

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

Santa Cruz County Standard Contacts Form

Client Contact Information

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

Emergency Contact Information

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

Head of Household Name (if not Self) _____

Care/Case Manager Contact Information

Name	First	Last
	<input type="checkbox"/> Care/Case Manager	
	Care/Case Management Agency:	

Primary Care Provider Contact Information

Name	First	Last
	<input type="checkbox"/> Primary Care Provider	

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) _____