

New Hampshire Continua of Care HUD CoC APR TH PH Entry Data Collection Form for HMIS

(Required by HUD for each client entering your project)

Refer to the 2014 HUD HMIS Data Standards Version 5.1 on the NH-HMIS website at: www.nh-hmis.org for an explanation of the data elements in this form.

Project entry – Use this form to collect the data elements about each client when they enter your project. These data elements must reflect the client’s circumstances on the date of project entry, regardless of the exact date these data elements are collected or entered into HMIS. The only reason changes should be made to Entry information is to correct errors, enter additional information related to project entry that is provided by the client at a later time (e.g., social security number or name change). It is important that data be accurate as of the *Project Entry Date*.

This data should be added to HMIS using the ServicePoint software within three (3) days of client intake.

Data Collection and HMIS Instruction Tips:

- 1 In ServicePoint, always set the Entry Data Type to “HUD”.
- 1 In ServicePoint, confirm backdate matches project entry date.
- 1 If a family, complete the Project Creation Intake Form and this APR ENTRY form for each family member (see last page of this form).

- 1 Do NOT enter “Client doesn’t know” or “Client refused” unless the client tells you they do not know or they refuse to answer.
- 1 *Information Date* must match the client’s *Project Entry Date*.

Single Client

Household/ family (complete this form for each family member)

Date Form Completed: ___ / ___ / ___

Client’s Project Entry Date: ___ / ___ / ___

Intake Interviewer’s Name: _____

Project Name: _____

Case Manager’s Name: _____

Section 1: Project Entry (in ServicePoint use Entry/Exit Tab)

Client’s First, Middle, Last Name, Suffix: _____

Client’s ID #: _____ Alias: _____

Name Data Quality: Full Name Reported Partial, street name or code name reported

Client Doesn’t Know Client Refused Data Not Collected

Social Security number (SSN): ___ - ___ - ____

SSN Data Quality: Full SSN Reported Approximate or Partial SSN reported
 Client Refused Data Not Collected

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Is client a **US Military Veteran**? Yes No

If Yes to "US Military Veteran," has client ever **received health care benefits** from a VA Center? Yes No

Is client **receiving Veterans Services**? Yes No

Is client **eligible for Veterans Services**? Yes No

If No to "eligible for Veterans services," please select **Reason**:

Client not interested Client doesn't know Data not collected

Please select **discharge type** for all persons who answered Yes to "US Military Veteran" and are not currently serving:

<input type="checkbox"/> Honorable	<input type="checkbox"/> General under honorable conditions	<input type="checkbox"/> Under other than honorable conditions (OTH)
<input type="checkbox"/> Bad Conduct	<input type="checkbox"/> Dishonorable	<input type="checkbox"/> Uncharacterized
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

Date of Birth: ___-___-_____ **Date of Birth Type:** Full D.O.B. Reported Approximate or Partial D.O.B. reported
 Client Doesn't Know Client Refused Data Not Collected

Race (Client may choose up to 5): American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White
 Black or African American Asian
 Client Doesn't Know Client Refused Data Not Collected

Ethnicity (Choose One): Non-Hispanic/Non-Latino Hispanic/Latino Client Doesn't Know Client Refused
 Data Not Collected

Gender: Female Male Transgender Male-to-Female Transgender Female-to-Male Client Doesn't Know
 Client Refused Does not identify as female, male, or transgender Data Not Collected

Relationship to Head of Household (choose one): Self Head of Household's Child Head of Household's Spouse or Partner
 Head of Household's Other Relation Member (other relation to HOH) Other: Non-relation Member

Client Location <i>Please select the applicable CoC code(s).</i>	<input type="checkbox"/> NH-500 Balance of State/Concord <input type="checkbox"/> NH-501 Manchester <input type="checkbox"/> NH-502 Nashua
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Section 2: Disabilities (in ServicePoint use Entry/Exit Tab)

Date of information collection: ___/___/_____ Does the client have a disabling condition? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

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Disability Type: Answer the group of questions associated with each applicable disability type, using HUD verification. This information should be collected for all clients, regardless of age.

