

Client Profile

This form may be used by any Project Type.

DATE OF DATA COLLECTION									
		/			/				
Month		Day			Year				

HMIS CLIENT ID - For HMIS Users only									

NAME - (First, Middle, Last, Suffix if not using HMIS ID)	
First Name	
Middle Name	
Last Name	
Suffix (e.g., Jr, Sr, III)	

Client Contact Information		
Recording multiple ways to contact clients is important to ensure clients receive services as they become available.		
Type	Details	Start Date (MM/DD/YYYY)
Primary Phone Number		
Secondary Phone Number		
Email Address		
Ok to receive texts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Media Handle or Website		
Other contact method (frequent location, friend or family member, worksite)		

EMERGENCY CONTACT INFORMATION	
Name of Contact	
Relationship to Client	
Primary Phone Number	
Secondary Phone Number	
Email Address	

CLIENT NOTES