Client Profile (All Projects)

This form may be used for any project type.

Answer For All Household Members

Date Of Project Start									
		/			/				
Month			Day			Year			

HMIS Client ID - For HMIS Users only							

Name - (First, Middle, Last, Suffix)	
First Name	
Middle Name	
Last Name	
Suffix (e.g., Jr, Sr, III)	

Name Data Quality
☐ Full name reported
☐ Partial, street name or code name
☐ Don't know
☐ Prefer not to answer
☐ Data Not Collected

Client Contact Information

Recording multiple ways to contact clients is important to ensure clients receive services as they become available.

Type	Details
Primary Phone Number	
Secondary Phone Number	
Email Address	
Ok to receive texts?	☐ Yes ☐ No
Social Media Handle or Website	
Other contact method (frequent location, friend or family member, worksite)	

Emergency Contact Information

Recording multiple ways to contact clients is important to ensure clients receive services as they become available.

Name	
Relationship	
Primary Phone Number	
Secondary Phone Number	
Email Address	

Client Notes