

**New Hampshire Continua of Care  
Initial Contact Data Collection Form for HMIS**  
(Initial Contact Form)

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 <input type="checkbox"/> Transgender <input type="checkbox"/> Other	
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 <input type="checkbox"/> Unknown		6. Ethnicity (choose one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Refused	
8. Initial Contact Type: <input type="checkbox"/> Walk-in <input type="checkbox"/> Call-in 9. Manchester Census Tract: _____		10. Referred By: _____ 11. Referral Location: _____ 12. Referral Zip Code: _____			
17. Single: <input type="checkbox"/> Yes <input type="checkbox"/> No 18. Family: <input type="checkbox"/> Yes <input type="checkbox"/> No 19. Number of Adults: _____ 20. Number of Children: _____		21. Reason for Need: _____ _____ _____ _____			
22. Admission Status: <input type="checkbox"/> Offered <input type="checkbox"/> Refused by Client <input type="checkbox"/> Turn away		23. Reason Turned Away: <input type="checkbox"/> Capacity <input type="checkbox"/> Criteria <input type="checkbox"/> Other: _____			

Date completed: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Interviewer Name: \_\_\_\_\_