Physical Disability

Date of information collection: ___/___/_____

Physical Disability?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes" to Physical Disability, expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes," to Physical Disability, is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," to Physical Disability, is client currently receiving services or treatment for this disability?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

Developmental Disability

Date of information collection: ___/___/_____

Developmental Disability?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes" to Developmental Disability, is it expected to substantially impair client's ability to live independently?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes," to Developmental Disability, is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," to Developmental Disability, is client currently receiving services or treatment for it?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

Chronic Health Condition

Date of information collection: ___/___/_____

Chronic Health Condition?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes", to Chronic Health Condition, is it expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes," to Chronic Health Condition, is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," to Chronic Health Condition, is client currently receiving services or treatment for it?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

HIV/AIDS

Date of information collection: ___/___/_____

HIV/AIDS?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes", to HIV/AIDS, is it expected to substantially impair client's ability to live independently?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

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If "Yes," to HIV/AIDS, is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," to HIV/AIDS, is client currently receiving services or treatment for it? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

Mental Health Problem

Date of information collection: ____/____/____

Mental Health Problem? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If "Yes," to Mental Health Problem, is it expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If "Yes," to Mental Health Problem, is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," to Mental Health Problem, is client currently receiving services or treatment for it? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

Substance Abuse

Date of information collection: ____/____/____

Substance Abuse? <input type="checkbox"/> No <input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Drug abuse <input type="checkbox"/> Alcohol and drug abuse <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If "Yes," to Alcohol abuse, Drug abuse, or Both alcohol and drug abuse for "Substance Abuse," is it expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If "Yes," to Alcohol abuse, Drug abuse or Both alcohol and drug abuse for "Substance Abuse Problem," is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," to Alcohol abuse, Drug abuse, or Both alcohol and drug abuse for "Substance Abuse Problem," is client currently receiving services or treatment for it? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

Section 3: Health Insurance (in ServicePoint use Entry/Exit Tab)

Information collection date: ____/____/____	
Covered by health insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
Health Insurance Source:	(If yes, indicate all sources that apply.)
MEDICAID	<input type="checkbox"/> No <input type="checkbox"/> Yes
MEDICARE	<input type="checkbox"/> No <input type="checkbox"/> Yes
State Children's Health Insurance Program	<input type="checkbox"/> No <input type="checkbox"/> Yes
Veteran's Administration (VA) Medical Services	<input type="checkbox"/> No <input type="checkbox"/> Yes
Employer-Provided Health Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes
Health insurance obtained through COBRA	<input type="checkbox"/> No <input type="checkbox"/> Yes
Private Pay Health Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes
State Health Insurance for Adults	<input type="checkbox"/> No <input type="checkbox"/> Yes

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Indian Health Services Program	<input type="checkbox"/> No <input type="checkbox"/> Yes
Other	<input type="checkbox"/> No <input type="checkbox"/> Yes
If "other," please specify:	

Section 4: Living Situation: Residence Prior to Project Entry

<p>i In this section you will need to consider the client's residence as of the day before project entry. Please answer the check boxes below, then follow the instructions to the appropriate sub-section.</p>	
On the day before project entry, was client living in:	
A place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Shelter, including hotel or motel paid for with emergency shelter voucher (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safe Haven	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interim Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>i If "Yes" to any of the above, please skip down to the Homeless Situation subsection and answer the questions there.</p>	
Foster care home or foster care group home (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hospital or other residential non-psychiatric medical facility (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jail, prison or juvenile detention facility (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long-term care facility or nursing home (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychiatric hospital or other psychiatric facility (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Substance abuse treatment facility or detox center (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>i If "Yes" to any of the above, please skip down to the Institutional Situation Subsection and answer the questions there.</p>	
Hotel or motel paid for without emergency shelter voucher (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owned by client, no ongoing housing subsidy (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owned by client, with ongoing housing subsidy (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permanent housing for formerly homeless persons (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental by client, no ongoing housing subsidy (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental by client, with VASH subsidy (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental by client, with GPD TIP subsidy (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental by client, with other ongoing housing subsidy (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residential project or halfway house with no homeless criteria (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staying or living in a family member's room, apartment or house (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staying in a friend's room, apartment or house (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transitional housing for homeless persons (including homeless youth) (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client doesn't know (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client refused (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Data not collected (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>i If "Yes" to any of the above, please skip down to the Transitional and Permanent Housing Situation Subsection and answer the questions there.</p>	

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i Once you have completed this subsection, there are no further questions for you in **Living Situation: Residence Prior to Project Entry**. Please skip to next section.

Transitional and Permanent Housing Situation Subsection

Length of Stay in Previous Place:

<input type="checkbox"/> One night or less	<input type="checkbox"/> Two to six nights	<input type="checkbox"/> One week or more, but less than one month
<input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> 90 days or more but less than one year	<input type="checkbox"/> One year or longer
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

i If length of stay in previous place is more than 6 nights, client doesn't know, client refused or data not collected, there are no further questions for you in **Living Situation: Residence Prior to Project Entry**. Please skip to the next section.

If "length of stay in previous place" is less than seven nights, please answer the following:

On the night before, did you stay on the streets, ES or SH? Yes No

i If No, then there are no further questions for you in **Living Situation: Residence Prior to Project Entry**. Please skip to next section.

