

HMIS Contact Form: Street Outreach

CONTACT AND ENGAGEMENT TRACKING

This form will allow CoC Program-funded Street Outreach projects to track required HMIS Date of Contact and Date of Engagement data elements. Track all contacts for the head of household and each additional adult in the household. A separate form should be included for each adult member of the household. Use additional forms as needed.

Identification - All fields required unless otherwise noted

First Name		Last Name	
Social Security Number (SSN)	Birth Date (DOB)	Ethnicity	
____ - ____ - ____	____ / ____ / ____	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

Basic Demographics – All fields required unless otherwise noted

Gender	Race (Check all that apply)
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Female (Male to Female) <input type="checkbox"/> Trans Male (Female to Male) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Non-Conforming (Not exclusively male or Female)	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

Date of Contact	Staying on the Streets, in an Emergency Shelter, or in a Safe Haven?	Is this the Client's Date of Engagement? (select only once)	Is this the Client's Exit Date? (select only once)
	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Unable to determine		
	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Unable to determine		
	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Unable to determine		

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Date of Contact	Staying on the Streets, in an Emergency Shelter, or in a Safe Haven?	Is this the Client's Date of Engagement? (select only once)	Is this the Client's Exit Date? (select only once)
	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Unable to determine		
	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Unable to determine		
	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Unable to determine		
	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Unable to determine		
	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Unable to determine		
	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Unable to determine		
	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Unable to determine		