

HMIS Action Step

Effective 10/01/24

Start Date	End Date	ServicePoint (HoH) ID:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Project Name
<input type="text"/>

HoH Name First	Middle	Last
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suffix	Alias	
<input type="text"/>	<input type="text"/>	
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	
<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Full SSN Reported (HUD) <input type="checkbox"/> Approx or partial SSN reported (HUD) <input type="checkbox"/> Client doesn't know (HUD) <input type="checkbox"/> Client prefers not to answer (HUD) <input type="checkbox"/> Data Not collected (HUD)	<input type="checkbox"/> Full DOB Reported (HUD) <input type="checkbox"/> Approx or partial SSN reported (HUD) <input type="checkbox"/> Client doesn't know (HUD) <input type="checkbox"/> Client prefers not to answer (HUD) <input type="checkbox"/> Data Not collected (HUD)	

Case Manager Information:

Name:	Title:
<input type="text"/>	<input type="text"/>
Phone Number:	Email Address:
<input type="text"/>	<input type="text"/>
Start Date:	End Date:
<input type="text"/>	<input type="text"/>

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Action Step:

Date Action Step was Set:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Target Date:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

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:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Follow Up User:											
Follow Up Made:	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Completed Follow Up Date:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

Staff Completing (Printed Name):

Date:

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