

New Hampshire Continua of Care SGIA Homelessness Prevention (HP) Projects Additional Supportive Services Form

(Required for each client receiving services)

Additional Supportive Services Provided

Record the start and end dates of the services provided; where applicable, include the dollar amount. Collect and enter this information when services are provided as a one-time transaction and at least once every three months for projects that provide on-going services for consecutive months. Ensure that the Service dates do not start prior to the Client's Entry Date into HMIS; the Entry Start Date should always coincide with the start of financial assistance.

This data will be input to HMIS. If you need additional forms in order to add services for a client after initial intake, they can be found on the HMIS website at www.nh-hmis.org.

Project Name: _____ **Date:** _____

Interviewer Name: _____

Client Name: _____ **ServicePoint Client ID Number:** _____

Service	Start date (MM/DD/YYYY)	End date (MM/DD/YYYY)	Amount
Rental payment (includes rental arrears)	-- / / --	-- / / --	\$
Rental deposit (security deposit)	-- / / --	-- / / --	\$
Housing search (includes rental application and costs for housing inspection)	-- / / --	-- / / --	\$
Moving expense	-- / / --	-- / / --	\$
Utility deposit	-- / / --	-- / / --	\$
Utility service payment	-- / / --	-- / / --	\$
Credit counseling	-- / / --	-- / / --	\$
Case/care management	-- / / --	-- / / --	\$
Transportation (only for ESG prevention)	-- / / --	-- / / --	\$
Total SGIA amount			\$