

# Impact ICT-CoC CAS: HMIS Client Information Form

D:

Please make sure to fill out each section, if refused please mark the appropriate box or write "refused".

Revised 2/27/23

Fill out separate forms for **each household member** and submit them together. *If Client refuses to put name in system HMIS will assign Client ID, which will be used in place of name.*

<b>Agency Name:</b>		<b>Program Name:</b>	
<b>Date of Contact with Client: (Month/Date/Year)</b>		<b>First and Last Name: (Staff completing form)</b>	
<b>Staff Email Address:</b>			

<b>CLIENT INFORMATION:</b>												<b>HoH ID: (If in HMIS)</b>		<b>Data Not Collected</b>	<b>Client Does not Know:</b>	<b>Client Refused:</b>							
<b>Social Security Number:</b>														<input type="checkbox"/>	<input type="checkbox"/>								
<b>First Name:</b>																			Suffix (Sr, Jr.)			<input type="checkbox"/>	<input type="checkbox"/>
<b>Middle Name:</b>																					<input type="checkbox"/>	<input type="checkbox"/>	
<b>Last Name:</b>																					<input type="checkbox"/>	<input type="checkbox"/>	
<b>Date of Birth: (Month/Date/Year)</b>				/		/															<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other Names Used:</b>																					<input type="checkbox"/>	<input type="checkbox"/>	
<b>Family Name (if not HOH):</b>																					<input type="checkbox"/>	<input type="checkbox"/>	
<b># in Household</b>																							
<b>Previous Location Type:</b>												<b>Previous Location ZIP Code:</b>											

Ethnicity:		Race:		Gender:		Veteran Status:		Relationship to Head of Household:	
<input type="checkbox"/>	Hispanic/Latin (a)(o)(x)	<input type="checkbox"/>	Indigenous, American Indian, Alaskan Native	<input type="checkbox"/>	Female	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Self
<input type="checkbox"/>	Non-Hispanic/Latin(a)(o)(x)	<input type="checkbox"/>	Asian, Asian American	<input type="checkbox"/>	Male	<input type="checkbox"/>	No	<input type="checkbox"/>	Son
<input type="checkbox"/>	Client does not know	<input type="checkbox"/>	Black, African American, or African	<input type="checkbox"/>	A gender other than singularly female or male	<input type="checkbox"/>	Client does not know	<input type="checkbox"/>	Daughter
<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Native Hawaiian, or Pacific Islander	<input type="checkbox"/>	Transgender	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Dependent Child
<input type="checkbox"/>	Data not collected	<input type="checkbox"/>	White	<input type="checkbox"/>	Questioning	<input type="checkbox"/>	Data not collected	<input type="checkbox"/>	Spouse
		<input type="checkbox"/>	Client does not know	<input type="checkbox"/>	Client does not know			<input type="checkbox"/>	Other Family Member
		<input type="checkbox"/>	Client Refused	<input type="checkbox"/>	Client Refused			<input type="checkbox"/>	Other Non-Family
		<input type="checkbox"/>	Data not collected	<input type="checkbox"/>	Data not collected				

<b>Consent to Release Information: (All Adults and Unaccompanied Youth)</b>	
<input type="checkbox"/>	YES, Client signed Consent to Release Information form to MOU*
<input type="checkbox"/>	YES, Client gave Verbal Consent: (telehealth or other virtual contact)
<b>Staff Signature:</b>	Date of signed or verbal consent:
<input type="checkbox"/>	NO, Client does not provide consent
*The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity and admissibility.	