



# MEMPHIS/SHELBY COUNTY MANAGEMENT INFORMATION SYSTEM (MSCCOC-MIS)

## CLIENT CONSENT FORM

**IMPORTANT:** Do not enter personally identifying information into MSCCOC-MIS for clients who are: 1) in DV agencies or; 2) currently fleeing or in danger from a domestic violence, dating violence, sexual assault or stalking situation. *If this applies to you, **STOP- Do Not Sign this Form.***

This agency participates in the Memphis/Shelby County Management Information System (MSCCOC-MIS) by collecting information, over time, about the characteristics and service needs of men, women, and children experiencing homelessness or at-risk of homelessness.

To provide the most effective services in moving people from homelessness to permanent housing, we need an accurate count of all people experiencing homelessness in Memphis/Shelby County. In order to make sure that clients are not counted twice if services are provided by more than one agency, we need to collect some personal information. Specifically, we need: **name, birth date, social security, race, and last permanent zip code.** Your information will be stored in our database for 7 years.

- The data you provide will be combined with data from other providers providing housing, shelter, and supportive services for the purpose of further analysis. Your name and other identifying information will not be included in any reports or publications. Only a limited number of staff members in the research division who have signed confidentiality agreements will be able to see this information.
- Your decision to participate in the MSCCOC-MIS will not affect the quality or quantity of services you are eligible to receive from this agency, and will not be used to deny outreach, shelter or housing. However, if you do choose to participate, services in the city/county may improve if we have accurate information about homeless individuals and the services they need.
- We will guard this information with strict security policies to protect your privacy. Our computer system is highly secure and uses up-to-date protection features such as data encryption, passwords, and identity checks required for each system user. If you ever suspect the data in MSCCOC-MIS has been misused, immediately contact the MSCCOC-MIS Administrator (Tanyce A. McCray0Davis) at [tanyce@cafh.org](mailto:tanyce@cafh.org) or call (901) 527-1302 Ext. 306.

I consent to the inclusion of personal information in MSCCOC-MIS about me and any dependents listed below. I understand that my personal information will not be made public and will only be used with strict confidentiality. I also understand that I may withdraw my consent at any time.

Dependent children under 18 in household, if any (Please print below):

\_\_\_\_\_  
CLIENT SIGNATURE (PARENT/GUARDIAN)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLIENT NAME

\_\_\_\_\_  
STAFF NAME

I give this Agency permission to share the following types of information about me and any dependents listed below verbally, or through MSCCOC-MIS, mail, fax, or by hand.

| <i>Program/Housing Information</i>                       |                              |   |                               |
|--|------------------------------|---|-------------------------------|
| Intake and exit dates                                    | Housing status at entry/exit | Residence and length of stay prior to program entry | Area of last stable residence |
| Destination at exit                                      | Reason for leaving           | Services received                                   |                               |
| <i>Assessment Information</i>                            |                              |   |                               |
| Income and sources                                       | Non-cash benefits            | Employment/Education                                | Military service              |
| Domestic Violence experience                             | Physical disability          | Developmental disability                            | Chronic health condition      |
| HIV/AIDS   | Mental health /Insurance     | Substance abuse                                     |                               |
| <i>Investing in Families Information (if applicable)</i> |                              |   |                               |
| Coordinated entry intake                                 | Family assessment            | Life domain assessment                              | Action plan                   |

By signing this, I certify I understand that:

- The purpose of sharing information with other agencies is to help with case management, improve the services I receive, and allow other agencies to access information about me more quickly if needed.
- This Agency may not deny me service if I do not give it permission to enter my data into the MSCCOC-MIS or share it with other agencies.
- I am entitled to a copy of this release and sharing form.
- I may revoke this sharing permission at any time by delivering or mailing a written statement canceling my consent and/or release of information to this Agency. Revoking my consent/release will not change anything for those people or agencies that had previously received my information while my consent/release was in effect.
- The current list of agencies who are MSCCOC-MIS Partners or MOU Partners that may have access to my information (if agreed to below) is available from this Agency. I understand that additional agencies may join the MSCCOC-MIS or specified MOU Partnership at any time and will also have access to my personal information at that time. I understand that, upon my request, this Agency must provide me with a list of current MSCCOC-MIS Agencies or MOU Partners before I sign this release and information sharing form, and must allow me to view the updated list of agencies so long as my release/sharing permission remains in effect.
- I understand that my records are protected under Federal and State Confidentiality Regulations (42 CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, 160 & 164) and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- I understand that if I give this Agency permission to share any of the above information, it will be combined with the personal information I've agreed to include in MSCCOC-MIS (name, date of birth, gender, etc.) so other agencies that provide me services will be able to identify who the information is about.
- I have reviewed a copy of the MSCCOC-MIS Client Privacy Rights posted at this Agency.

