

APPENDIX R

**AL-501 CoC Outreach Consent Certification**

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Date

I affirm that I gave the above referenced client a copy of the AL-501 CoC Outreach Privacy Notice, and after I explained its contents to the client, the client gave verbal consent to enter his or her Basic Information into the PromisSE or HMIS. Basic Information includes the following: name, date of birth, social security number, program enrollments, case manager(s), military background (veteran status) and photo.

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date