la fecha

de firma; sin embargo, los clientes también pueden cambiar su consentimiento para compartir en cualquier momento. Debido a la naturaleza del UHMIS, cuando finalice el consentimiento del cliente, esta agencia no compartirá información nueva, pero esta agencia no eliminará nada ya compartido dentro del sistema.

Derechos del cliente

- Los clientes pueden solicitar este documento en un formato que mejor se adapte a sus necesidades y comprensión.
- Los clientes pueden solicitar ver la información para sí mismos y sus dependientes legales y cambiarla si es incorrecta.

Entiendo las declaraciones anteriores y acepto la inclusión de información de identificación personal en el UHMIS sobre mí y los dependientes enumerados a continuación y autorizo que la información recopilada se comparta con otros proveedores. Entiendo que mi información de identificación personal no se hará pública y solo se utilizará con estricta confidencialidad. También entiendo que puedo retirar mi consentimiento en cualquier momento enviando un formulario de revocación de consentimiento informado del UHMIS, que me puede proporcionar esta agencia. Entiendo que puedo obtener una copia de mi formulario de consentimiento firmado si se lo solicito a esta agencia.

Niños dependientes menores de 18 años en el hogar, si los hay (escriba sus nombres y apellidos):

_____	_____
_____	_____
_____	_____

Firma del cliente (padre/tutor)

Nombre del cliente (escribir con letra clara)

Fecha

Firma del personal de la agencia

Nombre del personal de la agencia (escribir con letra clara)

Fecha

Uso de la agencia, según sea necesario:

El cliente dio su consentimiento verbal

El cliente se negó

El cliente restringe con quién compartir información (especifique las agencias en el formulario)



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FAMILY SERVICES

Case Management Notes:

Date:

Meeting:

Updates:

Progress:

Additional Needs/Services:

Resources Given

Notes:

Documentation Check by:

Date:

- Identification
- Address & Socials & Birthdays
- Children in home
- Pay/Work/Employment of all adults in home
- Housing/ability to be housed
- Imminent Risk of Homeless
- Other Events/Issue

Reasonable Rent Amounts

Box Elder County

Studio Apartment: \$495 to \$875

1 Bedroom Apartment: \$763 to \$875 on average with some as high as \$1,400

2 Bedroom Apartment: \$1,390 to \$1,599

3 Bedroom Apartment: \$1,350 to \$1,800

3 to 4 Bedroom House: \$1,750 to \$2,700

Mobile Home: \$1,100 to \$1,700

Mobile Home Lot Rent: \$200 to \$800

(If using ServicePoint)

Program Name _____

HMIS ID _____

Domain	1	2	3	4	5	Score	Participant goal? (✓)
Housing	Homeless or threatened with eviction.	In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable (over 30% of income).	In stable housing that is safe but only marginally adequate.	Household is in safe, adequate subsidized housing.	Household is safe, adequate, unsubsidized housing.		
Employment	No job.	Temporary, part-time or seasonal; inadequate pay, no benefits.	Employed full time; inadequate pay; few or no benefits.	Employed full time with adequate pay and benefits.	Maintains permanent employment with adequate income and benefits.		
Income	No income.	Inadequate income and/or spontaneous or inappropriate spending.	Can meet basic needs with subsidy; appropriate spending.	Can meet basic needs and manage debt without assistance.	Income is sufficient, well managed; has discretionary income and is able to save.		
Food	No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food.	Household is on food stamps.	Can meet basic food needs, but requires occasional assistance.	Can meet basic food needs without assistance.	Can choose to purchase any food household desires.		
Child Care	Needs childcare, but none is available/accessible and/or child is not eligible.	Childcare is unreliable or unaffordable, inadequate supervision is a problem for childcare that is available.	Affordable subsidized childcare is available, but limited.	Reliable, affordable childcare is available, no need for subsidies.	Able to select quality childcare of choice.		
Children's Education	One or more school-aged children not enrolled in school.	One or more school-aged children enrolled in school, but not attending classes.	Enrolled in school, but one or more children only occasionally attending classes.	Enrolled in school and attending classes most of the time.	All school-aged children enrolled and attending on a regular basis.		
Adult Education	Literacy problems and/or no high school diploma/GED are serious barriers to employment.	Enrolled in literacy and/or GED program and/or has sufficient command of English to where language is not a barrier to employment.	Has high school diploma/GED.	Needs additional education/training to improve employment situation and/or to resolve literacy problems to where they are able to function effectively in society.	Has completed education/training needed to become employable. No literacy problems.		
Health Care Coverage	No medical coverage with immediate need.	No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health.	Some members (e.g. Children) have medical coverage.	All members can get medical care when needed, but may strain budget.	All members are covered by affordable, adequate health insurance.		
Life Skills	Unable to meet basic needs such as hygiene, food, activities of daily living.	Can meet a few but not all needs of daily living without assistance.	Can meet most but not all daily living needs without assistance.	Able to meet all basic needs of daily living without assistance.	Able to provide beyond basic needs of daily living for self and family.		
Family/Social Relations	Lack of necessary support form family or friends; abuse (DV, child) is present or there is child neglect.	Family/friends may be supportive, but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect.	Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support.	Strong support from family or friends. Household members support each other's efforts.	Has healthy/expanding support network; household is stable and communication is consistently open.		

Domain	1	2	3	4	5	Score	Participant goal? (✓)
Mobility	No access to transportation, public or private; may have car that is inoperable.	Transportation is available, but unreliable, unpredictable, unaffordable; may have car but no insurance, license, etc.	Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured.	Transportation is generally accessible to meet basic travel needs.	Transportation is readily available and affordable; car is adequately insured.		
Community Involvement	Not applicable due to crisis situation; in "survival" mode.	Socially isolated and/or no social skills and/or lacks motivation to become involved.	Lacks knowledge of ways to become involved.	Some community involvement (advisory group, support group), but has barriers such as transportation, childcare issues.	Actively involved in community.		
Parenting Skills	There are safety concerns regarding parenting skills.	Parenting skills are minimal.	Parenting skills are apparent but not adequate.	Parenting skills are adequate.	Parenting skills are well developed.		
Legal	Current outstanding tickets or warrants.	Current charges/trial pending, noncompliance with probation/parole.	Fully compliant with probation/parole terms.	Has successfully completed probation/parole within past 12 months, no new charges filed.	No active criminal justice involvement in more than 12 months and/or no felony criminal history.		
Mental Health	Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems.	Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health symptoms.	Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems.	Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning.	Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than every day problems or concerns.		
Substance Abuse	Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary.	Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities.	Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems have persisted for at least one month.	Client has used during last 6 months, but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use.	No drug use/alcohol abuse in last 6 months.		
Safety	Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement.	Safety is threatened/temporary protection is available; level of lethality is high.	Current level of safety is minimally adequate; ongoing safety planning is essential.	Environment is safe, however, future of such is uncertain; safety planning is important.	Environment is apparently safe and stable.		
Disabilities	In crisis - acute or chronic symptoms affecting housing, employment, social interactions, etc.	Vulnerable - sometimes or periodically has acute or chronic symptoms affecting housing, employment, social interactions, etc.	Safe - rarely has acute or chronic symptoms affecting housing, employment, social interactions, etc.	Building Capacity - asymptomatic - condition controlled by services or medication	Thriving - no identified disability.		
Other: (Optional)	In Crisis	Vulnerable	Safe	Building Capacity	Empowered		