

New Hampshire Continua of Care
PROGRAM ENTRY Data Collection Form for HMIS
(Required by HUD for each client entered into your program)
Additional Household Member Profile Information

1. First, Mi. Last Name, Suf: _____ 2. SSN: ____ - ____ - _____		3. SSN Quality (HUD) Full Part. Unk Ref. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
5. Race (check two if applicable) <input type="checkbox"/> American Indian or Alaska Native (HUD) <input type="checkbox"/> Native Hawaiian or Pacific Islander (HUD) <input type="checkbox"/> Asian (HUD)	<input type="checkbox"/> Black or African American (HUD) <input type="checkbox"/> White (HUD) <input type="checkbox"/> Other <input type="checkbox"/> Other Multi-Racial	6. Ethnicity (choose one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic	7. Date of Birth: ___/___/_____ or Age: _____

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5. Race (check two if applicable) <input type="checkbox"/> American Indian or Alaska Native (HUD) <input type="checkbox"/> Native Hawaiian or Pacific Islander (HUD) <input type="checkbox"/> Asian (HUD)	<input type="checkbox"/> Black or African American (HUD) <input type="checkbox"/> White (HUD) <input type="checkbox"/> Other <input type="checkbox"/> Other Multi-Racial	6. Ethnicity (choose one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic	7. Date of Birth: ___/___/_____ or Age: _____

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