Client Name _____

HMIS # _____

Staff Name _____

Date Form Completed _____

Santa Cruz County Standard Contacts Form

Client Contact Information

Client Name	**First**	**Last**
Contact Type	☐ 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	☐ 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	□ 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	□ 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	☐ Mother ☐ Father ☐ Spouse	☐ Benefits Advocate ☐ Real Estate Partnership Contact ☐ 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	☐ Mother ☐ Father ☐ Spouse	☐ Benefits Advocate ☐ Real Estate Partnership Contact ☐ 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) _____