Idaho HMIS Information Request Form

* Indicates a field required to submit your request.

Contact Information	
*Name: _____	Position: _____
*Telephone: _____	
*E-mail: _____	
*Organization: _____	
Street Address: _____	
City, State, Zip: _____	

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

Request Details
*Date Range- *pick one option and complete:*
Option 1:　Before *or* after a specific date.　　☐ Before　☐ After　　Date: _____
Option 2:　Between two dates.　　Date #1: _____　　Date #2: _____
*Scope- *pick one option and complete:*
Option 1:　☐　Balance of State Continuum of Care
Option 2:　☐　Region or County (s), list: _____
Option 3:　☐　Agency(s), list: _____

Custom Reports *(Indicate one or more)*		
☐ Clients experiencing homelessness ONLY	☐	Age
☐ Gender	☐	_____
☐ Race/Ethnicity	☐	_____
☐ Services Received		
Identify tables, fields, filters, and options to query the ServicePoint database with Comments/Special Needs: _____		

_____　　　　　_____
*Signature of Person Requesting Information　　　　*Date

Return Request Form To:	HMIS Team	Office Use Only
	Idaho Housing and Finance Association	Request Received: _____
	PO Box 7899 Boise, ID 83707	Processed: _____
	Fax: 208-331-4808　**E-mail:** hmis@ihfa.org	Delivered: _____