

Client Name	_____
HMIS #	_____
Staff Name	_____
Date Form Completed	_____

Santa Cruz County Standard Contacts Form

Make sure to log client contact information in the “Contact” tab on the client profile in the HMIS, and log client location information in the “Location” tab on the client profile.

Client Contact Information

Client Name	First	Last
Contact Type	<input type="checkbox"/> Self	
Phone (#1)		
Phone (#2)		
Email Address		
Street Address	Address	City
	State	Zip Code
Date Information Collected		
Note		

Emergency Contact Information

Name	First	Last
Contact Type	<input type="checkbox"/> Emergency Contact	
Phone (#1)		
Phone (#2)		
Email Address		
Street Address	Address	City
	State	Zip Code
Date Information Collected		
Note		

Head of Household Name (if not Self) _____

Care/Case Manager Contact Information

Name	First	Last
Contact Type	<input type="checkbox"/> Care/Case Manager Care/Case Management Agency:	
Phone (#1)		
Phone (#2)		
Email Address		
Street Address	Address	City
	State	Zip Code
Date Information Collected		
Note		

Primary Care Provider Contact Information

Name	First	Last
Contact Type	<input type="checkbox"/> Primary Care Provider	
Phone (#1)		
Phone (#2)		
Email Address		
Street Address	Address	City
	State	Zip Code
Date Information Collected		
Note		

Head of Household Name (if not Self) _____

Other Contact Information

Name	First	Last
Contact Type	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Spouse	<input type="checkbox"/> Benefits Advocate <input type="checkbox"/> Real Estate Partnership Contact <input type="checkbox"/> Other
Phone (#1)		
Phone (#2)		
Email Address		
Street Address	Address	City
	State	Zip Code
Date Information Collected		
Note		

Other Contact Information

Name	First	Last
Contact Type	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Spouse	<input type="checkbox"/> Benefits Advocate <input type="checkbox"/> Real Estate Partnership Contact <input type="checkbox"/> Other
Phone (#1)		
Phone (#2)		
Email Address		
Street Address	Address	City
	State	Zip Code
Date Information Collected		
Note		

Head of Household Name (if not Self) _____