



CARES Regional HMIS Report Request

Requests must be emailed to HMIS@caresny.org no less than 5 business days prior to the report due date.

Name:	Agency:	Date:
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REPORT IS NEEDED BY THIS DATE:

REPORT/DATA DETAILS

Report Date Range		Report Submission Date (If report is being submitted to a funder)															
From:	To:																
Report Type	<input type="checkbox"/> APR <input type="checkbox"/> CAPER <input type="checkbox"/> Data Quality <input type="checkbox"/> Custom Report																
Client Universe	<input type="checkbox"/> Program-Only (see right) <input type="checkbox"/> All Agency Programs <input type="checkbox"/> All Community Programs (select below)		<i>Program Name:</i>														
	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Albany (NY-503)</td> <td><input type="checkbox"/> Franklin/Essex (NY-520)</td> <td><input type="checkbox"/> Rockland (NY-606)</td> </tr> <tr> <td><input type="checkbox"/> Schenectady (NY-507)</td> <td><input type="checkbox"/> Clinton (NY-516)</td> <td><input type="checkbox"/> Ulster (NY-608)</td> </tr> <tr> <td><input type="checkbox"/> Rensselaer (NY-512)</td> <td colspan="2"><input type="checkbox"/> Saratoga/Washington/Warren/Hamilton (NY-523)</td> </tr> <tr> <td><input type="checkbox"/> Jefferson/Lewis/St Lawrence (NY-522)</td> <td><input type="checkbox"/> Dutchess (NY-601)</td> <td><input type="checkbox"/> Putnam</td> </tr> <tr> <td><input type="checkbox"/> Columbia/Greene (NY-519)</td> <td><input type="checkbox"/> Orange (NY-602)</td> <td><input type="checkbox"/> Fulton/Montgomery/Schoharie</td> </tr> </table>			<input type="checkbox"/> Albany (NY-503)	<input type="checkbox"/> Franklin/Essex (NY-520)	<input type="checkbox"/> Rockland (NY-606)	<input type="checkbox"/> Schenectady (NY-507)	<input type="checkbox"/> Clinton (NY-516)	<input type="checkbox"/> Ulster (NY-608)	<input type="checkbox"/> Rensselaer (NY-512)	<input type="checkbox"/> Saratoga/Washington/Warren/Hamilton (NY-523)		<input type="checkbox"/> Jefferson/Lewis/St Lawrence (NY-522)	<input type="checkbox"/> Dutchess (NY-601)	<input type="checkbox"/> Putnam	<input type="checkbox"/> Columbia/Greene (NY-519)	<input type="checkbox"/> Orange (NY-602)
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Custom Report Only Select Demographics to be included	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Demographic Information</td> <td><input type="checkbox"/> Household Information</td> <td><input type="checkbox"/> Chronic Homeless Information</td> </tr> <tr> <td><input type="checkbox"/> Income Information</td> <td><input type="checkbox"/> Non-Cash Benefits</td> <td><input type="checkbox"/> Annual Assessment Information</td> </tr> <tr> <td><input type="checkbox"/> Health Insurance</td> <td><input type="checkbox"/> Disability Information</td> <td><input type="checkbox"/> Prior Homelessness Information</td> </tr> <tr> <td><input type="checkbox"/> Discharge Data</td> <td colspan="2"></td> </tr> </table>			<input type="checkbox"/> Demographic Information	<input type="checkbox"/> Household Information	<input type="checkbox"/> Chronic Homeless Information	<input type="checkbox"/> Income Information	<input type="checkbox"/> Non-Cash Benefits	<input type="checkbox"/> Annual Assessment Information	<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Disability Information	<input type="checkbox"/> Prior Homelessness Information	<input type="checkbox"/> Discharge Data				
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Provide additional information and/or a description of the data you are requesting (Optional):