

## Limited Visibility Request

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
*Head of Household*

Project/Provider \_\_\_\_\_ Client ID # \_\_\_\_\_

Date of Enrollment Intake \_\_\_\_\_ Agency Name \_\_\_\_\_

I do not want my information that I provided to this agency to be shared with other agencies using the computer database system called WellSky Community Services (formerly called ServicePoint).

I understand that this request may reduce my access to some services available by partnering agencies, yet I cannot be refused assistance at this agency if I limit my information.

I understand that Veterans eligible for Supportive Services for Veteran Families (SSVF) projects are required to share Personally Identifying and Program Enrollment Information.

I understand that I can change my decision to share my information at any time. Information already shared cannot be taken back or revoked.

I do not want this **Program Enrollment Information** to be shared:

- To a specific Agency (List agency): \_\_\_\_\_
- To any Participating Agencies

**List all dependents in the household that are included in this request.**

Name	Age

Name	Age

### Signatures

Client (Head of Household) Signature

Date

Printed Name of Intake Worker/Agency Staff

Privacy Script read/provided?

- To all other Agencies; or
- To a specific Agency:

Signature of Intake Worker/Agency Staff

Date