

Gulf Coast Partnership CIS Client Contact Information

This form can be used by the following project types: All. This form will allow projects to record client information such as current/prior residence, contact information, and emergency contact information.

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X"

DATA FOR ALL CLIENTS

Respond to the following questions for all household members—each adult and child. A separate form should be included for each household member.

TODAY'S DATE (e.g., 08/24/2017)

		/			/				
Month			Day			Year			

CURRENT NAME (first, middle, last name, suffix, e.g., Jr, Sr, III)

Use a client's full, legal name whenever possible. Generally, projects do not need to verify that the information provided matches legal documents, unless specifically required by a funder.

First name	
Middle name	
Last name	
Suffix	

CURRENT RESIDENCE / LAST PERMANENT RESIDENCE

If client is currently housed, list current address. If client is homeless, then list the last permanent address where the client lived.

Street Address	
City	
State	
Zip Code	
Home Number	
Mobile Number	
Email Address	

EMERGENCY CONTACT

In case of emergency, list the contact information for the person the client wants us to contact.

Contact Name	
Relationship to Client	
Street Address	
City	
State	
Zip Code	
Home Number	
Mobile Number	
Email Address	