- **Option One:** Share with any other HMIS agency necessary to provide me the service I need; or
- **Option Two:** Share with only the following agencies or specified MOU:

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**Note:** We are not required to agree to additional restrictions that you request beyond those listed here. But, if we do agree to additional restrictions (that you request in writing), then they are binding on this Agency and on MSCCOC-MIS.

Dependent children under 18 in household, if any (Please print first and last names):

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

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Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
CLIENT SIGNATURE (PARENT/GUARDIAN)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLIENT NAME

\_\_\_\_\_  
STAFF NAME



# MSCCOC MIS CLIENT INTAKE FORM FOR HEAD OF HOUSEHOLDS & ADULTS OVER 18

**FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X". Complete a separate form for each member of the household.**

**PROJECT ENTRY DATE** (e.g., 08/24/2014) *[All clients]*

|       |   |      |   |      |  |  |  |
|-------|---|------|---|------|--|--|--|
|       | / |      | / |      |  |  |  |
| Month |   | Date |   | Year |  |  |  |

**MIS Client ID**

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

**NAME** (first, middle, last name, suffix (e.g., Jr, Sr, III)) *[All clients]*

|                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>First Name:</b>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Middle Name:</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Last Name:</b>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Suffix:</b>      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Alias:</b>       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Social Security Number:** *[All clients]*

|  |  |  |   |  |  |  |  |  |  |  |
|--|--|--|---|--|--|--|--|--|--|--|
|  |  |  | - |  |  |  |  |  |  |  |
|--|--|--|---|--|--|--|--|--|--|--|

**Date of Birth:** (e.g., /23/1978) *[All client]*

|       |   |      |   |      |  |  |  |
|-------|---|------|---|------|--|--|--|
|       | / |      | / |      |  |  |  |
| Month |   | Date |   | Year |  |  |  |

**Race** More than one race is permitted. *[All clients]* **\*Please IDENTIFY the Primary Race\***

|                          |   |                          |                     |
|--------------------------|---|--------------------------|---------------------|
| <input type="checkbox"/> | American Indian or Alaskan Native         | <input type="checkbox"/> | White               |
| <input type="checkbox"/> | Asian                                     | <input type="checkbox"/> | Client doesn't know |
| <input type="checkbox"/> | Black or African American                 | <input type="checkbox"/> | Client refused      |
| <input type="checkbox"/> | Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> | Other               |

**Ethnicity** *[All clients]*

|                          |                           |                          |                     |
|--------------------------|---------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | Non-Hispanic / Non-Latino | <input type="checkbox"/> | Client doesn't know |
| <input type="checkbox"/> | Hispanic / Non-Latino     | <input type="checkbox"/> | Client refused      |

**Gender** *[All clients]*

|                          |                             |                          |                     |
|--------------------------|-----------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | Female                      | <input type="checkbox"/> | Other: _____        |
| <input type="checkbox"/> | Male                        | <input type="checkbox"/> | Client doesn't know |
| <input type="checkbox"/> | Transgender: Male to Female | <input type="checkbox"/> | Client refused      |
| <input type="checkbox"/> | Transgender: Female to Male | <input type="checkbox"/> |                     |

**Relationship to Head of Household** *[All clients]*

|                          |                                       |                          |   |
|--------------------------|---------------------------------------|--------------------------|---|
| <input type="checkbox"/> | Self (Head of Household & Singles)    | <input type="checkbox"/> | Head of household's other relation member |
| <input type="checkbox"/> | Head of household's child             | <input type="checkbox"/> | Other: non-relation member                |
| <input type="checkbox"/> | Head of household's spouse or partner | <input type="checkbox"/> | Specify Relation: _____                   |

