

HMIS Case Note

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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|----------------------|---|--|--|--|--|--|--|--|--|--|--|
| Case Manager: | | | | | | | | | | | |
| Note 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> | | | | | | | | | | |
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|---|--------------|
| Staff Completing (Printed Name): | Date: |
| | |