



### HMIS Client Revocation of Consent

I hereby revoke permission for this Participating Agency to share my personal and household information in the Homeless Management Information System (HMIS), a project of the Indiana Housing and Community Development Authority (IHCDA).

I understand that the information will remain in the HMIS, but the information will no longer be available to any other Participating Agency.

\_\_\_\_\_  
Name of Consumer or Guardian  
(Please Print)

\_\_\_\_\_  
Signature of Consumer or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
AWARDS ID Number

\_\_\_\_\_  
Name of Agency Representative  
(Please Print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date