**Veteran Status** *[All clients]*

|                          |     |                          |                     |
|--------------------------|-----|--------------------------|---------------------|
| <input type="checkbox"/> | No  | <input type="checkbox"/> | Client doesn't know |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | Client refused      |

**Marital Status** *[All clients]*

|                          |                   |                          |                     |
|--------------------------|-------------------|--------------------------|---------------------|
| <input type="checkbox"/> | Co-Habiting       | <input type="checkbox"/> | Single              |
| <input type="checkbox"/> | Divorced          | <input type="checkbox"/> | Widowed             |
| <input type="checkbox"/> | Client is a Child | <input type="checkbox"/> | Client doesn't know |
| <input type="checkbox"/> | Married           | <input type="checkbox"/> | Separated           |
| <input type="checkbox"/> |                   | <input type="checkbox"/> | Client refused      |

**Housing Status** *[All clients]* **\*PROOF NEEDED\***

|                          |   |                          |                         |
|--------------------------|---|--------------------------|-------------------------|
| <input type="checkbox"/> | Category 1 - Homeless   | <input type="checkbox"/> | At-risk of homelessness |
| <input type="checkbox"/> | Category 2 - At imminent risk of losing housing   | <input type="checkbox"/> | Stably housed           |
| <input type="checkbox"/> | Category 3 - Homeless under other federal statutes ( <b>NOT USED BY HOMELESS PROJECTS</b> ) | <input type="checkbox"/> | Client doesn't know     |
| <input type="checkbox"/> | Category 4 - Fleeing domestic violence  | <input type="checkbox"/> | Client refused          |

**Highest Level of Education Obtained** *[All clients]*

|                          |                             |                          |                                   |
|--------------------------|-----------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Elementary (K - 6 Grade)    | <input type="checkbox"/> | High School Graduate              |
| <input type="checkbox"/> | Junior High (7 - 9 Grade)   | <input type="checkbox"/> | Some College/Vocational Schooling |
| <input type="checkbox"/> | High School (10 - 12 Grade) | <input type="checkbox"/> | College Graduate                  |

**Pregnancy Status** *[All clients]*

|                          |                   |                          |    |                          |     |
|--------------------------|-------------------|--------------------------|----|--------------------------|-----|
| <input type="checkbox"/> | Are you Pregnant? | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
|--------------------------|-------------------|--------------------------|----|--------------------------|-----|

**Domestic Violence Victim** *[All clients]*

|                          |    |                          |     |
|--------------------------|----|--------------------------|-----|
| <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
|--------------------------|----|--------------------------|-----|

**If a Victim of DV-How Long Ago?** *[All clients]*

|                          |                      |                          |                     |
|--------------------------|----------------------|--------------------------|---------------------|
| <input type="checkbox"/> | 1 Day to 3 Months    | <input type="checkbox"/> | More than a Year    |
| <input type="checkbox"/> | 3 Months to 6 Months | <input type="checkbox"/> | Client doesn't know |
| <input type="checkbox"/> | 6 Months to 1 Year   | <input type="checkbox"/> | Client refused      |

