

First: _____
 Middle: _____
 Last: _____
 Suffix: _____ Alias: _____

UNIQUE IDENTIFIER: _____

 SOCIAL SECURITY NUMBER: _____

- Use date of initial client contact for 'Assessment Date'
- Use date of current, or most recent client contact for 'Last Update'
- Update existing 'Client Contact Information' in HMIS.
- Do not create additional assessments in HMIS when updating client contact information.

ASSESSMENT DATE: _____ LAST UPDATE: _____

CLIENT ADDITIONAL CONTACT TYPE:

CONTACT FULL NAME: _____

EMERGENCY CONTACT
 GENERAL CONTACT
 RELATIONSHIP TO CLIENT:
 FAMILY FRIEND PEER
 OTHER PROVIDER OR CONTACT TYPE. (describe in notes)

CURRENT ROI DATE: (non-HMIS) _____

SERVICE COORDINATOR CONTACT
 RELATIONSHIP TO CLIENT:
 CARE COORDINATOR CASE MANAGER
 HOUSING NAVIGATOR OUTREACH WORKER
 VETERAN'S CASE MANAGER Landlord Liaison

PRIMARY CARE PROVIDER CONTACT
 RELATIONSHIP TO CLIENT:
 BEHAVIORAL MEDICAL

PUBLIC BENEFITS CONTACT
 RELATIONSHIP TO CLIENT:
 CALWORKS SOCIAL SERVICES AGENCY
 VETERAN'S ADVOCATE PROBATION

PHONE: _____ EMAIL: _____

ADDRESS: _____ STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ADDITIONAL INFORMATON / NOTES:

Name of Staff completing this assessment: