# New Hampshire Continua of Care
# OPTIONAL CLIENT PROFILE Data Collection Form for HMIS

*(Optional data collection for agency only!)*

**1. First, Mi. Last Name Suf**:_____ | 1a. Alias: _____

2. Distinguishing Marks: _____
(Tattoos, Scars, or other identifiable characteristics)

3. Do you Speak English: ❑ Yes ❑ No

4. Do you Read & Write English: ❑ Yes ❑ No

5. Primary Language Spoken: _____

6. Marital Status: ❑ Divorced ❑ Married ❑ Separated ❑ Widowed

7. Religion: _____

8. Are you New to the Area: ❑ Yes ❑ No

9. Times Moved In the Last Year: _____

10. Census Tract: _____
(Manchester CoC)

11. Identification:

❑ Do you have a Current ID
❑ Do you have a Drivers License
#: _____

12. Need Move Assistance: ❑ Yes ❑ No

13. Having Economic Problems: ❑ Yes ❑ No

14. Last Rent/Mortgage Amount: $_____

15. Eviction Date, if Evicted: __ __ / __ __ / __ __ __ __

16. Automobile Information:

Make: _____

Model: _____

Plate #: _____

17. Emergency Contact:

Contact Name: _____ Phone Number: _____

Contact Address: _____ 2nd Phone Number: _____

Contact City: _____ Relationship: _____

Contact State/Zip: _____

18. Admission Status:

❑ Admitted
Case Manager: _____

❑ Not Admitted
Reason not: _____

Date completed: __ __/ __ __/ __ __ __ __ Interviewer Name: _____