

Housing Request Form in Compliance with HMIS

Date of call: _____

Client's Name _____ Gender _____

Date of Birth:
(month/date/year) _____

Number of persons seeking seeking housing: _____

Disability: _____

Treatment
Providers/medication: _____

Reason for
Homelessness: _____

Length of current homelessness (any past
Homeless experiences?) _____

Where is the person
currently staying?: _____

Income: _____

Insurance: _____

Legal issues: _____

Veteran status: _____

Referral source: _____

Contact number: _____

Miscellaneous: _____