**Zip Code of Last Permanent Address:** \_\_\_\_\_

**Residence Prior to Project Entry [Head of Household & Adults over 18]**

|                          |   |                          |  |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Emergency shelter, including hotel or motel paid for with emergency shelter voucher             | <input type="checkbox"/> | Rental by client, with VASH subsidy                              |
| <input type="checkbox"/> | Foster care home or foster care group home  | <input type="checkbox"/> | Rental by client, with GPD TIP subsidy                           |
| <input type="checkbox"/> | Hospital or other residential non-psychiatric medical facility                                  | <input type="checkbox"/> | Rental by client, with other ongoing housing subsidy             |
| <input type="checkbox"/> | Hotel or motel paid for without emergency shelter voucher                                       | <input type="checkbox"/> | Residential project or halfway house with no homeless criteria   |
| <input type="checkbox"/> | Jail, prison, or juvenile detention facility  | <input type="checkbox"/> | Safe Haven   |
| <input type="checkbox"/> | Long-term care facility or nursing home   | <input type="checkbox"/> | Staying or living in a family member's room, apartment, or house |
| <input type="checkbox"/> | Owned by client, no ongoing housing subsidy   | <input type="checkbox"/> | Staying or living in a friend's room, apartment, or house        |
| <input type="checkbox"/> | Owned by client, with ongoing housing subsidy   | <input type="checkbox"/> | Substance abuse treatment facility or detox center               |
| <input type="checkbox"/> | Permanent housing for formerly homeless persons   | <input type="checkbox"/> | Transitional housing for homeless persons                        |
| <input type="checkbox"/> | Place not meant for habitation (e.g., a vehicle, abandoned building, park, or anywhere outside) | <input type="checkbox"/> | Other: (Describe) _____  |
| <input type="checkbox"/> | Psychiatric hospital or other psychiatric facility  | <input type="checkbox"/> | Client doesn't know  |
| <input type="checkbox"/> | Rental by client, no ongoing housing subsidy  | <input type="checkbox"/> | Client refused   |

**LENGTH OF STAY IN PREVIOUS PLACE [Head of Household & Adults over 18]**

|                          |   |                          |  |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | One day or less                             | <input type="checkbox"/> | More than three months, but less than one year |
| <input type="checkbox"/> | Two days to one week                        | <input type="checkbox"/> | One year or longer                             |
| <input type="checkbox"/> | More than one week, but less than one month | <input type="checkbox"/> | Client doesn't know                            |
| <input type="checkbox"/> | One to three months                         | <input type="checkbox"/> | Client refused                                 |

**LENGTH OF TIME ON STREET, IN AN EMERGENCY SHELTER, OR SAFE HAVEN. [Head of Household & Adults over 18] \*PROOF NEEDED\***

| <i>Continuously Homeless for at Least One Year</i>   |                     | <i>Total Number of Months Homeless in the Past Three Years</i>        |                            |                          |     |
|--|---------------------|---|----------------------------|--------------------------|-----|
| <input type="checkbox"/>   | No                  | <input type="checkbox"/>  | If 0-12 months, specify #: |                          |     |
| <input type="checkbox"/>   | Yes                 | <input type="checkbox"/>  | More than 12 months        |                          |     |
| <input type="checkbox"/>   | Client doesn't know | <input type="checkbox"/>  | Client doesn't know        |                          |     |
| <input type="checkbox"/>   | Client refused      | <input type="checkbox"/>  | Client refused             |                          |     |
| <i>Number of Times the Client has been Homeless in the Past Three Years (do not include the current episode)</i> |                     | <i>(If more than 12 months) Number of Years Continuously Homeless</i> |                            |                          |     |
| <input type="checkbox"/>   | 0                   | <input type="checkbox"/>  | Total months, specify #:   |                          |     |
| <input type="checkbox"/>   | 1                   | <b>Office Use ONLY:</b>   |                            |                          |     |
| <input type="checkbox"/>   | 2                   |   |                            |                          |     |
| <input type="checkbox"/>   | 3                   |   |                            |                          |     |
| <input type="checkbox"/>   | 4 or More           |   |                            |                          |     |
| <input type="checkbox"/>   | Client doesn't know | <i>Is Status Documented?</i>  |                            |                          |     |
| <input type="checkbox"/>   | Client refused      | <input type="checkbox"/>  | No                         | <input type="checkbox"/> | Yes |

**Income & Sources** [Head of Household & Adults over 18] **\*PROOF NEEDED\***

Have you received income from any source in the last 30 days?

|                          |     |                          |                     |
|--------------------------|-----|--------------------------|---------------------|
| <input type="checkbox"/> | No  | <input type="checkbox"/> | Client doesn't know |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | Client refused      |

**[IF YES]** Answer Yes or No for each income source. If the response for a source is 'Yes', enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client's best estimate.

