

HMIS Information Request Form

*The * indicates the fields which are required to submit your request.*

Contact Information

***Name:** _____

***Telephone:** _____ **Email:** _____

***Title/Position:** _____

***Organization:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Data Request

***Detailed Description of Information Requested and Purpose:**

***Date range:** Before After Date: _____ **OR** Between _____ and _____

***Statewide Information** **OR** ***Region or County(s):** _____

OR ***Agency(s):** _____

CUSTOM REPORTS <i>(Indicate one or more)</i>		
<input type="checkbox"/> Homeless Clients ONLY	<input type="checkbox"/> Race/Ethnicity	<input type="checkbox"/> Age
<input type="checkbox"/> Gender	<input type="checkbox"/> Services Received	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<p style="text-align: center;"><i>Identify tables, fields, filters, and options to query the ServicePoint database with Comments/Special Needs:</i></p> 		

*** Signature of Person Requesting Information** _____ **Date** _____

Return Request Form To: Jennifer Otto Idaho Housing & Finance Association PO Box 7899 Boise, ID 83707 Fax: 208-331-4808 E-mail: jennifero@ihfa.org	<p style="text-align: center;">Office Use Only</p> Request received: _____ Processed: _____ Delivered: _____
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