

## New Hampshire Continua of Care HUD CoC CE HOIP Entry Supplement for HMIS

✓ *Collection is required for all clients in all programs.*



Refer to the 2017 HUD HMIS Data Standards on the NH-HMIS website at: [www.nh-hmis.org](http://www.nh-hmis.org) for an explanation of the data elements in this form.

Single Client

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

Record Identifiers	
ServicePoint Client ID#:	
Head of Household Name:	
Date:	
Case Manager Name:	
Program Entry Date:	

Living Situation Supplement	
Prior to this Episode of Homelessness, was client in jail or prison?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is client a convicted sex offender?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Referral Source (please choose one):	<input type="checkbox"/> 211 <input type="checkbox"/> Church <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Friends/Family

Needs			
Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy):	Number of Services:	Type of Need:
			<input type="checkbox"/> Basic Needs (bug spray, water, tent) <input type="checkbox"/> Housing search & info <input type="checkbox"/> Info & referral <input type="checkbox"/> Transportation
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