| No                       | Yes                      | Source of Income                   | Amount | No                       | Yes                      | Source of Income                   | Amount |
|--------------------------|--------------------------|------------------------------------|--------|--------------------------|--------------------------|------------------------------------|--------|
| <input type="checkbox"/> | <input type="checkbox"/> | Alimony or Spousal Support         | \$     | <input type="checkbox"/> | <input type="checkbox"/> | Sup. Sec. Income (SSI)             | \$     |
| <input type="checkbox"/> | <input type="checkbox"/> | Child Support                      | \$     | <input type="checkbox"/> | <input type="checkbox"/> | TANF                               | \$     |
| <input type="checkbox"/> | <input type="checkbox"/> | Earned Income (Employed)           | \$     | <input type="checkbox"/> | <input type="checkbox"/> | Unemployment Insurance             | \$     |
| <input type="checkbox"/> | <input type="checkbox"/> | General Assistance                 | \$     | <input type="checkbox"/> | <input type="checkbox"/> | VA Non-Service Disability Pension  | \$     |
| <input type="checkbox"/> | <input type="checkbox"/> | Pension or Income for Retiring     | \$     | <input type="checkbox"/> | <input type="checkbox"/> | VA Service Disability Compensation | \$     |
| <input type="checkbox"/> | <input type="checkbox"/> | Private Disability Insurance       | \$     | <input type="checkbox"/> | <input type="checkbox"/> | Workers Compensation               | \$     |
| <input type="checkbox"/> | <input type="checkbox"/> | Retirement Income from Soc. Sec.   | \$     | <input type="checkbox"/> | <input type="checkbox"/> | Other:                             | \$     |
| <input type="checkbox"/> | <input type="checkbox"/> | Soc. Sec. Disability Income (SSDI) | \$     | <input type="checkbox"/> | <input type="checkbox"/> | <b>Total Monthly Income:</b>       | \$     |

**Non-Cash Benefits** [Head of Household & Adults over 18] **\*PROOF NEEDED\***

Have you received non-cash benefits from any source in the last 30 days?

|                          |     |                          |                     |
|--------------------------|-----|--------------------------|---------------------|
| <input type="checkbox"/> | No  | <input type="checkbox"/> | Client doesn't know |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | Client refused      |

**[IF YES]** Answer 'Yes' or 'No' for each non-cash benefit source. (Answer 'No' for benefits that have been terminated, even if they were received in the past.)

| No                       | Yes                      | Source of Income  |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Section 8, Public Housing, or other rental assistance                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Special Supplemental Nutrition Assistance Program (SNAP)                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) |
| <input type="checkbox"/> | <input type="checkbox"/> | TANF Child Care services (or use local name)                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | TANF transportation services (or use local name)                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Other TANF-Funded Services (or use local name)                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Temporary rental assistance. If yes, specify source: _____                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Other source: _____   |

**Health Insurance** [All Clients] **\*PROOF NEEDED\***

Covered by health Insurance

|                          |     |                          |                     |
|--------------------------|-----|--------------------------|---------------------|
| <input type="checkbox"/> | No  | <input type="checkbox"/> | Client doesn't know |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | Client refused      |

**[IF YES]** Answer 'Yes' or 'No' for each health insurance source. (Answer 'No' for benefits that have been terminated, even if they were received in the past.)

| No                       | Yes                      | Source of Income  |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Employer-Provided Health Insurance                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Health insurance obtained through COBRA                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Medicaid ( <b>TN-CARE</b> )                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Medicare  |
| <input type="checkbox"/> | <input type="checkbox"/> | Private Pay Health Insurance                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | State Children's Health Insurance Program ( <b>Cover KIDS</b> ) |
| <input type="checkbox"/> | <input type="checkbox"/> | State Health Insurance for Adults                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Veteran's Administration (VA) Medical Services                  |

**Disability Information** [All Clients] **\*PROOF NEEDED\***

**Does the Client have a disability?**

|                          |     |                          |                     |
|--------------------------|-----|--------------------------|---------------------|
| <input type="checkbox"/> | No  | <input type="checkbox"/> | Client doesn't know |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | Client refused      |

**Disability Information** [All Clients] **\*PROOF NEEDED\***

| Type of Disability       |                          | Is the disability long term & impairs the client ability to live independently? |                          | Is there documentation on the severity of the disability? |                          | Is the client receiving services/treatment for the disability? |                          |
|--------------------------|--------------------------|---|--------------------------|---|--------------------------|--|--------------------------|
| No                       | Yes                      | No  | Yes                      | No  | Yes                      | No   | Yes                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> |