

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 _____

 Signature of Intake Worker/Agency Staff _____

Privacy Script read/provided?
☐ To all other Agencies; or
☐ To a specific Agency: _____

 Date _____