

HMIS Action Step

Effective 10/01/24

Start Date	End Date	ServicePoint (HoH) ID:																						
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Project Name

HoH Name First	Middle	Last																						
Suffix	Alias																							
Name Data Quality																								
<input type="checkbox"/> Full Name Reported		<input type="checkbox"/> Partial, Street or Code Name																						
<input type="checkbox"/> Client doesn't know		<input type="checkbox"/> Client prefers not to answer																						
Social Security Number	Date of Birth																							
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<input type="checkbox"/> Full SSN Reported (HUD)	<input type="checkbox"/> Full DOB Reported (HUD)																							
<input type="checkbox"/> Approx or partial SSN reported (HUD)	<input type="checkbox"/> Approx or partial SSN reported (HUD)																							
<input type="checkbox"/> Client doesn't know (HUD)	<input type="checkbox"/> Client doesn't know (HUD)																							
<input type="checkbox"/> Client prefers not to answer (HUD)	<input type="checkbox"/> Client prefers not to answer (HUD)																							
<input type="checkbox"/> Data Not collected (HUD)	<input type="checkbox"/> Data Not collected (HUD)																							

Case Manager Information:

Name:	Title:																						
Phone Number:	Email Address:																						
Start Date:	End Date:																						
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Action Step:

Date Action Step was Set:	<input type="text"/>
Target Date:	<input type="text"/>

Overall Status:	
<input type="checkbox"/> Closed <input type="checkbox"/> Identified <input type="checkbox"/> In Progress	
<i>If Closed, Outcome:</i>	
<input type="checkbox"/> Abandoned <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Revised	

Follow Up Information:

Projected Follow Up Date:	<input type="text"/>
Follow Up User:	
Follow Up Made:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Completed Follow Up Date:	<input type="text"/>

Staff Completing (Printed Name):

Date:

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