- **If Yes to "on the street, in ES or SH," what is the approximate date homelessness started:**

____/____/_____

- **If Yes to "on the street, in ES or SH," and regardless of where they stayed last night, what is the number of times the client has been on the streets, in ES or SH in the past three years including today?**

- | | | |
|---|--|---|
| <input type="checkbox"/> One time | <input type="checkbox"/> Two times | <input type="checkbox"/> Three times |
| <input type="checkbox"/> Four or more times | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Data not collected | | |

- **If Yes to "on the street, in ES or SH," what is the total number of months homeless on the street, in ES or SH in the past three years?**

i If this is the first month, select 1.

- | | | | | |
|---|-----------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| <input type="checkbox"/> 11 | <input type="checkbox"/> 12 | <input type="checkbox"/> More than 12 | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Data not collected | | | | |

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Section 5: Income Sources and Non-Cash Benefits (in ServicePoint use Entry/Exit Tab)

Income Sources:

- ❶ Ask client whether they receive income from EACH source listed rather than asking them to state the sources of income they receive.
- ❷ Record income for HOH and adult household members.
- ❸ Updates are required for persons aging into adulthood.
- ❹ Income or Benefits received by a minor child should be assigned to the HOH.

Date of information collection: ____/____/_____ Income from any source? If "Yes," to "income from any source," please check "No" or "Yes" for each income source in the list below, and add amount.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client refused <input type="checkbox"/> Client doesn't know
Monthly Income (cash) Source:	Amount:	
Earned Income (i.e., employment income)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Unemployment Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Supplemental Security Income (SSI)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Social Security Disability Income (SSDI)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
VA Service-Connected Disability Compensation	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
VA Non-Service-Connected Disability Compensation	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Private disability insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Worker's compensation	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
TANF	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Retirement Income from Social Security	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Pension/retirement income from former job	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Child support	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Alimony or other spousal support	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Other source (specify below)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
If "other source," please specify:		
Monthly Income Total \$ _____		

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Non-Cash Benefits:

i Ask client whether they receive income from EACH source listed rather than asking them to state the sources of income they receive.

Date of information collection: ____/____/_____ Non-Cash Benefit from any source? If "Yes," to "non-cash benefit from any source," please check "No" or "Yes" for each income source in the list below, and add amount.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client refused <input type="checkbox"/> Client doesn't know	
Monthly Non-Cash Benefit Source:			Amount:
Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$
TANF child care services	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$
TANF transportation services	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$
Other TANF-funded services	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$
Section 8, public housing or other ongoing rental assistance	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$
Temporary rental assistance	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$
Other source (specify below)	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$
If "other source," please specify source:			
Monthly Income Total: \$ _____			

Section 6: Domestic Violence:

Domestic Violence Victim/Survivor? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	If yes, When Experience Occurred: <input type="checkbox"/> Within the past 3 months <input type="checkbox"/> More than a year <input type="checkbox"/> 3 - 6 months ago <input type="checkbox"/> Client doesn't know <input type="checkbox"/> 6 - 12 months ago <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
(If Yes) Are you currently fleeing? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	

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Section 7: Information Required by BHHS:

Housing Status: *Housing status as of the day before project entry.*

Homelessness and at-risk of homelessness status

- Category 1** -- Homeless (lacks fixed, regular and adequate nighttime residence)
- Category 2** -- At imminent risk of losing housing (will lose primary nighttime residence in 14 days)
- Category 3** -- Homeless only under other federal statutes (unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition)
- Category 4** -- Fleeing domestic violence (when client or household does NOT meet any other criteria but is homeless solely because they are fleeing domestic violence)
- At-risk of homelessness** (for clients being served by Homelessness Prevention or Coordinated Assessment projects)
 - Stably housed** **Client doesn't know** **Client refused** **Data not collected**

Zip code of last permanent address: _____
Where client last lived for 90 days or more.

Zip code data quality:

- Full or partial Client doesn't know Client refused

Employment Status:

Is the client employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
(If yes) what is the tenure of their employment?	<input type="checkbox"/> Full time <input type="checkbox"/> Part time

Homelessness Status:

First time homeless? Yes No **Is client's homelessness chronic?** Yes No

Client Location:

Select the HUD-assigned CoC code(s) that best apply:	<input type="checkbox"/> Balance of State (NH-500) <input type="checkbox"/> Manchester (NH-501) <input type="checkbox"/> Greater Nashua (NH-502)
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Section 8: Household Status

Is this person the head of a household? (Households can have only one HoH): Yes No

If Yes to previous question, please list other members of the household and their relationship to the head of household

First Name	Last Name	Relationship to Head of Household*

*CHOOSE from this list:

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

i IMPORTANT: Please complete the Client Record Creation Intake Form and HUD COC APR TH PH ES ENTRY form for each person listed above.

This form can be found on the NH-HMIS website at: www.nh-hmis.org.