

NC BoS CoC – First Contact for Unsheltered Outreach of Other Household Members

Each Client signed verbally consented to HMIS Release of Information
☐ YES ☐ NO

Answer For Next Household Member

Name - (First, Middle, Last, Suffix)	
First Name	
Middle Name	
Last Name	

Relationship to Head of Household	
☐ Self (head of household)	☐ Other relation to head of household
☐ Head of household's child	☐ Other: non-relation member
☐ Head of household's spouse or partner	

Social Security Number – #####	Data Quality Status				
	☐ Full Reported	☐ Approx. or Partial Reported	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

Sex				
☐ Male	☐ Female	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

Veteran Status				
☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

Date Of Birth (e.g. 10/23/1978)	Data Quality Status				
	☐ Full Reported	☐ Approx. or Partial Reported	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

Race and Ethnicity - Select one or more race and ethnic categories	
☐ American Indian, Alaska Native, or Indigenous	☐ White
☐ Asian or Asian American	☐ Don't know
☐ Black, African American, or African	☐ Prefer not to answer
☐ Hispanic / Latina/e/o	☐ Data not collected
☐ Middle Eastern or North African	Additional Race and Ethnicity Detail:
☐ Native Hawaiian or Pacific Islander	

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