

New Hampshire Continua of Care RHY Street Outreach Program (SOP) Supplemental Contact HMIS Form

This form will allow the RHY Street Outreach Program to track required HMIS **date of contact** and **date of engagement** data elements. Track all contacts with the head of household and each additional adult in the household. Use additional forms as needed for multiple contacts. The purpose of tracking contact information is to determine the number of contacts required to engage the client. Refer below for data field definitions used in the log, which begins on page **2**.

Important: A separate entry/exit form should be included for *each adult member* of the household.

Client name or other identifier: _____ Client ID*: _____

**Client ID number is generated by the HMIS system.*

 ***Each referral need only be recorded once during project enrollment.***

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

New Hampshire Continua of Care

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Table 1: Contact Log

Contact Date	Contact Location	Services Provided
Project Entry Date ____/____/____	<input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Service setting, non-residential <input type="checkbox"/> Service setting- residential	<input type="checkbox"/> SO-Health and Hygiene Products Distributed <input type="checkbox"/> SO-Food and Drink Items <input type="checkbox"/> SO-Services Information/Brochures
Is this Date of Engagement? Is this Exit Date? <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No		
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<input type="checkbox"/> Child care non-TANF <input type="checkbox"/> Supplemental Nutritional Assistance Program (Food Stamps) <input type="checkbox"/> Education- McKinney Vento Liaison Assistance to Remain in School <input type="checkbox"/> HUD Section 8 or Other Permanent Housing Assistance <input type="checkbox"/> Individual Development Account <input type="checkbox"/> Medicaid <input type="checkbox"/> Mentoring Program Other than RHY Agency <input type="checkbox"/> National Service (Americorp, VISTA, Learn and Serve) <input type="checkbox"/> Non-residential Substance Abuse or Mental Health Program	<input type="checkbox"/> Other Public- Federal, State or Local Program <input type="checkbox"/> Private Non-profit Charity or Foundation Support <input type="checkbox"/> SCHIP <input type="checkbox"/> SSI, SSDI, or other disability insurance <input type="checkbox"/> TANF or other Welfare/Non-disability Income Maintenance (all TANF services) <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> WIC <input type="checkbox"/> Workforce Development (WIA)	

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