

HMIS Information Request Form

*The * fields are required to submit your request.*

Contact Information

*Name: _____

*Telephone: _____ Email: _____

*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</i></p> <p>Comments/Special Needs:</p>		

*Signature of Person Requesting Information _____ Date _____

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